



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 Number: [REDACTED]  
Appeal Identification Number: AP000000001021

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

You applied for health insurance through the Marketplace on September 11, 2014. On September 12, 2014, a determination was issued stating that based on a household income of \$38,000.00, you are eligible to enroll in a qualified health plan (QHP) and receive up to \$30.00 monthly of advance premium tax credits (APTC). It also stated that you are not eligible for cost sharing reductions or Medicaid because your reported income is over the maximum allowable income limits for each of these programs.

On September 15, 2014, you reapplied for health insurance through the Marketplace. On September 16, 2014, and again on September 17, 2014, the Marketplace issued determinations also with the same outcome as the previous determination.

On September 24, 2014, you spoke with the Marketplace Customer Service Unit and entered an appeal request.

The Marketplace scheduled a telephone hearing on your appeal request and on September 24, 2014, sent you a notice to tell you that a Hearing Officer would call you at about 10:30 a.m. on October 14, 2014.

On September 29, 2014, you updated your application to reflect an income of \$0.00 and indicated that you have savings and your family provides financial support.

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 30, 2014, a determination was issued finding you Medicaid eligible. It also informed you that you needed to pick a plan to enroll, which according to your Marketplace account appears to have been done.

On October 1, 2014, you uploaded an undated, unsigned letter requesting that your hearing appeal for October 14, 2014 at 10:30 a.m. be cancelled.

On October 14, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At the hearing, you stated on the record through sworn testimony that you were satisfied with the Medicaid eligibility determination and wanted to withdraw your appeal request. You further testified that you understood that by withdrawing your appeal request no hearing would be held and the current eligibility determination for Medicaid would continue in effect. Accordingly, we are dismissing your appeal.

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

The Marketplace's September 30, 2014 eligibility 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. No further action will be taken on it by the Marketplace.

### **Appeal Identification Number**

When communicating with the Marketplace about this appeal, please refer to the Appeal Identification Number at the top of this notice.

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## **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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