



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

## NOTICE OF DISMISSAL - WITHDRAWAL

Notice Date: September 2014, 2014

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000000798

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

Dear [REDACTED],

You applied for insurance through the Marketplace on July 31, 2014.

On August 6, 2014, a preliminary eligibility determination was prepared, which stated that you remained eligible to enroll in a qualified health plan (QHP) and to receive up to \$63.00 in advance premium tax credit (APTC) per month to help pay for the cost of insurance.

Also on August 6, 2014, you spoke with the Marketplace Customer Service Unit and entered an appeal request with regard to that preliminary determination.

A written notice of this eligibility determination was issued on August 7, 2014; the findings in that notice were consistent with the August 6, 2014 preliminary determination.

On August 10, 2014, the Marketplace issued a further eligibility redetermination in your case. That determination stated that you remained eligible to enroll in a QHP and were eligible to receive up to \$219.00 in APTC per month to help pay for the cost of insurance. You were also eligible to receive Cost-Saving Reductions.

On September 11, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that hearing, you testified that you were

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satisfied with your current eligibility determination and had sent in a written withdrawal to discontinue your appeal. However, your written withdrawal was not viewable in your Marketplace account by the time of the hearing. Under sworn testimony, you withdrew your hearing request on the record.

Accordingly, we are dismissing your appeal.

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

Your appeal request of the August 6, 2014 preliminary eligibility determination is dismissed in accordance with your request.

The August 7, 2014 eligibility determination is unchanged. The subsequent August 10, 2014 eligibility redetermination remains in effect.

### **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 feel this dismissal should be vacated.

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 AP000000000798.

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## **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]  
[REDACTED]

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