



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: AP000000001249

[REDACTED]  
[REDACTED] [REDACTED]  
[REDACTED]

Dear [REDACTED],

On December 15, 2014, after you updated your application and provided proof of income as requested, the Marketplace prepared a preliminary eligibility redetermination in your case. It determined that you are eligible to receive an advance premium tax credit up to \$285.00 per month and, if you select a silver level qualified health plan, for cost-sharing reductions beginning on January 1, 2015.

On December 19, 2014, you appealed the eligibility determination.

On December 23, 2014, the Marketplace redetermined your eligibility based on an updated household income of \$21,435.17, which took into account a tax deduction of \$3,000.00 in tuition and fees from your annual household income of \$24,435.17. It redetermined that you are eligible for Medicaid effective December 1, 2014.

On December 24, 2014, the Marketplace issued a notice of eligibility redetermination that was consistent with the December 23, 2014 preliminary eligibility determination.

On December 25, 2014, the Marketplace issued a letter confirming that you were enrolled in Medicaid Fee for Services beginning December 1, 2014, and enrolled with Health Insurance Plan of Greater New York, Emblem Health, beginning February 1, 2015.

The Marketplace sent you a Notice of Telephone Hearing on January 2, 2015, for a telephone hearing on January 20, 2015, based on your December 19, 2014 appeal request.

On January 20, 2014, a Hearing Officer from the Marketplace's Appeals Unit telephoned and spoke with your husband. Since you were not available, the Hearing Officer agreed to adjourn the hearing to January 21, 2015, at 8:30 a.m., for your convenience.

On January 21, 2014, a Hearing Officer from the Marketplace's Appeals Unit contacted you and, through sworn testimony, you authorized your husband to serve as your authorized representative. On your behalf and while under oath, your husband identified himself, indicated you were satisfied with the Medicaid eligibility determination, and withdrew your appeal on the record.

He further testified that you both understood that by withdrawing your appeal, the December 24, 2014 eligibility determination, as made on December 23, 2014, continues in effect.

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

### **How does this Dismissal Affect Your Eligibility?**

The December 24, 2014 eligibility determination, as made on December 23, 2014, continues 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. No further action will be taken on it by the Marketplace.

## **Appeal Identification Number**

When communicating with the Marketplace about this appeal, please refer to the Appeal Identification Number at the top of this notice.

## **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(a)(1)(i)(B).

**A Copy of this Notice Has Been Provided To:**

[REDACTED]  
[REDACTED] [REDACTED]  
[REDACTED]