



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: May 21, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002337

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

Dear [REDACTED],

On April 9, 2015, the Marketplace received your modified application for health insurance and made a preliminary eligibility determination in your case. It stated that you were eligible to receive an advance premium tax credit of up to \$319.00 per month and cost-sharing reductions based on an annual household income of \$16,896.00 per month.

Also on April 9, 2015, you spoke with the Marketplace's Account Review Unit and appealed that determination insofar as it did not determine you eligible for Medicaid. Notes contained in your account reflect that you also requested "Aid to Continue" throughout the appeal process.

On April 10, 2015, the Marketplace issued a notice of eligibility determination that stated you were eligible to receive an advance premium tax credit of up to \$319.00 per month and, if you enrolled in a silver level plan, cost-sharing reductions, effective May 1, 2015. These findings were based on an annual household income of \$16,896.00.

On April 17, 2015, the Marketplace issued a notice of eligibility redetermination, which stated that you are eligible for Medicaid effective March 1, 2015, "because your original eligibility was redetermined by an eligibility specialist at New York State of Health."

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 May 11, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that hearing, you testified that you are now receiving Medicaid coverage through your Local Department of Social Services and no longer wished to continue with the appeal since your issue had been resolved.

Under sworn testimony, you verbally withdrew your hearing request on the record.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect My Eligibility?

The April 17, 2015 notice of eligibility determination 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, and the Marketplace will take no further action on your appeal.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please refer to the 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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This Notice Has Been Provided To:

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

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