



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: April 17, 2015

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000001947

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]. [REDACTED],

On March 4, 2015, you submitted an application to the Marketplace seeking financial assistance, in which you stated that your expected yearly income was \$40,320.00 and that you would be not be claiming any dependents when you filed your taxes for 2015.

That same day, the Marketplace prepared a preliminary eligibility determination based on your March 4, 2015 application. It found that you were eligible to receive an advance premium tax credit (APTC) of up to \$51.00 per month and eligible for cost-sharing reductions (CSR) beginning on April 1, 2015. No written notice of eligibility determination was issued formalizing the findings under this preliminary eligibility determination.

Also on March 4, 2015, you spoke with the Marketplace's Account Review Unit and appealed that preliminary determination insofar as you were determined for an APTC no greater than \$51.00 per month.

Immediately after requesting your appeal on March 4, 2015, the Marketplace received a revised application in which you again attested to an expected yearly income of \$40,320.00, but added that you would be claiming your two children as dependents on your 2015 taxes. The Marketplace issued a notice of eligibility determination on March 5, 2015 based on that application. You and your children were found eligible to enroll in a qualified health plan (QHP); eligible to receive an APTC of up to \$154.00 per month; and, if you selected a silver-level plan, eligible for CSR, beginning April 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 April 8, 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 the appeal of the March 4, 2015 preliminary eligibility determination because you were satisfied with your most recent eligibility determination issued on March 5, 2015, finding you eligible for an APTC of up to \$154.00 per month beginning April 1, 2015.

Accordingly, we are dismissing your appeal.

### **How does this Dismissal Affect Your Eligibility?**

The Marketplace's March 4, 2015 preliminary eligibility determination continues in effect, but it was effectively replaced by the March 5, 2015 eligibility determination.

You remain eligible to receive an advance premium tax credit (APTC) of up to \$154.00 per month and, if you select a silver-level plan, for cost-sharing reductions (CSR), beginning April 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.

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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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