



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

## NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: February 25, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001846

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 12, 2015, the Marketplace notified you that Medicaid coverage for your step-daughter, [REDACTED], would begin February 1, 2015. However, you were also notified that you did not need to select a Medicaid Managed Care (MMC) plan for her.

On February 23, 2015, you requested an appeal regarding your step-daughter's inability to select an MMC plan through the Marketplace.

That same day, a Marketplace representative updated your Marketplace account to reflect your step-daughter's enrollment in the UnitedHealthcare Community MMC plan beginning April 1, 2015.

On February 23, 2015, your spouse, [REDACTED], acting on your behalf, called the New York State of Health Appeals Unit to withdraw your appeal. A Hearing Officer from the Marketplace's Appeals Unit received her call and placed her under oath.

While under oath, she identified herself and withdrew your appeal on the record.

She testified that immediately after filing the appeal request, she was informed by a Marketplace representative that your step-daughter was enrolled in the UnitedHealthcare Community MMC plan, with such coverage beginning April 1,

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2015. She testified that this was acceptable, and that there was no longer a reason to continue the appeal

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

### **How does this Dismissal Affect Your Eligibility?**

Your step-daughter remains eligible for Fee-For-Service Medicaid beginning February 1, 2015, and eligible for coverage under the UnitedHealthcare Community MMC plan beginning April 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

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## **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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**This Notice Has Been Provided To:**

[REDACTED]  
[REDACTED]  
[REDACTED]

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