



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: February 17, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001562

[REDACTED]
[REDACTED]
[REDACTED]

Dear Ms. [REDACTED],

On January 19, 2015, the Marketplace issued a disenrollment notice regarding your daughter's Medicaid Managed Care coverage. It said her coverage with Univera Community Health, Inc., a Medicaid Managed Care plan, will end effective February 28, 2015.

On January 22, 2015, you appealed your daughter's disenrollment and requested that she be re-enrolled in the same Medicaid Managed Care plan as of March 1, 2015.

On January 28, 2015, with the assistance of the Marketplace's Account Review Unit, your application was updated. That same day, the Marketplace redetermined your daughter's eligibility and found her eligible for Child Health Plus (CHP), effective March 1, 2015.

On January 29, 2015, the Marketplace issued a notice of eligibility redetermination that, in part, confirmed your daughter's eligibility to enroll in CHP, effective March 1, 2015.

On January 29, 2015, you called the New York State of Health Appeals Unit to withdraw your appeal. A Hearing Officer from the Appeals Unit received your call and placed you under oath.

While under oath, you identified yourself and withdrew your appeal 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: 1-877-662-4886).

You further testified that you understand that in withdrawing your appeal, the January 29, 2015 eligibility redetermination finding your daughter eligible for CHP, effective March 1, 2015, will not be affected and will continue in effect.

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

How does this Dismissal Affect Your Eligibility?

This dismissal does not affect your daughter's enrollment in CHP as of March 1, 2015. It simply confirms that you have withdrawn your appeal regarding her disenrollment from Univera Community Health, Inc., effective February 28, 2015.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. In that writing, explain why you did not appear for your hearing as scheduled.

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]