



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: October 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004092

[REDACTED]

Dear [REDACTED]

On July 23, 2015, the Marketplace received your application for health insurance. That day, a preliminary eligibility determination was issued finding both you and your spouse eligible to purchase a qualified health plan at full cost effective September 1, 2015. The notice found you ineligible for advance premium tax credits, ineligible for cost sharing reductions, and ineligible for Medicaid based upon a household income of \$65,340.00.

On July 23, 2015, you enrolled in Healthfirst Bronze level plan with a premium responsibility of \$683.15 effective August 1, 2015.

On July 28, 2015, you contacted the Marketplace's Account Review Unit and requested an appeal of the July 23, 2015 preliminary eligibility determination because of the amount of advance premium tax credits you were found eligible for.

On October 1, 2015, a Hearing Officer from the Appeals Unit of NY State of Health called you and placed you under Oath.

While under oath, you identified yourself and stated that you were no longer interested in pursuing your appeal because you received a subsequent favorable

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determination in the amount of advance premium tax credits, and cost sharing reductions, and that you were satisfied with the plan you had chosen.

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:

- 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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