



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

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

Notice Date: July 8, 2015

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000002782

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On April 21, 2015, the Marketplace issued a notice of enrollment stating, among other things, that “[y]our insurance coverage through Medicaid will begin April 1, 2015 and enrollment with Hudson Health Plan, Inc. will begin June 1, 2015.” You appealed this determination insofar as your coverage with the Hudson Health Plan could begin no earlier than June 1, 2015.

On July 1, 2015, a Hearing Officer with the Marketplace’s Appeals Unit contacted you for your hearing. You stated that you wanted your spouse, [REDACTED], to act as your Authorized Representative during the hearing. The Hearing Officer contacted your spouse separately and placed her under oath.

During the hearing, through sworn testimony, your spouse stated that she wished to withdraw the appeal on your behalf solely because you had not incurred any medical expenses during the month of May 2015, and continuing with the appeal would serve no practical benefit to you.

Your spouse, on your behalf, 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 Marketplace’s Appeals Unit will not be reviewing this matter.

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).

## **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.

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

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]