



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

NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: March 31, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001616

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]. [REDACTED],

On January 28, 2015, an appeal was requested on your behalf regarding the January 28, 2015 preliminary eligibility determination that stated you were eligible to receive up to \$279.00 per month in advance premium tax credit (APTC) and cost-sharing reductions.

On January 29, 2015, the Marketplace issued an eligibility determination notice that stated you were newly eligible to receive up to \$279.00 per month in APTC, as well as cost sharing reductions if you enrolled in a silver level health plan.

On March 25, 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. While under oath, you identified yourself and withdrew your appeal on the record. You testified that you believed the appeal had been created in error and that you just wanted to make the premium payments to your health insurance plan because you knew you would not be eligible for Medicaid.

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

How does this Dismissal Affect Your Eligibility?

The January 29, 2015 eligibility determination remains in effect.

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).

You remain eligible for up to \$279.00 per month in advance premium tax credit and, if you enroll in a silver level health plan, cost-sharing reductions.

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]
[REDACTED]
[REDACTED]

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