



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: December 2, 2014

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000001067

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On September 4, 2014, the Marketplace received your initial application for health insurance for [REDACTED]. The Marketplace prepared a preliminary eligibility determination stating that [REDACTED] is not eligible to purchase health coverage through the Marketplace.

On September 15, 2014, you reapplied for health insurance for [REDACTED].

On September 24, 2014, the Marketplace issued an eligibility determination notice stating that [REDACTED] is not qualified to enroll through New York State of Health because she is already enrolled in or eligible for a public insurance program.

On October 28, 2014, you spoke to the Marketplace Customer Service Unit and submitted an appeal request, and on October 30, 2014, 2014, the Marketplace issued a Notice of Telephone Hearing to advise you that a hearing had been scheduled for you on November 14, 2014 at 10:00 am.

On November 3, 2014, you modified [REDACTED] Marketplace application. The Marketplace prepared a preliminary eligibility determination stating that based on a household income of \$28,030.00, [REDACTED] is eligible to enroll in a qualified health plan (QHP), to receive up to \$384.00 monthly of advance premium tax credit (APTC), and to receive cost-sharing reductions (CSR).

On November 14, 2014 you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At the hearing you confirmed that you were

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satisfied with the November 3, 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 November 3, 2014, after you requested a hearing, information in your Marketplace account was changed. Therefore, the September 24, 2014 eligibility determination that you appealed is no longer in effect.

The preliminary eligibility determination that was prepared on November 3, 2014 as a result of these changes remains in effect. The preliminary eligibility determination states that [REDACTED] is eligible to enroll in a QHP, to receive up to \$384.00 monthly of APTC, and to receive CSR.

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 AP000000001067.

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

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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]