



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: February 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012708

[REDACTED]

Dear [REDACTED]

On September 18, 2016, NY State of Health (NYSOH) issued notices of eligibility redetermination and enrollment stating respectively that you and your spouse were newly eligible to purchase a qualified health plan at full cost as of November 1, 2016, qualified for a special enrollment period to enroll in a health plan outside the open enrollment period, and had to pay the full cost of the monthly premium for health insurance. On October 22, 2016, NYSOH issued another notice of eligibility redetermination stating that you and your spouse were eligible to purchase a qualified health plan at full cost through NYSOH, effective December 1, 2016, and did not qualify to receive advance premium tax credits because information about your taxes was missing. You appealed the findings in these notices.

On February 7, 2017, a Hearing Officer from the Appeals Unit of NY State of Health called you and placed you under oath.

While under oath, you identified yourself and indicated that you were dissatisfied with NYSOH and its appeals process. You testified that you were unable to re-enroll in health coverage through NYSOH after you and your spouse had been disenrolled from your health insurance by NYSOH in September 2016. You further testified you were no longer interested in pursuing your appeal because you purchased health insurance outside of NYSOH to avoid exposure to a tax penalty and because you feared being without health insurance. You also

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testified that, since you purchased health insurance outside NYSOH, your appeal is now moot.

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

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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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