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

NOTICE OF DISMISSAL - WITHDRAWAL

Notice Date: September 5, 2014

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000000736

[redacted]

Dear [redacted],

You applied for health insurance through the Marketplace on June 27, 2014. On June 28, 2014, a determination was issued stating that you are not eligible for Medicaid because your household income is over the allowable limit, but that you are eligible to receive up to $524.00 monthly of advance premium tax credit. It also stated that you are not eligible for cost sharing reductions.

On June 30, 2014, you requested a telephone hearing to review how your advance premium tax credit and cost sharing reductions calculations were made.

On July 29, 2014, a notice of hearing was mailed to you informing you that a telephone hearing for an appeal on your application for health insurance was scheduled for August 14, 2014 at 9:00 a.m.

On August 14, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At the hearing you confirmed that you were satisfied with the June 28, 2014 eligibility determination and withdrew your appeal on the record through sworn testimony. Accordingly, we are dismissing your appeal.

How does this Dismissal Affect My Eligibility?

The Marketplace's June 28, 2014 eligibility determination continues in effect. You remain eligible to enroll in a qualified health plan (QHP), receive up to $524.00 per month in advance premium tax credit (APTC) with an enrollment start date of July 1, 2014.

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. In that writing, explain why you did not appear for your hearing as scheduled.

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 AP000000000736.

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

This Notice Has Been Provided To

[redacted]

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