



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: January 8, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004335



Dear [REDACTED],

On July 14, 2015, the Marketplace redetermined your household's eligibility for coverage under NY State of Health. That determination found you eligible to purchase a qualified health plan at full cost through the NY State of Health, effective August 1, 2015.

That same day you enrolled in a Silver level health plan with an enrollment start date of August 1, 2015 as long as you paid your first month's premium.

On August 14, 2015, you contacted the Marketplace's Account Review unit and requested a special enrollment period as you believed that you were provided wrong information regarding plan availability in your county.

On January 4, 2016, at 2:00 pm a Hearing Officer from the NY State of Health Appeals Unit called you and you identified yourself for the record. You stated that you no longer wished to pursue your appeal as you had previously wanted a different health plan which would be accepted by your physician. The plan options available to you previously by the Marketplace were not accepted by that particular doctor. You stated that you were looking at switching plans during the open enrollment period for 2016 in order to find coverage that is acceptable to you now.

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).

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

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- 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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