



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

NOTICE OF DISMISSAL – WITHDRAWAL

Notice Date: February 9, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000001381

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 2, 2015, you submitted an application to the Marketplace in which you attested to an expected annual household income of \$44,871.00.

On January 3, 2015, the Marketplace issued a notice of eligibility determination based on your January 2, 2015 application. It said you, [REDACTED] were eligible to receive an advance premium tax credit (APTC) of up to \$100.00 per month, and, if you selected a silver-level plan, eligible to receive cost-sharing reductions (CSR), with such coverage beginning February 1, 2015. It also said that your spouse, [REDACTED], was eligible for Medicaid beginning January 1, 2015.

On January 7, 2015, you spoke with the Marketplace's Account Review Unit and appealed your January 3, 2015 eligibility determination insofar as it found your spouse eligible for Medicaid.

On January 14, 2015, you submitted a revised application to the Marketplace to redetermine your eligibility.

On January 15, 2015, the Marketplace issued a notice of eligibility redetermination based on your January 14, 2015 application. It found, among other things, that you and your spouse were eligible to enroll in a QHP; eligible to collectively receive an APTC of up to \$471.00 per month; if you selected a silver-level plan, eligible for CSR; and ineligible for Medicaid. It further found that you were eligible for coverage beginning February 1, 2015.

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).

On February 5, 2015, your spouse, appearing on her own behalf and on your behalf as your Authorized Representative, had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit.

During the hearing, through sworn testimony, your spouse stated that she wished to withdraw the appeal of her Medicaid eligibility under the January 3, 2015 determination because (1) as a result of the January 15, 2015 redetermination, she was able to enroll in an Empire Blue Cross Blue Shield plan with you, with such coverage beginning February 1, 2015, and (2) she had not utilized her Medicaid coverage during the month of January 2015 because she did not have any medical appointments or expenses.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Marketplace's January 3, 2015 and January 15, 2015 eligibility determinations continue 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 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]

[REDACTED]
[REDACTED]
[REDACTED]

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