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

NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: January 21, 2015

NY State of Health Number: [redacted]
Appeal Identification Number: AP000000001103

[redacted]

Dear [redacted],

On November 18, 2014, you requested an appeal regarding the November 18, 2014 preliminary eligibility determination made by the Marketplace. That preliminary determination stated that you were eligible for Medicaid based on an annual household income of $16,016.00.

On November 20, 2014, the Marketplace received your modified application and issued an eligibility determination in your case on November 27, 2014. That notice stated that you were newly eligible to receive up to $327.00 in advance premium tax credit per month to apply toward your monthly premium when you enroll in a qualified health plan. The notice also stated that you were newly eligible to receive cost sharing reductions.

On November 27, 2014, the Marketplace also issued an eligibility determination notice that reflected the earlier November 18, 2014 preliminary eligibility determination in your case.

On December 12, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that hearing, you testified that you no longer wished to continue your appeal because you were satisfied with the current eligibility determination finding you eligible to enroll in a qualified health plan and to receive up to $327.00 in advance premium tax credit. 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 November 18, 2014 preliminary eligibility determination is dismissed in accordance with your telephone request.

This dismissal does not affect your current eligibility determination issued on November 27, 2014. You remain eligible to enroll in a qualified health plan and receive up to $327.00 in advance premium tax credit per month. You also remain eligible to receive cost sharing reductions.

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 AP000000001103.

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.

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).

This Notice Has Been Provided To:

[redacted]

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