



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: February 9, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001483

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear Ms. [REDACTED],

On December 22, 2014, the Marketplace issued a notice of eligibility redetermination stating that your mother, [REDACTED], was eligible to enroll in a qualified health plan (QHP) at full cost that could begin as early as January 1, 2015.

On December 30, 2014, the Marketplace issued a letter confirming that your mother's enrollment in a platinum level QHP, EssentialCare Platinum ST INN Dep25, with a monthly premium responsibility of \$392.00, could begin as early as February 1, 2015, depending on when the premium was paid.

On January 15, 2015, you requested an appeal of the February 1, 2015 start date for your mother's new health insurance coverage, and requested that her prior coverage be reinstated to January 1, 2015.

On February 3, 2015, you called the 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 identified yourself and stated you were the account holder and claimed your mother as a tax dependent. The Hearing Officer confirmed that this information was consistent with your Marketplace account and application. Standing having been established, you then withdrew your appeal on the record.

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).

You further testified you understood that, by withdrawing your appeal, the February 1, 2015 start date of your mother's enrollment with EssentialCare Platinum ST INN Dep25, 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?**

This dismissal does not affect your mother's enrollment in EssentialCare Platinum ST INN Dep25 beginning February 1, 2015. It simply confirms that you have withdrawn your January 15, 2015 appeal regarding the start date of your mother's health insurance coverage of February 1, 2015.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.

## **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

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- 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]