



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: July 16, 2015

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000002711

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]

On May 3, 2015, the Marketplace issued a notice of determination which stated that you were not eligible for Medicaid, Child Health Plus, tax credit or cost-sharing reductions. It also stated that you were not eligible to enroll in a qualified health plan at full cost. This determination was issued because you did not provide information to prove your incarceration status.

On May 4, 2015, the Marketplace issued a disenrollment notice confirming that coverage under your plan ended effective May 31, 2015.

That same day, you spoke with the Marketplace's Account Review Unit and appealed the May 3, 2014 eligibility determination and your disenrollment.

During the hearing, through sworn testimony, you stated that you wished to withdraw the appeal solely because you had subsequently been found eligible to reenroll in a plan effective July 1, 2015 and had your coverage backdated to June 1, 2015 to remove any gap in coverage; therefore, continuing with the appeal would serve no practical benefit to you.

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

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

The Appeals Unit will not be reviewing this matter.

The Marketplace's May 3, 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

## **Legal Authority**

We are sending you this notice in accordance with 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**

[REDACTED]  
[REDACTED]  
[REDACTED]

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