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

NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: November 24, 2014

NY State of Health Number: [redacted]
Appeal Identification Number: AP000000001042

[redacted]

Dear [redacted],

On October 10, 2014, you requested an appeal regarding one of three October 6, 2014 preliminary eligibility determinations made by the Marketplace. The preliminary determination in question stated that you and your daughter, [redacted], were eligible to enroll in a qualified health plan and receive up to $312.00 per month in advance premium tax credit. It also stated that your son, [redacted], was eligible to enroll in Child Health Plus at a monthly premium amount of $30.00.

However, between October 6, 2014 and October 23, 2014, you modified your application several times.

On October 23, 2014, the Marketplace prepared two preliminary eligibility redeterminations in your case. Both stated that you, [redacted] were eligible for Medicaid.

On October 29, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that hearing, you testified that you were satisfied with your current eligibility determination and wished to withdraw your appeal. Under sworn testimony, you verbally withdrew your hearing request on the record.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect My Eligibility?

Your appeal request of the October 6, 2014 eligibility determination is dismissed in accordance with your verbal request.

The current preliminary eligibility determination issued on October 23, 2014 finding you, [redacted] 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 AP000000001042.

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

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).

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]

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