



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: May 22, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000002245

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On March 4, 2015, the Marketplace prepared a preliminary eligibility determination based on your March 4, 2015 application. It found that you were eligible to receive an advance premium tax credit (APTC) of up to \$276.00 per month and cost-sharing reductions (CSR), effective April 1, 2015.

On March 5, 2015, the Marketplace issued a notice of eligibility determination stating that you were eligible to enroll in a qualified health plan (QHP); eligible to receive an APTC of up to \$276.00 per month; and, if you selected a silver-level plan, eligible to receive CSR, effective April 1, 2015.

On March 30, 2015, you spoke with the Marketplace's Account Review Unit and appealed the coverage start date of your plan insofar as it would begin no earlier than May 1, 2015.

On March 31, 2015, the Marketplace issued a notice of enrollment confirming your selection of your plan as of March 30, 2015. This notice also stated that your plan coverage could begin as early as May 1, 2015, provided your premium payment of \$96.38 was received.

On April 16, 2015, a Marketplace representative backdated your plan coverage to April 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 12, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit.

During the hearing, through sworn testimony, you stated that you wished to withdraw your appeal of the May 1, 2015 plan coverage start date, because while you had incurred some out-of-pocket medical costs during the month of April 2015, you did not believe it would be of any practical benefit to continue with 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?

Your May 1, 2015 coverage start date of your plan remains in effect.

Please note that the dismissal of your appeal under this notification has no effect on any subsequent determinations issued by the Marketplace on or after March 5, 2015, or any actions taken by a Marketplace representative to backdate your plan coverage to April 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 reference 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.

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).

A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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).