



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: March 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001576

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 21, 2015, the Marketplace issued a notice of eligibility redetermination that you and your spouse are eligible to receive advance premium tax credits (APTC) up to \$380.00 per month and, if you select a silver-level qualified health plan, for cost-sharing reductions (CSR), effective March 1, 2015.

On January 23, 2015, you appealed the start date of enrollment of March 1, 2015 and requested that the enrollment start date be made as of January 1, 2015.

On January 24, 2015, you executed an authorized representative form designating your wife to handle matters concerning your Marketplace account.

The Marketplace scheduled a telephone hearing based on your appeal request and on February 10, 2015, sent you a notice telling you that a Hearing Officer from the Marketplace's Appeals Unit would be calling you on February 27, 2015 at about 11:00 a.m.

On February 27, 2015, the Hearing Officer contacted your wife, as your authorized representative, to conduct the telephone hearing. Through sworn testimony, your wife identified herself and indicated that you both wanted to withdraw your appeal because your coverage with MVP Premier Plus Bronze was about to begin on March 1, 2015.

Your wife further testified she understood that your enrollment with MVP Premier Plus Bronze on March 1, 2015, and your eligibility for APTC and CSR will not be affected.

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

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).

How does this Dismissal Affect Your Eligibility?

The Marketplace's January 21, 2015 notice of eligibility redetermination continues in effect.

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. No further action will be taken on it by the Marketplace.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please refer to the 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

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530(a)(1)(i)(B).

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A Copy of this Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]