



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: February 1, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000005224

[REDACTED]

Dear [REDACTED],

On October 22, 2015, a renewal notice was issued by the Marketplace asking you to update the information in your account and select a different health plan between November 16, 2015 and December 15, 2015 to continue your coverage.

On November 17, 2015, the Marketplace received your application for financial assistance.

That same day an eligibility determination was made finding you eligible for the Essential Plan with a start date of January 1, 2016.

Also on November 17, 2015, you contacted the Marketplace's account review unit and requested a telephone hearing in order to appeal your eligibility determination.

On January 25, 2016, at 10:00 am a Hearing Officer from the NY State of Health Appeals Unit called you and you identified yourself for the record. You explained that while waiting for an appeal of your eligibility for the Essential Plan you had enrolled in a plan and had coverage that you felt was acceptable to you at that time. You did not wish to go forward with the appeal hearing at that time.

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

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).

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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