



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

NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: September 7, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000929

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On September 5, 2014, you requested an appeal regarding the September 4, 2014 eligibility determination made by the Marketplace. That eligibility determination stated that you were eligible to enroll in a qualified health plan, that you were eligible to receive up to \$261.00 per month in advance premium tax credit (APTC), and that you were eligible for cost-sharing reductions (CSR) provided you enroll in a silver-level health plan.

On September 12, 2014, information in your Marketplace account was updated. Your expected annual income amount was lowered and you attested to claiming an additional person as a dependent on your 2014 tax return.

On September 13, 2014, an eligibility redetermination was issued based on this updated information. The notice stated that you were found eligible for Medicaid.

On October 3, 2014, you were scheduled to appear for a telephone hearing. A Hearing Officer from the Marketplace's Appeals Unit called you to conduct the hearing. At the hearing, you testified that you were satisfied with the updated eligibility determination from September 13, 2014 and you wished to withdraw your appeal.

Accordingly, we are dismissing your appeal, pursuant to 45 CFR § 155.530(a)(1).

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: 1-877-622-4886).

How does this Dismissal Affect My Eligibility?

Your appeal of your September 4, 2014 eligibility determination is dismissed pursuant to your telephonic request.

The September 13, 2014 eligibility determination finding you eligible for Medicaid 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 AP000000000929.

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]

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