



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: June 16, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000002550

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 22, 2015, the Marketplace prepared a preliminary eligibility determination based on your April 22, 2015 application. It found that you were eligible to receive an advance premium tax credit (APTC) of \$0.00 per month beginning June 1, 2015.

That same day, you spoke with the Marketplace's Account Review Unit and appealed the April 22, 2015 preliminary eligibility determination insofar as you were found eligible to receive a \$0.00 tax credit to help with the cost of enrolling in coverage through the Marketplace.

On April 23, 2015, the Marketplace issued a notice of eligibility determination that stated you were eligible to enroll in a qualified health plan (QHP) and to receive APTC of \$0.00 per month, effective June 1, 2015. You were also found not eligible for either cost-sharing reductions (CSR) or Medicaid. This determination was issued, in part, based on an annual household income of \$47,320.00.

On May 19, 2015, you submitted a revised application to the Marketplace.

On May 20, 2015, the Marketplace issued an eligibility determination based on your May 19, 2015 application. It stated that you were eligible to enroll in a QHP; eligible to receive an APTC of up to \$68.00 per month; and, if you selected a silver-level plan, newly eligible for CSR, effective July 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 May 20, 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 your appeal because you had become eligible for APTC of up to \$68.00 per month and had been enrolled in a health plan that provided you with both vision and dental coverage at a more reasonable cost.

You therefore withdrew your appeal on the record.

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

How does this Dismissal Affect Your Eligibility?

Your appeal of the April 23, 2015 eligibility determination notice is dismissed.

Please note that the dismissal of your appeal under this notification has no effect on any subsequent determinations issued by the Marketplace on or after April 23, 2015, including the May 20, 2015 determination finding you eligible for an APTC of up to \$68.00 per month and CSR, effective July 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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