



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 Number: [REDACTED]
Appeal Identification Number: AP000000001288

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

Dear [REDACTED],

On December 9, 2014, the Marketplace sent you a letter confirming that, on November 19, 2014, you enrolled in a silver-level qualified health plan (QHP), EssentialCare Silver ST INN Dep25, effective January 1, 2015, if you paid your first month's premium. After applying your monthly advance premium tax credit of \$293.00, as you selected, you would have a monthly premium responsibility of \$135.64.

Your Marketplace account shows that that this plan was cancelled on December 16, 2014. A Cancellation Notice was issued to this effect on December 17, 2014.

On December 26, 2014, you updated your account and selected a different silver-level Qualified Health Plan (QHP). On December 27, 2014, the Marketplace issued a notice of eligibility redetermination stating that, effective February 1, 2015, you were eligible to receive an advance premium tax credit up to \$292.00 per month and, if enrolled in a silver-level qualified health plan, for cost-sharing reductions. That same day, the Marketplace issued a letter confirming your enrollment in PrimarySelect PCMH Silver NS INN Dep25 Acupuncture, effective February 1, 2015.

On December 30, 2014, the Marketplace issued a Cancellation Notice from the PrimarySelect silver-level QHP based on your request. It also issued a letter confirming your enrollment with EssentialCare Silver ST INN Dep25, beginning February 1, 2015.

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).

That same day, you appealed the enrollment start date on the basis that you had accidentally cancelled your coverage and wanted your health insurance coverage start date to be January 1, 2015.

On February 2, 2015, a Hearing Officer from the New York State of Health Appeals Unit contacted you to conduct the hearing. Through sworn testimony, you identified yourself and testified that you wanted to withdraw your appeal because the month of January 2015 had already passed and, as of the hearing date, you were satisfied with your health insurance coverage beginning February 1, 2015.

While under oath, you withdrew your appeal on the record.

Accordingly, we are dismissing your appeal, pursuant to 45 CFR § 155.530(a)(1).

How does this Dismissal Affect Your Eligibility?

This dismissal does not affect your enrollment in EssentialCare Silver ST INN Dep 25 beginning February 1, 2015. It simply confirms that you have withdrawn your appeal from the Marketplace's December 27, 2014 eligibility determination as it relates to the start date of coverage of February 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. No further action will be taken on it by the Marketplace.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please refer to the Appeal Identification Number at the top of this notice.

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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)(1)(i)(B).

A Copy of this Notice Has Been Provided To:

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