



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

## NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: May 14, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002169

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On March 19, 2015, the Marketplace issued an eligibility determination notice that stated you were eligible to receive up to \$248.00 in advance premium tax credit (APTC) and, if you enrolled in a silver level health plan, newly eligible to receive cost-sharing reductions. This eligibility was effective May 1, 2015. Also on that day, an enrollment confirmation notice was issued that stated if you paid your health insurance premium, your insurance coverage could start as early as May 1, 2015.

On March 24, 2015, you requested an appeal regarding the effective date of your health insurance coverage.

On May 1, 2015, you were scheduled to appear for a telephone hearing. A Hearing Officer from the Marketplace's Appeals Unit called you to conduct the hearing. While under oath, you identified yourself and withdrew your appeal on the record because it was May 1, 2015 and your coverage had already begun.

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

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

The March 19, 2015 eligibility determination notice and the March 19, 2015 enrollment confirmation notice remain in effect.

As of May 1, 2015, you are eligible to receive up to \$248.00 in APTC and eligible to receive cost-sharing reductions if you enroll in a silver level health plan.

Your enrollment in your health plan is effective as of May 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, and the Marketplace will take no further action on your appeal.

## **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

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(a)(1)(i)(B).

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**This Notice Has Been Provided To:**

[REDACTED]  
[REDACTED]  
[REDACTED]

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