



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: AP000000001710

[REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED]

Dear [REDACTED]. [REDACTED],

On February 5, 2015, the Marketplace prepared a preliminary eligibility redetermination that you are eligible to receive an advance premium tax credit (APTC) up to \$100.00 per month and, if you select a silver-level qualified health plan, for cost-sharing reductions (CSR), effective March 1, 2015.

That same day, you appealed the eligibility determination.

On February 12, 2015, the Marketplace issued a notice of eligibility redetermination based on the updated income information you provided on February 11, 2015. The notice said you are eligible for Medicaid as of February 1, 2015.

That same day, the Marketplace issued a letter confirming your enrollment in Medicaid Fee-for-Service as of February 1, 2015 and Affinity Health Plan, Inc., a Medicaid managed Care plan, as of March 1, 2015.

The Marketplace scheduled a telephone hearing based on your appeal request and on February 14, 2015, sent you a notice telling you that a Hearing Officer from the Marketplace's Appeals Unit would be calling you on March 4, 2015 at about 1:00 p.m.

On March 4, 2015, the Hearing Officer contacted you to conduct the telephone hearing. Through sworn testimony, you identified yourself and indicated that you wanted to withdraw your appeal because you were now covered under Medicaid Fee-for-Service as of February 1, 2015 and through Affinity Health Plan, Inc., a Medicaid Managed Care plan, as of March 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).

You further testified you understood that your coverage under Medicaid as of February 1, 2015 and through Affinity Health Plan, Inc., a Medicaid Managed Care plan, as of March 1, 2015, will not be affected by the withdrawal of your appeal.

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

How does this Dismissal Affect Your Eligibility?

The Marketplace's February 12, 2015 notice of 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] [REDACTED]
[REDACTED]