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

NOTICE OF DISMISSAL – WRITTEN WITHDRAWAL

Notice Date: October 7, 2014

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000000875

[redacted]

Dear [redacted]

You submitted a revised application for health insurance through the New York State of Health Marketplace on August 25, 2014.

On August 25, 2014, the Marketplace issued a preliminary eligibility determination 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 $289.00 of advance premium tax credit (APTC) and cost-sharing reductions (CSR).

On August 25, 2014, you requested a telephone hearing to review your eligibility for Medicaid.

The Marketplace sent you a notice of eligibility redetermination on August 26, 2014, the findings of which were consistent with the August 25, 2014 preliminary determination.

On August 29, 2014, the Marketplace received a letter from you, stating that you no longer wished to pursue your appeal.

Accordingly we are dismissing your case, pursuant to 45 CFR § 155.530(a).

How does this Dismissal Affect My Eligibility?

The Marketplace's August 26, 2014 eligibility determination continues in effect. You remain eligible to enroll in a QHP, receive up to $289.00 of APTC and, if you enroll in a silver-level plan, 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).

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 AP000000000875.

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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