



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: February 25, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000001544

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 21, 2015, you submitted two applications to the Marketplace seeking financial assistance. In the later application you stated that you expected to file a joint tax return with your spouse, and attested to an expected yearly income of \$45,372.00.

On January 22, 2015, the Marketplace issued a notice of eligibility determination based on your January 21, 2015 application. It said, among other things, that you were eligible to enroll in a qualified health plan (QHP), eligible to receive an advance premium tax credit (APTC) of up to \$23.00 per month, and eligible for cost-sharing reductions (CSR) beginning on March 1, 2015. You were also found ineligible for Medicaid.

That same day, you spoke with the Marketplace's Account Review Unit and appealed the January 22, 2015 eligibility determination.

On February 5, 2015, the Marketplace received a revised application in which you stated that you were married, that you now expected to file as single on your taxes, and that you would be claiming your spouse as a dependent. You also attested to having no expectation of income for 2015.

On February 6, 2015, the Marketplace issued a notice of eligibility redetermination based on your February 5, 2015 application. It stated you were eligible for Medicaid beginning on 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 20, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit.

During the hearing, through sworn testimony, you stated that you wished to withdraw your appeal of the January 22, 2015 determination since you had been subsequently determined eligible for Medicaid coverage beginning February 1, 2015.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Marketplace's January 22, 2015 eligibility determination continues in effect; however, it has effectively been replaced by the February 6, 2015 eligibility redetermination.

You remain eligible for coverage under Medicaid beginning February 1, 2015.

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.

How to Contact the Marketplace

You can contact us in any of the following ways:

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).

- 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]

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