



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: July 2, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002104

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On November 9, 2014, the Marketplace issued a renewal notice that you were automatically re-enrolled with your qualified health plan, effective January 1, 2015.

On December 15, 2014, the Marketplace issued an enrollment notice confirming your enrollment in your qualified health plan as of January 1, 2015.

On February 9, 2015, the Marketplace received a letter from you and a note from your doctor stating that you were pregnant.

On February 25, 2015, the Marketplace issued a notice of eligibility redetermination that you were conditionally eligible for Medicaid, effective February 1, 2015.

On February 26, 2015, the Marketplace issued a disenrollment notice that your coverage with your qualified health plan would end February 28, 2015.

On March 18, 2015, you appealed the February 25, 2015 eligibility redetermination insofar as your income of \$35,400.00 had not changed, you were not Medicaid eligible, and you had only reported your pregnancy, which should not have resulted in you being disenrolled from your current health plan. Your request was to have your coverage reinstated to March 1, 2015.

According to your Marketplace account, on March 11, 2015, the Marketplace conducted an override and reinstated your coverage with your qualified health plan effective March 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).

On May 5, 2015, the Hearing Officer contacted you to conduct the telephone hearing as scheduled. Through sworn testimony, you identified yourself and explained that the Marketplace had rectified the situation by reinstating your coverage for March 1, 2015, your new employer provided coverage as of April 1, 2015, and you were satisfied with the outcome. As such, you testified that you wished to withdraw your appeal.

You further agreed that you understood that the withdrawal of your appeal does not affect your health insurance coverage through the Marketplace as of March 1, 2015 with your qualified health plan.

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

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

This notice does not affect your eligibility for or enrollment in health insurance through the Marketplace.

It simply confirms the withdrawal of your appeal based on the Marketplace's override conducted on March 18, 2015 and your coverage with your qualified health being reinstated as of March 1, 2015.

### **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.

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 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).

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

[REDACTED]  
[REDACTED]  
[REDACTED]