



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

## NOTICE OF DISMISSAL - WITHDRAWAL

Notice Date: November 28, 2014

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000000985

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On August 14, 2014, the Marketplace received your application for health insurance.

On August 15, 2014, the Marketplace issued an eligibility determination notice stating that you might be eligible for health insurance through New York State of Health, but that more information was needed to make a determination. On that day you also provided documentation to the Marketplace regarding your income.

On August 22, 2014, you modified your Marketplace application.

On August 23, 2014, the Marketplace issued an eligibility determination notice stating that based on a household income of \$29,886.40, you were eligible to enroll in a qualified health plan, to receive up to \$237.00 monthly of advanced premium tax credit, and to receive cost-sharing reductions.

On September 12, 2014, you spoke with the Marketplace Customer Service Unit and submitted an appeal request, and on September 17, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that a hearing had been scheduled for you on October 7, 2014 at 9:00 am.

On October 7, 2014, and October 8, 2014, the Hearing Officer from the Marketplace's Appeals Unit attempted to contact you at the telephone number provided. The Hearing Officer was unable to contact you because of a malfunction with the Marketplace's telephone service.

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 October 9, 2014, the Hearing Officer from the Marketplace's Appeals Unit again attempted to contact you at the telephone number provided. The Hearing Officer spoke with your spouse and he informed the Hearing Officer that you were not available to proceed with the hearing at that time. The hearing was adjourned to allow you to receive proper notice of the rescheduled hearing.

On October 10, 2014, you modified your Marketplace application. The Marketplace prepared a preliminary eligibility determination stating that based on a household income of \$20,254.80, you were eligible for Medicaid, but that in order for your eligibility to be finalized, you must submit documents to confirm that the information you provided in your application was accurate.

On October 24, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that a hearing had been scheduled for you on November 10, 2014 at 9:00 am.

On November 10, 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 October 10, 2014 preliminary eligibility determination and withdrew your appeal on the record through sworn testimony. Accordingly, we are dismissing your appeal.

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

On October 10, 2014, after you requested a hearing, information in your Marketplace account was changed. Therefore, the August 23, 2014 eligibility determination that you appealed is no longer in effect.

The preliminary eligibility determination that was prepared on October 10, 2014 as a result of these changes remains in effect. The preliminary eligibility determination states that you are eligible for Medicaid. Additional information would be required for the Marketplace to determine your eligibility for reimbursement for medical expenses you may have incurred in the three months prior to your application.

### **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.

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.

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).

## **Appeal Identification Number**

When communicating with the Marketplace about this appeal, please reference Appeal Identification Number AP000000000985.

## **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]