



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

NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: January 17, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001082

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On November 12, 2014, you requested an appeal regarding the April 16, 2014 eligibility determination made by the Marketplace. That eligibility determination stated that you were eligible to enroll in qualified health plan (QHP) and eligible to receive up to \$214.00 per month in advance premium tax credit (APTC). You were also eligible for cost-sharing reductions (CSR) if you enrolled in a silver-level health plan.

On November 19, 2014, your eligibility for financial assistance was rerun. On November 27, 2014, an eligibility determination notice was issued. The notice stated that you were conditionally eligible to receive up to \$236.00 per month in APTC, and conditionally eligible for CSR if you enroll in silver-level health plan. You were also found conditionally eligible for the APTC Premium Assistance Program, which might be able to reduce your premium to \$0 if you select a silver level plan and use the entire amount of your tax credit.

On December 8, 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 eligibility determination from November 27, 2014, and you wished to verbally withdrawal your appeal over the telephone.

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 April 16, 2014 eligibility determination is dismissed pursuant to your telephonic request.

The November 27, 2014 eligibility determination finding you conditionally eligible to receive up to \$236.00 per month in APTC, conditionally eligible for CSR, and conditionally eligible for the APTC Premium Assistance Program remains in effect.

Please note that you still must submit income documentation to the Marketplace by February 19, 2015 as requested in the November 27, 2014 notice in order for your eligibility to become final.

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 AP000000001082.

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: 1-877-662-4886).

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]
[REDACTED]
[REDACTED]

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