



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: February 5, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000001257

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 12, 2014, the Marketplace issued a notice confirming your enrollment in a silver level health insurance plan. You subsequently modified your application to enroll in a bronze level plan with Excellus Blue Cross Blue Shield, which was confirmed in a notice the Marketplace sent to you on December 23, 2014. However, the start date of your enrollment was listed as February 1, 2015, instead of January 1, 2015.

After you filed an appeal regarding this start date, on December 26, 2014, the Marketplace issued a notice stating that your enrollment in the silver level plan was terminated as of December 31, 2014, but that you would be reenrolled in the same plan as of January 1, 2015.

Subsequent to this notice, a representative from the Marketplace's Account Review unit reviewed your case and changed the start date for your coverage in the bronze level plan to January 1, 2015.

On February 2, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit.

During the hearing, through sworn testimony, you testified that you were satisfied with your enrollment date of January 1, 2015, with the bronze level Excellus Blue Cross Blue Shield plan, and you confirmed that you wished to withdraw 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).

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

According to Marketplace records as of the date of this Decision, you remain enrolled with the bronze level Excellus Blue Cross Blue Shield plan, effective January 1, 2015.

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 Federal regulation 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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