



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: November 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004406

[REDACTED]

Dear [REDACTED],

On August 6, 2015 the Marketplace issued an eligibility determination notice that you and your spouse are eligible to receive up to \$328.00 of advance premium tax credits effective as of September 1, 2015. The notice also stated that you and your spouse “do not qualify to select a health plan outside of the open enrollment period.”

On August 21, 2015 the Marketplace issued a notice confirming that on August 20, 2015 you requested a telephone hearing to review the following issue: “Denial of Special Enrollment Period (SEP).”

On November 19, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace’s Appeals Unit. At the hearing you confirmed that the original basis for your appeal, you and your spouse’s eligibility for a special enrollment period, had been resolved. Therefore, you withdrew your appeal under sworn testimony.

Accordingly, we are dismissing your appeal.

However, during the appeal you stated that the amount of financial assistance your spouse was determined eligible for through the Marketplace was still at issue. Since this was not the basis of your appeal, the Marketplace Appeals Unit cannot address this issue at this time.

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).

If you would like to request an appeal regarding this issue, please:

- Call 1-855-355-5777 (TTY: 1-800-662-1220)
- Mail your request to: NY State of Health PO Box 11729, Albany, NY 12211.
- If you want to ask for an appeal another way, please call us and speak with a customer service representative.

How does this Dismissal Affect Your Eligibility?

The Appeals Unit of NY State of Health will not review your appeal at this time.

This dismissal will not affect any determinations made after the appeal request.

If You Think Your Appeal Should Not Be Dismissed

Under some circumstances, you can ask us to vacate (cancel) this dismissal. You must ask us in writing within 30 days after the date on this notice. In that writing you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that 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 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

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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 Copy of this Notice of Dismissal Has Been Provided To



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