



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: February 6, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000001270

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 23, 2014, you submitted an application to the Marketplace seeking financial assistance in which you attested to an expected yearly income of \$22,800.00.

That same day, the Marketplace prepared a preliminary determination based on your December 23, 2014 application. It said you were eligible to receive an advance premium tax credit (APTC) of up to \$255.00 per month and eligible for cost-sharing reductions (CSR). However, it also said that in order for your eligibility to be finalized, you would have to submit additional documentation to confirm that the information you provided in your application was accurate.

On December 23, 2014, you spoke with the Marketplace's Account Review unit and appealed the December 23, 2014 preliminary determination.

On December 24, 2014, the Marketplace issued a notice of eligibility redetermination stating that you were eligible to enroll in a qualified health plan (QHP); eligible to receive an APTC of up to \$255.00 per month; and, if you selected a silver-level plan, eligible for CSR. This redetermination, however, was conditional pending the Marketplace's receipt of documentation to confirm your citizenship status by March 25, 2015.

On January 26, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit.

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).

During the hearing, through sworn testimony, you stated that you wished to withdraw the appeal of the December 23, 2014 preliminary determination since you were now satisfied with the result.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Marketplace's December 23, 2014 eligibility redetermination, as memorialized in the December 24, 2014 notice of eligibility redetermination, continues in effect.

You remain conditionally eligible to enroll in a qualified health plan; for an advance premium tax credit of up to \$255.00 per month; and, if you select a silver-level plan, for cost-sharing reductions.

In order to finalize your eligibility, you must provide documentation to prove your citizenship status to the Marketplace by March 25, 2015.

This dismissal has no effect on any determination issued by the Marketplace after December 23, 2014.

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 at the top of this notice.

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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.

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A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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