



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: March 26, 2015

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000001862

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On December 9, 2014, you submitted an application to the Marketplace seeking financial assistance for health insurance in which you attested to an expected yearly household income of \$40,600.00.

On December 13, 2014, the Marketplace issued a notice of eligibility determination based on your December 9, 2014 application. It stated that you were conditionally eligible to enroll in a qualified health plan (QHP) and to receive an advance premium tax credit (APTC) of up to \$92.00 per month, beginning January 1, 2015. You were found not eligible for either cost-sharing reductions (CSR) or Medicaid. The notice further stated that in order to confirm your eligibility, you needed to provide documentation to prove your citizenship status by March 11, 2015. Your daughter was found eligible to enroll through Child Health Plus (CHP) at a reduced premium rate of \$30.00 per month beginning January 1, 2015.

On February 23, 2015, you spoke with the Marketplace's Account Review Unit and appealed the December 13, 2014 determination insofar as you were found eligible to receive no more than \$92.00 per month in APTC.

On March 4, 2015, the Marketplace received a revised application in which you attested to a lower expected yearly income of \$38,000.00.

On March 5, 2015, the Marketplace issued a notice of eligibility redetermination based on your March 4, 2015 application. It stated that while you remained

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eligible to enroll in a QHP, you were now conditionally eligible to receive an APTC of up to \$125.00 per month and, if you selected a silver-level plan, conditionally eligible for CSR, beginning April 1, 2015; however, you remained ineligible for Medicaid. The notice further stated that in order to confirm your eligibility, you needed to provide documentation to prove your citizenship status by June 2, 2015. Your daughter was found eligible to enroll through CHP at a further reduced premium rate of \$15.00 per month beginning April 1, 2015.

On March 18, 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 December 13, 2014 eligibility determination solely because you had been subsequently redetermined eligible to receive a higher amount of tax credits as a result of the March 4, 2015 eligibility redetermination.

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 December 13, 2014 eligibility determination continues in effect.

Please note that the dismissal of your appeal under this notice has no effect on any determinations issued by the Marketplace after December 13, 2014 including the March 4, 2015 eligibility redetermination.

Please provide proof of your citizenship status to the Marketplace no later than June 2, 2015 in to confirm your eligibility under the March 4, 2015 eligibility determination. Failure to do so may result in a loss of your financial assistance through the Marketplace.

### **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.

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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:

- 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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