



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: AP000000001271

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 10, 2014, you submitted an application to the Marketplace seeking financial assistance in which you attested to an expected yearly income of \$17,000.04.

That same day, the Marketplace prepared a preliminary determination based on your December 10, 2014 application stating you were eligible to receive an advance premium tax credit (APTC) of up to \$319.00 per month and eligible for cost-sharing reductions (CSR) beginning on January 1, 2015.

On December 10, 2014, you enrolled in a UnitedHealthcare Compass Silver ST INN Pediatric Dental Dep 25 (UnitedHealthcare) plan. However, coverage under this plan was scheduled to begin on February 1, 2015.

On December 11, 2014, the Marketplace issued a notice of eligibility redetermination stating that you were eligible to enroll in a qualified health plan (QHP); eligible to receive an APTC of up to \$319.00 per month; and, if you selected a silver-level plan, eligible for CSR.

On December 23, 2014, you spoke with the Marketplace Account Review unit and appealed your coverage start date of February 1, 2015.

On December 24, 2014, the Marketplace issued a notice confirming your selection of the UnitedHealthcare plan as of December 10, 2014. The notice

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further stated that your coverage under this plan could begin as early as February 1, 2015, provided your first month's premium was received on time.

That same day, a Marketplace representative updated your enrollment details to backdate your coverage under the UnitedHealthcare plan to January 1, 2015.

On January 27, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit.

During the hearing, through sworn testimony, you stated that you wished to withdraw the appeal of your coverage start date under the UnitedHealthcare plan, because the Marketplace had updated your account details to reflect a coverage start date of January 1, 2015.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Marketplace's December 10, 2014 eligibility redetermination continues in effect.

You remain eligible for coverage under the UnitedHealthcare plan beginning 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.

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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

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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