



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: AP000000000751

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

You applied for health insurance through the Marketplace on July 15, 2014. On July 16, 2014, the Marketplace issued a determination stating that you were not eligible for Medicaid because your household income was over the allowable limit, but that you were eligible for an advance premium tax credit up to \$139.00 per month as well as cost sharing reductions.

On July 22, 2014, you requested a telephone hearing to review your eligibility determination.

On July 25, 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 11, 2014 at 9:00 a.m.

On August 11, 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 July 16, 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 July 16, 2014 eligibility determination continues in effect. You remain eligible to enroll in a qualified health plan (QHP), receive up to \$139.00

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).

per month in advance premium tax credit (APTC) and cost-sharing reductions (CSR) with an enrollment start date of September 1, 2014.

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 AP000000000751.

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

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This Notice Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]