



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: AP000000003118

[REDACTED]

Dear [REDACTED],

On December 21, 2014, you were found eligible to purchase a qualified health plan through the Marketplace with an advance premium tax credit of \$61.00 per month. Your coverage would begin after you selected a health plan and paid the first month's premium effective January 1, 2015.

In December of that month you contacted your broker to terminate your coverage.

On December 23, 2014 you were automatically renewed for coverage under a Platinum level plan through the Marketplace.

On May 23, 2015, you requested that your Platinum level plan be terminated. Your request was processed effective May 31, 2015.

On May 26, 2015, you contacted the Marketplace's Account Review Unit and requested an appeal in order to be allowed to retro-actively be disenrolled from your plan effective January 1, 2015. You stated that you had asked to be disenrolled from your coverage in December, and never received any notices indicating that you had been re-enrolled in a qualified health plan for 2015.

On November 3, 2015, a Hearing Officer from the Appeals Unit of NY State of Health called you and placed you under Oath.

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).

While under Oath, you identified yourself and stated that you were no longer interested in pursuing your appeal because you had recently been in contact with your insurance provider who assisted you in refunding the premiums for the months you did not wish to be covered for. You further testified that you were satisfied with the refunding of your premiums and as a result did not require a hearing to dispute those premium responsibilities.

You therefore withdrew your appeal on the record. Accordingly, we are dismissing your appeal, pursuant to Code of Federal Regulation (CFR) 45 CFR § 155.530(a)(1).

How does this Dismissal Affect Your Eligibility?

The Appeals Unit of NY State of Health will not be reviewing this matter at this time.

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.

How to Contact the Marketplace

You can contact us in any of the following ways:

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- 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 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To



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