



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: February 17, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001387

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

Dear [REDACTED],

On October 18, 2014, and again on December 9, 2014, the Marketplace issued notices regarding your re-enrollment for 2015 in Oscar Platinum ST INN Dep25, beginning on January 1, 2015.

On December 31, 2014, you changed your health plan level from platinum to a bronze level plan with the same insurer, Oscar Health Plans, and requested that your coverage with Oscar Platinum ST INN Dep25 be cancelled.

On January 1, 2015, the Marketplace issued a cancellation notice consistent with your December 31, 2015 request, which automatically triggered another eligibility redetermination.

On January 1, 2015, the Marketplace issued a notice of eligibility redetermination that said you remain eligible to purchase a qualified health plan at full cost through the Marketplace with coverage effective February 1, 2015.

On January 7, 2015, and again on January 12, 2015, you appealed the February 1, 2015 effective date of coverage.

On January 23, 2015, the Marketplace scheduled a telephone hearing and sent you notice that a Hearing Officer from the Marketplace's Appeals Unit would contact you on February 10, 2015 at about 3:00 p.m.

On February 10, 2015, a Hearing Officer contacted you to conduct the hearing as scheduled. You identified yourself and requested to cancel the hearing because your

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appeal was based on acquiring coverage effective on January 1, 2015 for the month of January 2015, and it was now February 10, 2015. You further stated that you figured something out on your own for the month of January 2015 and did not wish to pursue your appeal any longer.

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 eligibility for or enrollment in a qualified health plan at full cost through the Marketplace, effective 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.

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

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Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530(a)(1)(i)(B).

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A Copy of this Notice Has Been Provided To:

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