



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: June 25, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002668

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

Dear [REDACTED],

On April 30, 2015, the Marketplace issued a notice of eligibility determination stating that you were eligible to receive up to \$51.00 per month in advance premium tax credits and eligible for cost-sharing reductions if you enrolled in a silver level health plan. The notice further stated that you were not eligible for Medicaid because the household income you provided was over the allowable income limit.

Also on April 30, 2015, your Authorized Representative, [REDACTED], spoke with the Marketplace's Account Review Unit and appealed that determination insofar as it did not approve advance premium tax credits of more than \$51.00 per month and did not determine you to be eligible for Medicaid.

On June 9, 2015, the Marketplace received and verified your income documentation and on June 10, 2015 issued an eligibility determination stating that you were eligible for Medicaid effective June 1, 2015.

On June 10, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that hearing, your Authorized Representative appeared on your behalf. She testified that you were satisfied with your new eligibility and that you no longer wished to continue with the appeal.

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

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).

Accordingly, we are dismissing your appeal.

### **How does this Dismissal Affect My Eligibility?**

The April 30, 2015 notice eligibility determination was superseded by the June 10, 2015 eligibility determination.

The June 10, 2015 eligibility determination remains 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.

### **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

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).

## **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]  
[REDACTED]

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