



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: July 2, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003378

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

Dear [REDACTED],

On June 4, 2015, the Marketplace issued a disenrollment notice that your insurance with GoldPlus –G1, a gold-level qualified health plan notice through MetroPlus, was terminated effective March 3, 2015 because the health plan had not received premium payments from you on time in order to maintain your coverage.

On June 9, 2015, you spoke with a representative from the Marketplace's Account Review Unit and appealed being disenrolled.

On June 18, 2015, you had a telephone hearing with a Hearing Officer on another pending appeal (AP000000002583). Through sworn testimony, you identified yourself, waived formal notice of telephone hearing on your June 9, 2015 request, and explained that you wished to withdraw your June 9, 2015 appeal because you resolved the non-payment issue with MetroPlus directly and your health insurance was reinstated such that the issue was now moot.

You also testified that you understood that the withdrawal of your appeal does not affect your health plan enrollment and still wished to withdraw.

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

How does this Dismissal Affect Your Eligibility?

This notice does not affect your enrollment status in your GoldPlus - G1 plan.

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).

It simply confirms the withdrawal of your appeal based on your testimony and your wish to withdraw your appeal at the time of the June 18, 2015 hearing.

Please note your appeal filed under AP000000002583 is not affected by this dismissal.

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]
[REDACTED]