



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: November 16, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002419

[REDACTED]

Dear [REDACTED],

On December 30, 2014 the Marketplace issued an eligibility determination stating that you are eligible to receive up to \$263.00 of advance premium tax credits per month and eligible to receive cost-sharing reductions.

On April 5, 2015 the Marketplace issued a disenrollment notice stating that your insurance with MVP Premier Plus Silver 1 Silver NS INN Dep25 Acupuncture Home Health Care PCP visits no Deductible Wellness is terminated effective January 1, 2015.

On April 15, 2015 you spoke to the Marketplace Account Review Unit requested an appeal insofar as your amount of financial assistance you were determined eligible to receive and your eligibility for a special enrollment period.

On May 26, 2015, your appeals representative, [REDACTED], had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At the hearing she confirmed that you no longer wanted to pursue your appeal and withdrew your appeal on the record through sworn testimony.

Accordingly, we are dismissing your appeal.

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

The Appeals Unit of NY State of Health will not review your appeal at this time.

Any determinations made by the Marketplace subsequent to your appeal request will not be affected by this dismissal.

## **If You Think Your Appeal Should Not Be Dismissed**

Under some circumstances, you can ask us to vacate (cancel) this dismissal. You must ask us in writing within 30 days after the date on this notice. In that writing you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that 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 reference Appeal Identification Number at the top of this notice.

## **How to Contact the Marketplace**

You can contact us in any of the following ways:

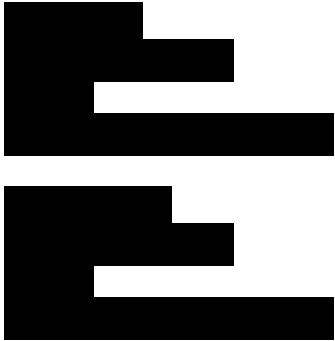
- By calling the Customer Service Center at 1-855-355-5777
- By mail at:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

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 Copy of this Notice of Dismissal Has Been Provided To**



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