



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

NOTICE OF DISMISSAL – WITHDRAWAL

Notice Date: October 16, 2014

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000000711

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

Dear [REDACTED],

On June 11, 2014, the Marketplace issued a notice of eligibility redetermination finding that you and your spouse, [REDACTED], were eligible to enroll in a qualified health plan (QHP) and receive up to \$175.00 per month of advance premium tax credit (APTC), but ineligible to receive cost-sharing reductions (CSR) and ineligible for no-cost insurance coverage through Medicaid.

Your spouse’s eligibility for APTC was temporary, pending receipt of documentation proving her citizenship. This eligibility determination also found your daughter, [REDACTED], eligible to enroll in a QHP, without a subsidy. These determinations were based upon your attested household income of \$70,218.96.

On June 11, 2014, you submitted a letter to the Marketplace through your online account requesting an appeal of the findings under this eligibility determination. Accordingly, on June 13, 2014, the Marketplace sent you a Notice of Telephone Hearing scheduling your hearing for July 9, 2014 at 9:00 a.m.

On June 17, 2014, you uploaded a signed letter to your NY State of Health online account stating that you would be out of the country and unavailable for a hearing between the end of June and September 2014.

The Marketplace a sent you a new Notice of Telephone Hearing on September 2, 2014 to reschedule your hearing date for October 3, 2014 at 9:00am.

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).

On September 11, 2014, you modified your application to reflect, among other things, a change in income to \$26,535.00.

On September 12, 2014, the Marketplace issued a new notice of eligibility redetermination based upon your September 11, 2014 application. You, your spouse, and your daughter were found eligible for no-cost health insurance through Medicaid.

On October 3, 2014, 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 June 11, 2014 determination because you were satisfied with the September 12, 2014 determination finding you, your spouse, and daughter eligible for Medicaid coverage. Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Marketplace's June 11, 2014 eligibility redetermination remains in effect, but it has been superseded by the September 12, 2014 notice of eligibility redetermination.

You, your spouse, and your daughter remain eligible for Medicaid, with a coverage start date of September 1, 2014.

You must choose a health plan soon for your daughter, or one will be chosen for her.

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.

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).

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 Federal regulation 45 CFR § 155.530.

A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]

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).