



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: March 5, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001481

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 27, 2014, the Marketplace issued a disenrollment notice that said your insurance with UnitedHealthcare of New York, Inc., a Medicaid Managed Care plan through New York State of Health, will end effective December 31, 2014.

On January 15, 2015, you appealed being disenrolled from your health plan and requested that coverage be reinstated for January and February 2015.

On January 17, 2015, the Marketplace issued a notice of eligibility redetermination that you are eligible for Medicaid effective January 1, 2015.

That same day, the Marketplace issued a letter confirming your enrollment in Medicaid Fee for Service for January and February 2015, and with UnitedHealthcare of New York, Inc., effective March 1, 2015.

The Marketplace scheduled a telephone hearing based on your appeal request and on January 29, 2015, sent you a notice telling you that a Hearing Officer from the Marketplace's Appeals Unit would be calling you on February 19, 2015 at about 11:00 a.m.

On February 19, 2015, the Hearing Officer contacted you to conduct the telephone hearing. Through sworn testimony, you identified yourself and indicated that you wished to withdraw your appeal because you had the coverage you needed for January and February 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).

You further testified you understand that in withdrawing your appeal, the Marketplace's January 17, 2015 notice of eligibility redetermination continues in effect.

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

How does this Dismissal Affect Your Eligibility?

The Marketplace's January 17, 2015 notice of eligibility redetermination continues 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. 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.

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).

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A Copy of this Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]