



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: March 6, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000001604

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 16, 2014, the Marketplace issued a notice stating that it was time to renew your insurance coverage. It also stated your eligibility, which was based on information obtained from state and federal sources as of November 27, 2014. It further stated you were eligible to enroll in a qualified health plan (QHP); eligible to receive an advance premium tax credit (APTC) of up to \$274.40 per month; and, if you selected a silver-level plan, eligible for cost-sharing reductions (CSR). This eligibility was effective as of February 1, 2015.

However, the notice also stated that the Marketplace was unable to enroll you in your current plan, and that you needed to select a different plan by January 15, 2015 if you wanted coverage under your new plan to start on February 1, 2015.

On January 16, 2015, the Marketplace sent you a notice that your coverage under HealthPlus, an Amerigroup Company, would end effective January 31, 2015.

On January 27, 2015, you selected a MetroPlus Health SilverPlus-S2, NS, INN, Dep25, Pediatric and Adult Dental, Adult and Pediatric Vision (MetroPlus) plan for coverage beginning March 1, 2015.

That same day, you spoke with the Marketplace's Account Review Unit and appealed your coverage start date of March 1, 2015.

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).

On January 28, 2015, the Marketplace sent you a notice confirming your enrollment in the MetroPlus plan. The notice further stated that your coverage could start as early as March 1, 2015, provided your first month's premium was received timely.

On March 2, 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 wished to withdraw your appeal of the coverage start date under the MetroPlus plan because you had not incurred any medical expenses during the month of February 2015, and continuing with the appeal would serve no practical benefit to you.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

You remain eligible for coverage under the MetroPlus plan beginning March 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.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please reference Appeal Identification Number at the top of this 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: 1-877-662-4886).

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.

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).

A Copy of this Notice of Dismissal Has Been Provided To

████████████████████
████████████████████
████████████████████

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).