



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

NOTICE OF DISMISSAL – WITHDRAWAL

Notice Date: November 21, 2014

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000000816

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

Dear [REDACTED],

On August 2, 2014, the Marketplace issued a notice of eligibility redetermination finding you eligible to enroll in a qualified health plan (QHP) without a subsidy. This determination was based upon your household income of \$58,100.00 as attested in your August 1, 2014 application.

On August 8, 2014, you spoke with the Marketplace's Customer Service unit and appealed this eligibility redetermination.

On September 10, 2014, the Marketplace sent you a Notice of Telephone Hearing scheduling your hearing for October 3, 2014 at 1:00pm.

On August 14, 2014, you modified your application to reflect, among other things, a change in income to \$9,315.00.

On August 15, 2014, the Marketplace issued a new notice of eligibility redetermination based upon your August 14, 2014 application. You 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 August 2, 2014 determination because you were satisfied with the August 15, 2014

determination finding you eligible for Medicaid coverage. Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Marketplace's August 2, 2014 eligibility redetermination remains in effect, but has effectively been replaced by the August 15, 2014 notice of eligibility redetermination.

You remain eligible for Medicaid, with a coverage start date of August 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.

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 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.

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).

A Copy of this Notice of Dismissal Has Been Provided To

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

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