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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: June 22, 2016

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000006803

[redacted]

Dear [redacted],

On November 22, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination, stating that you were eligible to enroll in a qualified health plan, eligible to receive up to $213.00 per month in advance premium tax credits and, if you enroll in a silver-level health plan, cost-sharing reductions. This eligibility was effective as of January 1, 2016. On November 25, 2015 NYSOH issued a notice confirming that you were enrolled in a platinum level health plan effective January 1, 2016. On February 3, 2016 you contacted NYSOH and appealed the start date of your qualified health plan insofar as you were seeking a start date of February 1, 2016.

On February 24, 2016 a complaint was filed ([redacted]) on your behalf. On March 7, 2016 that complaint was resolved in your favor and the effective date of your qualified health plan had been changed to February 1, 2016.

On June 16, 2016, a Hearing Officer from the Appeals Unit of NY State of Health called you and placed you under oath.

The Hearing Officer indicated that the records and notes maintained by NYSOH show that on March 7, 2016 the start date for your platinum level health plan was changed from January 1, 2016 to February 1, 2016. As a result, you identified yourself under oath and stated that you were no longer interested in pursuing your appeal.

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 45 Code of Federal Regulations (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, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice.

NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Appeal Identification Number

When communicating with NYSOH about this appeal, please reference Appeal Identification Number at the top of this notice.

How to Contact NYSOH

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.

A Copy of this Notice of Dismissal Has Been Provided To

[redacted]

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