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

NOTICE OF DISMISSAL - WRITTEN WITHDRAWAL

Notice Date: February 19, 2015

NY State of Health Number: [redacted]
Appeal Identification Number: AP000000001359

[redacted]

Dear [redacted],

On November 4, 2014, the Marketplace sent you a notice reminding you to renew your NY State of Health Coverage. The notice also states that you, your spouse, and your two dependents are qualified to receive health coverage under Medicaid.

On November 16, 2014, the Marketplace prepared a preliminary eligibility determination stating that you, your spouse, and your dependents are eligible for Medicaid.

On January 5, 2014, you modified your Marketplace application.

On January 6, 2014, the Marketplace issued an eligibility determination notice stating that you, your spouse, and your dependents are no longer eligible for Medicaid. However, your Medicaid coverage will continue until December 31, 2015.

On January 7, 2015, you spoke with the Marketplace Account Review Unit and appealed that determination.

On January 19, 2015, you uploaded income documentation to your Marketplace account and on January 21, 2015, the Marketplace redetermined your eligibility for health insurance.

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 22, 2015, the Marketplace issued an eligibility determination notice stating that [redacted] and [redacted] are eligible to receive: an advance premium tax credit (APTC); cost-sharing reductions, if enrolled in a silver level plan; and eligible for the APTC Premium Assistance Program. Your dependents, [redacted] and [redacted], were found eligible for Medicaid.

On January 21, 2015, prior to your scheduled hearing, you uploaded a document to your Marketplace account requesting that your January 28, 2015, hearing scheduled for 9:00 am be cancelled.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The January 22, 2015, eligibility determination 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]

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