



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

## NOTICE OF DISMISSAL - WITHDRAWAL

Notice Date: November 3, 2014

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000000883

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]

You applied for health insurance through the New York State of Health Marketplace on October 23, 2013. On November 7, 2013, a determination was issued stating that [REDACTED] are not eligible for Medicaid because their income is over the allowable limit, but that they are eligible to enroll in a qualified health plan (QHP), receive up to \$627.00 of advance premium tax credit (APTC), and cost-sharing reductions (CSR). It also stated that you chose Today's Options NY Platinum-No Dental as your health plan.

On August 25, 2014, you requested a telephone hearing to review your eligibility for a special enroll period (SEP).

On August 26, 2014, the Marketplace sent you a notice confirming that you requested a telephone hearing to review your Denial of Special Enrollment Period (SEP).

On September 8, 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 October 1, 2014 at 9:00 a.m.

On September 19, 2014, you submitted a statement on the notice of telephone hearing stating the hearing scheduled on October 1, 2014 at 9:00 am may be cancelled because the problem has been resolved.

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).

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

The November 7, 2013 determination stating that [REDACTED] [REDACTED] are not eligible for Medicaid because their income is over the allowable limit, but that they are eligible to enroll in a qualified health plan (QHP), receive up to \$627.00 of advance premium tax credit (APTC), and cost-sharing reductions (CSR) remains in effect.

They also remain enrolled in Today's Options NY Platinum-No Dental health plan.

## **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 AP000000000883.

## **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

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).

## **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]