



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: January 07, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004898

[REDACTED]

Dear [REDACTED],

On September 17, 2015, the Marketplace received your application for financial assistance. That same day an eligibility determination was made finding you and your spouse conditionally eligible to receive advance premium tax credits and cost sharing reductions in the amount of \$363.00 per month effective November 1, 2015. The notice further explained that you did not qualify to select a health plan outside of open enrollment for 2015. You were also asked to update your income documentation before December 16, 2015.

On October 9, 2015, you contacted the Marketplace's Account Review Unit and appealed the denial of a special enrollment period.

On December 29, 2015, at 3:00 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 were looking to appeal the previous denial of a special enrollment period and were in the process of looking at enrolling during the current 2016 open enrollment period for a new plan.

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).

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?**

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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