



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

NOTICE OF DISMISSAL – WRITTEN WITHDRAWAL

Notice Date: October 20, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000904

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On August 29, 2014, the Marketplace prepared a preliminary eligibility redetermination based on your August 29, 2014 application for health insurance. This preliminary determination found that you, your spouse, and your daughter, were eligible to enroll in a qualified health plan (QHP), eligible to receive up to \$655.00 of advance premium tax credit (APTC), and, if you selected a silver-level plan, eligible for cost-sharing reductions (CSR). Your family was, however, found ineligible for no-cost health insurance through Medicaid. These determinations were based, in part, upon your attested household income of \$42,478.00.

That same day, you requested an appeal of the Marketplace's August 29, 2014 preliminary eligibility determination.

On August 30, 2014, a letter formalizing the findings of the August 29, 2014 preliminary determination was sent to you.

On September 3, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that the hearing you requested was scheduled for October 1, 2014 at 2:30 pm.

On September 12, 2014, you modified your application to reflect a slight increase in your household income to \$46,132.00.

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).

On September 13, 2014, the Marketplace issued a notice of eligibility redetermination based on your September 12, 2014 modified application. This redetermination was entirely consistent with the findings of the August 29, 2014 preliminary determination, except that your family was now eligible to receive up to \$619.00 per month of APTC.

A Hearing Officer called the number you provided the Marketplace on October 1, 2014; at that time your spouse stated that you no longer wished to proceed with the appeal as you had obtained insurance outside the Marketplace. However, since you were not available for the hearing and the necessary documentation authorizing your spouse to act as your Authorized Representative for this appeal was not on file, the Hearing Officer adjourned the hearing for a later date, in contemplation of receiving a letter stating that you no longer wished to proceed with the appeal.

On October 2, 2014, the Marketplace issued a new Notice of Telephone Hearing to advise you that the hearing you requested had been rescheduled for October 20, 2014 at 9:00 am.

On October 8, 2014, you sent to the Marketplace by facsimile a written withdrawal letter stating that you “no longer wish[ed] to advance with this appeal.”

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

How does this Dismissal Affect Your Eligibility?

The Marketplace’s September 13, 2014 determination, which superseded the August 30, 2014 determination, continues 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.

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Appeal Identification Number

When communicating with the Marketplace about this appeal, please refer to the 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.

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A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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