



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: February 20, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001451

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 13, 2015, the Marketplace prepared a preliminary eligibility redetermination based on your updated application. It determined, in part, that you were eligible to receive an advance premium tax credit up to \$110.00 per month and cost-sharing reductions, effective February 1, 2015.

On January 13, 2015, you spoke with a representative in the Marketplace's Account Review Unit and appealed that preliminary eligibility redetermination insofar that your health insurance with tax credits through the Marketplace was not affordable.

On January 14, 2015, the Marketplace issued a notice of eligibility redetermination that was consistent with its January 13, 2015 preliminary eligibility determination.

On January 22, 2015, the Marketplace scheduled a telephone hearing based on your appeal request and sent you notice that the hearing was scheduled for February 10, 2015, and a Hearing Officer would be calling you around 10:00 a.m. that day.

On February 10, 2015, you were contacted by a Hearing Officer with the Marketplace's Appeals Unit and indicated you wished to withdraw your appeal. You were placed under oath and through sworn testimony, you withdrew your appeal on the record. You testified the reason for your withdrawal was that you recently gained employment and expect to have employer sponsored health insurance through your employment.

You further testified that you understood that, by withdrawing your appeal, the January 13, 2015 preliminary eligibility redetermination, as issued on January 14, 2015, would become final.

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).

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

How does this Dismissal Affect Your Eligibility?

This dismissal does not affect your eligibility. It simply confirms that you have withdrawn your appeal regarding the January 13, 2015 preliminary eligibility redetermination, as issued by notice on January 14, 2015.

The Marketplace's January 13, 2015 eligibility redetermination 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. No further action will be taken on it by the Marketplace.

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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A Copy of this Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]