



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: March 31, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001717

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]. [REDACTED],

As of December 6, 2015, you were re-enrolled for health insurance coverage in a bronze level qualified health plan (QHP) through the Marketplace for 2015. You remained eligible to receive advance premium tax credits and, if you selected a silver-level QHP, for cost sharing reductions.

On January 11, 2015, based on your request that your metal tier level be changed from bronze to gold within the same QHP, the Marketplace sent a cancellation notice that your coverage with the bronze-level QHP was cancelled effective January 31, 2015.

That same day, the Marketplace issued an enrollment notice that your coverage in the gold-level QHP would begin February 1, 2015.

On January 27, 2015, based on your request that your metal tier level be changed from gold back to bronze within the same QHP, the Marketplace sent a cancellation notice that your coverage with the gold-level QHP was cancelled effective February 28, 2015.

That same day, the Marketplace issued an enrollment notice that your coverage in the bronze-level QHP could begin as early as March 1, 2015.

On February 6, 2015, you appealed the start date of your enrollment in the bronze-level QHP and requested that the start date be made effective February 1, 2015.

On March 9, 2015, the Marketplace adjusted your enrollment start date within your Marketplace account and enrolled you in the bronze-level QHP you selected as of February 1, 2015.

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).

The Marketplace scheduled a telephone hearing based on your appeal request and on February 23, 2015, sent you a notice telling you that a Hearing Officer from the Marketplace's Appeals Unit would be calling you on March 12, 2015 at about 1:00 p.m.

On March 12, 2015, the Hearing Officer contacted you to conduct the telephone hearing. Through sworn testimony, you identified yourself and indicated that you wanted to withdraw your appeal because your coverage with the bronze-level QHP had been made effective February 1, 2015.

You further testified you understood that your coverage with the bronze-level QHP as of February 1, 2015, will not be affected by the withdrawal of your appeal.

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

### **How does this Dismissal Affect Your Eligibility?**

The Marketplace's enrollment start date of February 1, 2015 with your bronze-level QHP 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:

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).

- 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).

**A Copy of this Notice Has Been Provided To:**

[REDACTED]  
[REDACTED]  
[REDACTED]