



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

## NOTICE OF DISMISSAL - WITHDRAWAL

Notice Date: November 5, 2014

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000000913

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]

On April 16, 2014, the Marketplace received your initial application for health insurance.

On April 17, 2014, the Marketplace issued an eligibility determination notice stating that [REDACTED] are eligible to enroll in a qualified health plan (QHP), eligible to receive up to \$561.00 monthly of advanced premium tax credit (APTC), and eligible to get cost-sharing reductions (CSR).

On May 1, 2014, the Marketplace issued an eligibility determination notice stating that [REDACTED] are eligible for Medicaid. Their insurance coverage through Medicaid will begin April 1, 2014.

On July 29, 2014 and August 22, 2014, you reapplied for health insurance through the Marketplace.

On July 30, 2014 and August 23, 2014, the Marketplace issued notices of eligibility determination stating that [REDACTED] are eligible to enroll in a QHP, eligible to receive up to \$561.00 monthly of APTC, and eligible to get CSRs. The Marketplace also issued notices of eligibility determination stating that [REDACTED] remain eligible for Medicaid.

On September 2, 2014, you spoke to the Marketplace Customer Service Unit and filed an appeal regarding your level of APTC.

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 26, 2014, you reapplied for health insurance through the Marketplace.

On September 27, 2014, the Marketplace issued a notice of eligibility determination stating that [REDACTED] is eligible to enroll in a QHP, eligible to receive up to \$207.00 monthly of APTC, and eligible to get CSRs. The Marketplace also issued a notice of eligibility determination stating that [REDACTED] [REDACTED] remain eligible for Medicaid.

On October 6, 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 27, 2014 eligibility determinations and withdrew your appeal on the record through sworn testimony. Accordingly, we are dismissing your appeal.

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

The Marketplace's September 27, 2014 eligibility determination notices Remain 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. In that writing, explain why we should do this.

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 AP000000000913.

## **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]  
[REDACTED]  
[REDACTED]