



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: AP000000002274

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On March 21, 2015, the Marketplace issued a notice of eligibility redetermination that you are eligible to receive up to \$280.00 per month of advance premium tax credits and, if you select a silver-level qualified health plan, for cost sharing reductions. This eligibility was effective May 1, 2015.

That same day, the Marketplace issued a letter confirming your enrollment in a qualified health plan. That letter informed you that coverage would begin after you made your first month's premium payment and could start as early as May 1, 2015.

On April 2, 2015, you spoke with the Marketplace's Account Review Unit and appealed the March 21, 2015 eligibility redetermination insofar as you wanted your coverage in a qualified health plan to begin April 1, 2015, not May 1, 2015.

The Marketplace scheduled a hearing and, on April 27, 2015, sent you notice that a Hearing Officer would be contacting you on May 14, 2015 at about 10:00 a.m. to conduct a telephone hearing.

On May 14, 2015, the Hearing Officer contacted you to conduct the telephone hearing as scheduled. Through sworn testimony, you identified yourself and explained that you were no longer seeking to have coverage backdated to April 1, 2015 because that month had already passed, the doctor's appointment you had for April 2015 had been rescheduled to May 2015, and you are satisfied with your current health coverage. As such, you testified that you wished to withdraw your appeal.

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).

You further testified that you understood that the withdrawal of your appeal does not affect your health insurance coverage through the Marketplace as of May 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 your testimony and your wish to withdraw your appeal at the time of the May 14, 2015 hearing.

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).

A Copy of this Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]