



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: April 14, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002020

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On March 12, 2015, you requested an expedited appeal of the disenrollment by Empire Blue Cross Blue Shield of your health insurance plan for non-payment of health insurance premiums in February 2015.

On March 14, 2015, the Marketplace issued an enrollment confirmation notice that stated your coverage with Fidelis Care Platinum ST INN Pediatric Dental Dep25 would begin after you paid your first month's premium. It also stated that your coverage could start as early as April 1, 2015.

On April 2, 2015, the Marketplace issued an eligibility redetermination notice that stated you were eligible to purchase a qualified health plan at full cost through New York State of Health effective May 1, 2015. The notice further stated that you qualified to select a health plan outside of the open enrollment period for 2015, but had to confirm your selection no later than April 30, 2015.

On April 10, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that hearing, you testified you were satisfied that you had health insurance coverage; however, you were unsatisfied that your plan was with Fidelis Care, and not Empire Blue Cross Blue Shield. You further testified that you expect to change your enrollment back to Empire Blue Cross Blue Shield.

Under sworn testimony, you verbally withdrew your hearing request 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: 1-877-622-4886).

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect My Eligibility?

The April 2, 2015 eligibility determination remains in effect.

You remain eligible to enroll in a qualified health plan at full cost through New York State of Health. You qualify to select a health plan outside of the open enrollment period, but must confirm your selection no later than April 30, 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 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

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).

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.530.

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This Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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