



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

NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: February 6, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001341

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 3, 2015, you requested an appeal regarding the enrollment start date of your Medicaid Managed Care Plan.

On January 14, 2015, a notice was issued to confirm your January 2, 2015 enrollment through the Marketplace. The notice stated that your insurance coverage through Medicaid began January 1, 2015 and your enrollment in Hudson Health Plan, Inc. would begin February 1, 2015.

On January 28, 2015, you were scheduled to appear for a telephone hearing. A Hearing Officer from the Marketplace's Appeals Unit called you to conduct the hearing. While under oath, you identified yourself and withdrew your appeal on the record. You testified that it no longer mattered whether your enrollment in Hudson Health began on January 1, 2015, because the month of January was nearly over and you had been unable to make an appointment with your doctor in January anyway.

You further testified that you understood that if you withdrew your appeal, your February 1, 2015 enrollment start date in Hudson Health Plan, Inc. would become final, and you still wished to withdraw your appeal.

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

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).

How does this Dismissal Affect Your Eligibility?

The January 14, 2015 enrollment confirmation notice remains in effect.

You remain enrolled in Hudson Health Plan, Inc. as of February 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 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: 1-877-662-4886).

Legal Authority

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

This Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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