



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: March 17, 2015

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000001566

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

You updated your account for the 2015 tax year on December 5, 2014; you had previously been eligible for and enrolled in Medicaid.

In an eligibility determination sent on December 6, 2014, the Marketplace found that you were eligible for Medicaid, Fee for Service, effective February 1, 2015. On December 26, 2014, the Marketplace issued a disenrollment notice, stating you were no longer eligible to be enrolled in your Medicaid Managed Care plan (MMC) and that your coverage in that plan would end January 31, 2015.

On January 23, 2015, you requested an appeal of the disenrollment from and new effective start date for your MMC, and requested it start February 1, 2015.

On January 24, 2015, the Marketplace issued a notice stating that your coverage with your chosen health plan would be effective March 1, 2015.

On March 12, 2015, you called the New York State of Health Appeals Unit to withdraw your appeal. A Hearing Officer from the Marketplace's Appeals Unit received your call and placed you under oath.

While under oath, you identified yourself and stated that you had been told that your coverage with your MMC had successfully been backdated to February 1, 2015, and that it was no longer necessary to proceed with your appeal. A review of your file confirms that your current coverage period with Healthfirst is from February 1, 2015 to January 31, 2016.

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 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 enrollment in your current MMC will not be affected by this withdrawal. Your current coverage period with Healthfirst is from February 1, 2015 to January 31, 2016.

### **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.

### **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

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## **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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