



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

## NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: February 10, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001413

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On January 9, 2015, you requested an appeal regarding the December 18, 2014 eligibility determination notice issued by the Marketplace. The determination stated that you were eligible to receive up to \$167.00 per month in advance premium tax credits.

On January 16, 2015, information in your Marketplace account was updated. On January 17, 2015, the Marketplace issued an eligibility redetermination notice which stated that you were eligible to receive up to \$304.00 per month in advance premium tax credit, as well as cost-sharing reductions if you enrolled in a silver level health plan.

On February 4, 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 under oath, and you testified that you were satisfied with the redetermination from January 17, 2015 because it resulted in a lower premium payment for yourself; there was no reason to continue with your appeal. You further testified that you understood that withdrawing your appeal of the December 18, 2014 determination would have no effect on the January 17, 2015 redetermination.

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

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?**

Your appeal of the December 18, 2014 eligibility determination notice is dismissed.

The January 17, 2014 eligibility redetermination remains in effect. You remain eligible for up to \$304.00 per month in advance premium tax credit, as well as cost-sharing reductions if you enroll in a silver level health plan.

## **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

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).

## **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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