



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: July 2, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002435

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

Dear [REDACTED],

On April 15, 2015, the Marketplace prepared a preliminary eligibility determination that you and your spouse are eligible to share up to \$649.00 per month of advance premium tax credits (APTC), if you select a silver-level qualified health plan, for cost sharing reductions (CSR), and eligible for the APTC Premium Assistance Program, effective May 1, 2015. Your son was also determined to be ineligible for financial assistance because he had health insurance through a public insurance program such as Medicaid.

That same day, your spouse spoke with a representative from the Marketplace's Account Review Unit and appealed the preliminary determination on behalf of both of you.

On April 16, 2015, the Marketplace issued a notice of eligibility determination that was consistent with the April 15, 2015 preliminary eligibility determination.

That same day, the Marketplace issued a letter confirming your and your spouse's enrollment in a silver-level qualified health plan and that your monthly premium responsibility of \$0.00 after your APTC and APTC premium assistance amounts had been applied. That letter informed you both that coverage would begin after you made your first month's premium payment and could start as early as May 1, 2015.

The Marketplace scheduled a hearing and, on April 24, 2015, sent you notice that a Hearing Officer would be contacting you on May 18, 2015 at about 10:00 a.m. to conduct a telephone hearing.

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 May 14, 2015, the Hearing Officer contacted [REDACTED], as requested, to conduct the telephone hearing as scheduled. Through sworn testimony, she identified herself and explained that you both were not appealing your eligibility determination and enrollment because you were both satisfied with your coverage and financial assistance, but had some questions about your son's health coverage through Medicaid. The Hearing Officer explained that your son's recertification for Medicaid was to be handled by your local Department of Social Services or Health Resources Administration office within one of the five boroughs of New York City. She stated she had already applied for recertification for your son and now understood the difference between the two streams of Medicaid. As such, she also testified that she wished to withdraw your appeal.

She further testified that she understood that the withdrawal of your appeal does not affect your level of APTC or APTC premium assistance nor your health insurance coverage through the Marketplace as of May 1, 2015 with your qualified health plan.

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

How does this Dismissal Affect Your Eligibility?

This notice does not affect your eligibility for or enrollment in health insurance through the Marketplace.

It simply confirms the withdrawal of your appeal based on your spouse's testimony and her wish to withdraw your appeal at the time of the May 18, 2015 hearing.

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. No further action will be taken on it by the Marketplace.

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:

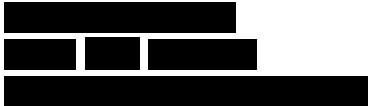
- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.530(a)(1)(i)(B).

A Copy of this Notice Has Been Provided To:

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