



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: March 25, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000001740

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 10, 2015, you submitted an application to the Marketplace seeking financial assistance in which you attested to an expected yearly income of \$26,613.98, being married, and an intent to file your tax return as “Married filing single.”

That same day, the Marketplace prepared a preliminary eligibility determination based on your February 10, 2015 application. It found that you were not eligible for financial assistance through the Marketplace.

Also on that same day, you spoke with the Marketplace’s Account Review Unit and appealed your February 10, 2015 preliminary eligibility determination insofar as you were found not eligible to receive a tax credit to help pay for the cost of health insurance.

On February 11, 2015, the Marketplace issued a notice of eligibility determination in response to your February 10, 2015 application, stating you were eligible to enroll in a qualified health plan (QHP) at full cost. It further stated that you were not eligible to receive a tax credit because your application indicated that you were married but would not be filing taxes jointly with your spouse.

On March 18, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace’s Appeals Unit.

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).

During the hearing, through sworn testimony, you stated that you no longer wished to proceed with your appeal of the Marketplace's February 10, 2015 preliminary determination since you had spoken to your accountant and believed that your eligibility for a tax credit could be remedied outside of the appeals process.

You therefore withdrew your appeal on the record.

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 10, 2015 preliminary eligibility determination and the corresponding February 11, 2015 eligibility determination continue in effect.

You remain eligible to enroll in a QHP at full cost.

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.

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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.

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A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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