



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: AP000000001461

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 25, 2014, the Marketplace sent you a letter confirming that, on December 24, 2014, you and your husband had enrolled in a platinum-level qualified health plan (QHP), HMO Copayment 10 Platinum ST INN Dep25, at full cost with an effective start date of February 1, 2015.

On January 14, 2015, you appealed the enrollment start date of your health insurance coverage and requested that the start date be changed to January 1, 2015.

On February 3, 2015, you called New York State of Health Appeals Unit to withdraw your appeal. A Hearing Officer from the Appeals Unit received your call and placed you under oath.

While under oath, you withdrew your appeal conditionally on the record. The Hearing Officer later confirmed that, on January 27, 2015, the Marketplace changed the enrollment start date for your health insurance to January 1, 2015, such that there was no gap in coverage.

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

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).

How does this Dismissal Affect Your Eligibility?

This dismissal does not affect your enrollment in HMO Copayment 10 Platinum ST INN Dep25 beginning January 1, 2015. It simply confirms that you have withdrawn your appeal from the initial start date of coverage of February 1, 2015, which the Marketplace has since changed to January 1, 2015.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. 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

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]