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

NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: February 18, 2015

NY State of Health Number: [redacted]
Appeal Identification Number: AP000000001180

[redacted]

Dear [redacted],

On December 13, 2014, you requested an appeal regarding the December 9, 2014 eligibility determination made by the Marketplace. That eligibility determination stated that you were newly eligible to receive $221.00 per month in advance premium tax credit to help pay for the cost of your health coverage. You were also found eligible for cost-sharing reductions if you enrolled in a silver-level health plan.

On December 15, 2014, your eligibility for health insurance was redetermined. An eligibility redetermination notice was issued on December 16, 2014. That notice stated that you were eligible for Medicaid as of December 1, 2014.

On January 8, 2015, 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 wished to withdraw your appeal because you were satisfied with your current Medicaid determination.

Under sworn testimony, you verbally withdrew your hearing request on the record.

Accordingly, we are dismissing your appeal, pursuant to 45 CFR § 155.530(a)(1).

How does this Dismissal Affect My Eligibility?

Your appeal of the December 9, 2014 eligibility determination is dismissed pursuant to your telephonic request.

The December 16, 2014 eligibility determination finding you 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 AP000000001180.

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: 1-877-662-4886).

This Notice Has Been Provided To

[redacted]

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