



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

NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: May 4, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002089

[REDACTED]
[REDACTED]
[REDACTED]

Dear Ms. [REDACTED],

On March 18, 2015, the Marketplace prepared a preliminary eligibility determination that stated you were eligible for up to \$168.00 per month in advance premium tax credit (APTC) and, if you enrolled in a silver level health plan, eligible for cost-sharing reductions. That day, you requested an appeal insofar as you were no longer eligible for Medicaid. You also requested, and were granted, "aid to continue," meaning your previous eligibility for Medicaid would continue during the appeals process.

On March 19, 2015, the Marketplace issued an eligibility determination notice that stated you were newly eligible for up to \$168.00 per month in APTC and, if you enrolled in a silver level health plan, cost-sharing reductions. You were not eligible for Medicaid because your income was over the allowable limit for that program.

On March 20, 2015, the Marketplace received your modified application for health insurance. On March 21, 2015 and March 22, 2015, the Marketplace issued eligibility redetermination notices that stated you were eligible for up to \$212.00 per month in APTC and, if you enrolled in a silver level health plan, cost-sharing reductions. You were also determined to be newly eligible for the APTC Premium Assistance Program, which might be able to reduce your premium to \$0 if you selected a silver level plan and used the entire amount of your APTC.

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).

On April 21, 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 understand that by withdrawing your appeal your "aid to continue" through Medicaid would end; however, you testified that you would be eligible for the APTC Premium Assistance Program as stated in the March 21, 2015 and March 22, 2015 eligibility redetermination notices and that you were satisfied with that outcome.

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

How does this Dismissal Affect Your Eligibility?

You are no longer eligible for "aid to continue" through Medicaid because your appeal has been dismissed.

The March 21, 2015 and March 22, 2015 eligibility redeterminations will remain in effect.

You are eligible for up to \$212.00 per month in APTC, as well as eligible for cost sharing reductions if you enroll in a silver level health plan. You are eligible for the APTC Premium Assistance Program which may be able to reduce your premium to \$0 if you select a silver level plan and use the entire amount of your APTC.

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.

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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).

This Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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