



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

## **NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL**

Notice Date: November 27, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002670

[REDACTED]

Dear [REDACTED],

On April 14, 2015 the Marketplace approved a backdate request making your and your spouse's qualified health plan effective April 1, 2015. On April 30, 2015 you appealed the effective date of the qualified health plan.

On November 23, 2015, a Hearing Officer from the Appeals Unit of NY State of Health called you and placed you under oath.

A Hearing Officer explained to you why there was such a delay in the scheduling of your appeal. While under oath, you identified yourself and stated that you were no longer interested in pursuing your appeal because in the length of time that it took to schedule your appeal your issue had been resolved.

You therefore withdrew your appeal on the record. Accordingly, we are dismissing your appeal, pursuant to Code of Federal Regulation (CFR) 45 CFR § 155.530(a)(1).

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

The Appeals Unit of NY State of Health will not be reviewing this matter at this time.

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).

Please note that if you discover in the future that this issue has not been resolved you may request to vacate this dismissal without any regard given to the amount of time it took for you to request the vacate.

## **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 in writing.

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.

## **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

## **Legal Authority**

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

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



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