



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: AP000000000894

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On August 26, 2014, the Marketplace received your initial application for health insurance. You also spoke to the Marketplace Customer Service Unit and submitted an appeal request.

On August 27, 2014, the Marketplace issued an eligibility determination notice stating that you are temporarily eligible to enroll in a qualified health plan (QHP), eligible to receive up to \$189.00 monthly of advanced premium tax credit (APTC), and temporarily eligible to get cost-sharing reductions (CSR).

On September 18, 2014, you submitted additional income documentation to the Marketplace.

On September 19, 2014, the Marketplace issued an eligibility determination notice stating that you are eligible for Medicaid. It also states that your insurance coverage through Medicaid will begin September 1, 2014.

On October 7, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At the hearing you confirmed that you were satisfied with the September 19, 2014 eligibility determination and withdrew your appeal on the record through sworn testimony. Accordingly, we are dismissing your appeal.

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 Marketplace's September 19, 2014 eligibility determination notice 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.

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 AP000000000894.

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]