



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

NOTICE OF DISMISSAL

Notice Date: February 19, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001250

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 14, 2014, the Marketplace received your initial application for 2015 health insurance coverage.

On December 15, 2014, the Marketplace issued an eligibility determination notice stating that you are eligible to purchase a qualified health plan at full cost through New York State of Health. The notice states that you are not eligible to receive advance premium tax credits because you will not be filing a federal tax return and not eligible for cost-sharing reductions because you are ineligible to receive an advance premium tax credit. The notice also states you are not eligible for Medicaid because your household income is over the allowable income.

On December 19, 2014, you spoke with the Marketplace Account Review Unit and appealed that determination.

On January 16, 2015, you had a scheduled telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. You requested an adjournment until January 27, 2015, at 9:00 am. The adjournment was granted.

On January 27, 2015, you had a scheduled telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At this time you stated that you no longer wanted to pursue your appeal.

Therefore, we are dismissing your appeal.

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 Your Eligibility?

The December 15, 2014, eligibility Marketplace notice 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, and the Marketplace will take no further action on your appeal.

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).

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This Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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