



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: February 2, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000005240



Dear [REDACTED],

On November 17, 2015, a renewal notice was issued finding you eligible for the Essential Plan effective January 1, 2016. This was because federal and state data sources showed that your income was within the range of eligibility for that program.

On November 18, 2015 you contacted the Marketplace's Account Review Unit and appealed the renewal notice's eligibility determination for the Essential Plan as none of your current physicians accepted that plan.

That same day, you updated your Marketplace account and were found eligible to receive an advance premium tax credit in the amount of \$220.00 per month effective January 1, 2016.

You then enrolled in a Silver level qualified health plan

On January 29, 2016, at 11:00 am a Hearing Officer from the NY State of Health Appeals Unit called you and you identified yourself for the record. While under oath you explained that since you had been found eligible for enrollment in a qualified health plan and no longer eligible for the Essential Plan, you were satisfied with your current enrollment. You stated that you no longer required a hearing as the current plan you are enrolled in is accepted by your physicians.

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
- By fax: 1-855-900-5557

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## **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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