



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

NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: March 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001766

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]. [REDACTED],

On February 12, 2015, you requested an appeal regarding your enrollment start date with Hudson Health Plan, Inc.

On February 13, 2015, an enrollment confirmation notice was issued that stated your insurance coverage through Medicaid would begin December 1, 2014 and enrollment with Hudson Health Plan, Inc. would begin March 1, 2015.

On March 19, 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 you had gotten your insurance cards for Hudson Health Plan, Inc. and that you no longer wished to appeal.

You further testified that you understand that when you withdraw your appeal your enrollment start date with Hudson Health Plan, Inc. of March 1, 2015 would become final.

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 February 13, 2015 enrollment confirmation notice remains in effect.

Your enrollment with Hudson Health Plan, Inc. is effective March 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).

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).

This Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

■

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).