



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: February 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001423

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

Dear [REDACTED],

On January 9, 2015, an appeal was requested on your behalf regarding the December 8, 2014 and December 29, 2014 cancellation notices for your coverage with Healthfirst Silver Leaf ST INN Dep25 that was issued by the Marketplace. The cancellation notices stated that your insurance coverage would be cancelled effective January 1, 2015 because a premium payment had not been received by Healthfirst Silver Leaf ST INN Dep25.

On January 16, 2015, you called the NY State of Health Appeals Unit to withdraw your appeal. A Hearing Officer from the Marketplace's Appeals Unit received your call and placed you under oath.

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

You testified that there had been confusion regarding your insurance coverage with Healthfirst Silver Leaf ST INN Dep25 in December 2014. You also testified that you continuously paid your health insurance premiums, including your premium for December 2014. You further testified that you spoke with the Marketplace's Account Review Unit and was informed that the amount of advance premium tax credit you were eligible for was not applied to your health insurance premium by the Marketplace until around December 30, 2014, which may have triggered a cancellation notice.

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: 1-877-622-4886).

You further testified, and the record reflects, that your health insurance coverage with Healthfirst Silver Leaf ST INN Dep25 was reinstated with coverage effective January 1, 2015. You testified that you were now satisfied with your current eligibility determination and wished to withdraw the appeal created on your behalf.

You testified that you understand that when you withdraw your appeal, the December 8, 2014 and December 29, 2014 cancellation notices will remain unchanged.

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

How does this Dismissal Affect My Eligibility?

The cancellation notices issued on December 8, 2014 and December 29, 2014 remain unchanged.

However, your current health insurance coverage with Healthfirst Silver Leaf ST INN Dep25 continues in effect with coverage 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. In that writing, explain why you did not appear for your hearing as scheduled.

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 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)(q)(i)(B).

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A Copy of this Notice of Dismissal Has Been Provided To:

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

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