



STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: March 6, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000001538

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

You applied for coverage for the 2015 tax year on December 11, 2014. At that time, you were found eligible to enroll in a qualified health plan (QHP) through the Marketplace and to receive \$0.00 in advance premium tax credits (APTC), effective January 1, 2015. You were directed to select a plan and you did so, which was confirmed in a notice sent by the Marketplace on December 12, 2015.

However, your plan advised you that they had not received the payment and your enrollment was canceled, as confirmed in the notice the Marketplace sent you on December 27, 2014.

On January 21, 2015 you reapplied for insurance. In a preliminary determination prepared that day, which was formalized in a written determination issued on January 22, 2015, the Marketplace found, in pertinent part, that you were eligible to enroll in health insurance and to receive \$0.00 in APTC, effective March 1, 2015. You requested an appeal regarding this determination, insofar as your coverage would not be in effect until March 1, 2015.

On March 4, 2015, you called the New York State of Health Appeals Unit to withdraw your appeal. A Hearing Officer from the Marketplace's Appeals Unit received your call and placed you under oath.

While under oath, you identified yourself and stated that, because your health insurance had already gone into effect as of March 1, 2015 and you had not incurred any medical expenses for January or February of 2015, you were no

longer interested in pursuing the appeal. You therefore withdrew your appeal on the record.

Accordingly, we are dismissing your appeal, pursuant to 45 CFR § 155.530(a)(1).

How does this Dismissal Affect Your Eligibility?

The January 22, 2015 notice continues in effect. Your enrollment in your current coverage will not be affected by this dismissal.

If You Think Your Appeal Should Not Be Dismissed

If you think your appeal should not be dismissed, you can ask us to vacate (cancel) this dismissal. You must ask us in writing within 30 days after the date on this notice.

The Marketplace's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, the Marketplace will tell you in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed, and the Marketplace will take no further action on your appeal.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please reference Appeal Identification Number at the top of this notice.

How to Contact the Marketplace

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY – English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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