



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

NOTICE OF DISMISSAL – WRITTEN WITHDRAWAL

Notice Date: July 8 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002544

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 23, 2015, the Marketplace issued an eligibility determination notice stating that you are eligible to purchase a qualified health plan at full cost through the Marketplace. The notice stated that you are not eligible for Medicaid because the household income you provided is over the allowable income limit and not eligible to receive tax credits because you said you will not be filing a federal tax return in the upcoming tax year.

On the same day you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as your eligibility for financial assistance through the Marketplace.

On April 24, 2015, the Marketplace issued an eligibility determination notice stating that you are eligible for Medicaid effective April 1, 2015.

On June 13, 2015 you mailed a signed statement to the Marketplace to cancel your hearing.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

The Marketplace's April 24, 2015 eligibility determination continues in effect.

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).

Any eligibility determination issued by the Marketplace subsequent to the appeal request will not be affected by this dismissal.

If You Think Your Appeal Should Not Be Dismissed

Under some circumstances, you can ask us to vacate (cancel) this dismissal. You must ask us in writing within 30 days after the date on this notice. In that writing you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that 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 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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