



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: February 19, 2015

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000001404

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On December 31, 2014, the Marketplace issued a notice of eligibility determination stating that you were eligible to enroll in a qualified health plan, eligible to receive an advance premium tax credit of up to \$309.00 per month, and, if you selected a silver-level plan, eligible for cost-sharing reductions.

On December 31, 2014, the Marketplace issued a notice confirming your selection of Empire Platinum Guided Access –ceaf (First Empire plan) as of December 30, 2014. The notice 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.

On January 8, 2015, an appeal was filed on your behalf regarding the start date of your coverage.

On January 20, 2015, your application was resubmitted.

On January 27, 2014, the Marketplace issued a notice confirming your selection of the Empire HMO 0 Platinum ST INN Pediatric Dental Dep 25 plan (Second Empire plan) as of January 26, 2014. The notice further stated that your coverage under this plan could begin as early as March 1, 2015, provided your first month's premium was received on time.

On February 12, 2014, a Marketplace representative updated your enrollment details to backdate your coverage under the Second Empire plan to February 1, 2015.

On February 13, 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 had appealed the December 30, 2014 preliminary determination to the extent that it found you eligible to begin your coverage on February 1, 2015. However, since you incurred no medical expenses during the month of January, 2015, which was the month you were without coverage, you no longer wanted to proceed with your appeal since it would provide no practical benefit to you.

You further testified that you understood that by withdrawing your appeal, the December 30, 2014 preliminary determination would continue in effect.

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

### **How does this Dismissal Affect Your Eligibility?**

The Marketplace's December 30, 2014 eligibility redetermination continues in effect.

You remain eligible for coverage under the Empire HMO 0 Platinum ST INN Pediatric Dental Dep 25 plan beginning 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, and the Marketplace will take no further action on 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).

## **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]

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).