



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: AP000000002818

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 10, 2014, the Marketplace determined you were eligible to receive up to \$152.00 per month of advance premium tax credits and for cost sharing reductions.

You selected a silver-level qualified plan with MVP that began on January 1, 2015.

On May 8, 2015, you appealed being denied a special enrollment period to switch plans because MVP had been determined by the NYS Department of Financial Services to be in violation of not providing you policy information and a handbook in a timely manner.

The Marketplace scheduled a hearing based on your appeal request and, on May 13, 2015, sent you notice that a Hearing Officer would be contacting you on June 12, 2015 at about 10:00 a.m. to conduct a telephone hearing.

On June 12, 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 the next open enrollment period was approaching and you thought, at this late date, it would be waste of your time to go forward with the appeal. You further testified that you have paid your insurance on time, it is in place, and, although you are not happy with MVP, you will stay with that insurance plan for 2015.

You also testified that you understood that the withdrawal of your appeal does not affect your health plan enrollment.

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

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 does this Dismissal Affect Your Eligibility?

This notice does not affect your eligibility for tax credits and cost sharing reductions or your enrollment in a silver-level qualified health plan with MVP.

It simply confirms the withdrawal of your appeal based on your testimony and stated you wish to withdraw your appeal at the time of the June 12, 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).

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A Copy of this Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]