



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: July 10, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002557

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On April 22, 2015, the Marketplace prepared a preliminary eligibility redetermination in your case that you are eligible to receive up to \$52.00 per month of advance premium tax credits (APTC) effective June 1, 2015.

That same day, you spoke with the Marketplace's Account Review Unit and appealed the eligibility redetermination and being able to enroll in a health plan outside the open enrollment period.

On April 24, 2015, the Marketplace issued a notice of eligibility redetermination that was consistent with the April 22, 2015 preliminary redetermination. That notice also stated that you qualify to select a health plan outside of the open enrollment period and must review your health plan options and confirm your selection by June 21, 2015.

The Marketplace scheduled a hearing based on your appeal request and, on May 11, 2015, sent you notice that a Hearing Officer would be contacting you on June 3, 2015 at about 3:00 p.m. to conduct a telephone hearing.

On June 3, 2015, the Hearing Officer contacted you to conduct the telephone hearing as scheduled. Through sworn testimony, you identified yourself and explained that you wished to withdraw your appeal because you feel it is absurd to not be able to enroll in a health plan when you are willing to pay for health insurance coverage. The Hearing Officer informed you of and reviewed with you the April 24, 2015 notice of eligibility redetermination that stated you did qualify to select a health plan outside of the open

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enrollment period by June 21, 2015. You testified that you were not aware of this and would access your Marketplace account to review the notice and select a health plan. You testified you still wished to withdraw your appeal because you had been granted a special open enrollment until June 21, 2015, which you thought had been denied and which denial was the original basis for your appeal. You further testified that you understood that the withdrawal of your appeal does not affect your eligibility for APTC or your special enrollment period.

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 APTC and/or your ability to select and enroll in health insurance through the Marketplace by June 21, 2015.

It simply confirms the withdrawal of your appeal based on your testimony and stated wish to withdraw your appeal at the time of the June 3, 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

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P.O. Box 11729  
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- 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).

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

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]