



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

**NOTICE OF DISMISSAL - WITHDRAWAL**

Notice Date: September 22, 2014

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000000780

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

You applied for health insurance through the New York State of Health Marketplace on July 31, 2014. On August 1, 2014, a determination was issued stating that you are not eligible for Medicaid because your income is over the allowable limit, but that you are eligible to enroll in a qualified health plan (QHP), receive up to \$97.00 of advance premium tax credit (APTC), and cost-sharing reductions (CSR).

On August 1, 2014, you requested a telephone hearing to review your eligibility for Medicaid.

On August 1 and August 14, 2014, you reapplied for health insurance through the Marketplace. On August 2 and August 15, 2014, determinations were issued stating that you are not eligible for Medicaid because your income is over the allowable limit, but that you are eligible to enroll in a QHP, receive up to \$63.00 of APTC, and ineligible for CSR.

On August 14, 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 September 8, 2014 at 1:00 p.m.

On August 20, 2014, you reapplied for health insurance through the Marketplace. On August 21, 2014, a determination was issued stating that you are not eligible for Medicaid because your income is over the allowable limit, but that you are eligible to enroll in a QHP, receive up to \$63.00 of APTC, and ineligible for CSR.

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 1, 2014, you reapplied for health insurance through the Marketplace. On September 2, 2014, a determination was issued stating that you are not eligible for Medicaid because your income is over the allowable limit, but that you are temporarily eligible to enroll in a QHP, receive up to \$68.00 of APTC, and ineligible for CSR. You were requested to provide additional income documentation by the Marketplace.

On September 2, 2014, you submitted a letter to the Marketplace stating that you no longer wished to pursue your appeal and requested that your September 9, 2014 telephone hearing be cancelled.

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

The Marketplace's September 2, 2014 eligibility determination continues in effect. You remain temporarily eligible to enroll in a QHP, receive up to \$68.00 of APTC, and ineligible for CSR pending submission of additional income documentation.

### **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 AP000000000780.

## **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]  
[REDACTED]  
[REDACTED]