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: AP000000001325

[redacted]

Dear [redacted],

On January 2, 2015, you requested an appeal regarding the January 2, 2015 preliminary eligibility determination prepared by the Marketplace. That preliminary eligibility determination stated that you and [redacted] were eligible to receive an advance premium tax credit (APTC) of up to $473.00 per month as well as cost-sharing reductions (CSR). [redacted] was found eligible to enroll in Child Health Plus with a $9.00 per month premium.

On January 4, 2015, the Marketplace issued an eligibility determination notice that reflected this January 2, 2015 preliminary eligibility determination.

On January 8, 2015, the Marketplace received your modified application, and on January 9, 2015, the Marketplace issued an eligibility determination notice in your case. That notice stated that you and [redacted] were eligible for up to $517.00 per month in APTC, as well as for CSR. You and [redacted] were also found newly eligible for the APTC Premium Assistance Program, which might be able reduce your premium to $0.00 if you selected a silver level health plan and used the entire amount of your tax credit.

Also on January 9, 2015, an eligibility determination notice was issued for [redacted] That notice stated that [redacted] might be eligible for health insurance but that more information was needed to make a determination. The notice requested that income documentation for the entire household be submitted by January 26, 2015 in order to confirm [redacted] eligibility.

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).).

On January 26, 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. A Hearing Officer placed you and [redacted] under oath, and you testified that you were satisfied with the January 9, 2015 eligibility determinations; however, you wanted to appeal the termination of Medicaid coverage for the month of January 2015. You testified that you had filed a complaint on that issue after you had requested the appeal regarding your APTC level. The Hearing Officer was willing to extend the issue under appeal to include the termination of Medicaid for the month of January; however you still requested to withdraw the hearing, stating that it was because you were not guaranteed a decision on the appeal by the end of January.

You further testified that you understood that if you withdrew your appeal, the January 9, 2015 eligibility determinations as they pertain to you, [redacted], and [redacted], would continue in effect.

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

How does this Dismissal Affect Your Eligibility?

Your appeal of the January 4, 2015 eligibility determination is dismissed pursuant to your telephonic request.

The January 9, 2015 eligibility determinations continue in effect.

You and [redacted] remain eligible to receive APTC of $517.00 per month as well as CSR. You and [redacted] also remain eligible for the APTC Premium Assistance Program.

[redacted] may be eligible for health insurance but income documentation for the household is still needed to make a final determination.

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 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).

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).

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]

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).