



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: May 18, 2015

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000002145

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On March 23, 2015, the Marketplace prepared a preliminary eligibility determination based on your March 23, 2015 application. It said, among other things, that your 23-year-old son was not eligible for financial assistance, but was eligible to enroll in a plan at full cost, effective May 1, 2015.

Also on March 23, 2015, you spoke with the Marketplace's Account Review Unit and appealed the March 23, 2015 preliminary determination insofar as your son was not eligible to enroll in a qualified health plan (QHP) earlier than May 1, 2015.

On March 24, 2015, the Marketplace issued a notice of eligibility determination stating that your son was eligible to enroll in a QHP through the Marketplace at full cost effective May 1, 2015.

On May 1, 2015, which followed an adjournment from the originally scheduled hearing date of April 30, 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 March 23, 2015 preliminary determination solely because your son had not incurred any medical expenses during the month of April 2015, and backdating of his plan effective date would no longer be of any practical benefit to him.

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 therefore withdrew your appeal on the record.

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

### **How does this Dismissal Affect Your Eligibility?**

The Marketplace's March 24, 2015 eligibility determination remains in effect.

### **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.

### **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

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## **Legal Authority**

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

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**A Copy of this Notice of Dismissal Has Been Provided To**

[REDACTED]  
[REDACTED]  
[REDACTED]

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