



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: June 17, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002073

[REDACTED]  
[REDACTED] [REDACTED] [REDACTED]  
[REDACTED]

Dear Mr. [REDACTED],

On February 10, 2015, the Marketplace issued a renewal notice that said it did not have enough information from state and federal data sources to determine if you and your family members qualified for financial assistance and that you needed to update the information on your Marketplace account by March 15, 2015.

On March 11, 2015, the Marketplace issued a disenrollment notice that your and your family members' coverage with Healthfirst, a Medicaid Managed Care (MMC) plan, will end effective March 31, 2015.

On March 16, 2015, updated information on your Marketplace account was verified and the marketplace prepared a preliminary eligibility redetermination that you and your family were eligible for Medicaid effective March 1, 2015 and enrolled in a MMC plan effective May 1, 2015.

On March 16, 2015, you appealed the preliminary eligibility redetermination insofar as you and your family were not being re-enrolled in your MMC plan but in Medicaid Fee for Service for April 2015.

On March 17, 2015, the Marketplace issued a notice of eligibility redetermination that was consistent with the March 16, 2015 preliminary redetermination.

On March 18, 2015, the Marketplace issued an enrollment letter confirming that you and your family members' insurance coverage through Medicaid Fee for Service will begin March 1, 2015 and enrollment with Healthfirst, an MMC plan, will begin May 1, 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).

The Marketplace scheduled a telephone hearing based on your appeal request and on April 9, 2015, sent you a notice telling you that a Hearing Officer from the Marketplace's Appeals Unit would be calling you on May 1, 2015 at about 10:00 a.m.

On May 1, 2015, the Hearing Officer contacted you to conduct the telephone hearing as scheduled. Through sworn testimony, you identified yourself and explained the events and circumstances that led to your appeal as indicated above. You testified that while you were re-enrolled in Medicaid Fee for Services effective March 1, 2015 and your MMC plan effective May 1, 2015, your family's prescription medications were not covered during April 2015 and you had to pay out-of-pocket for medications. Even so, you further testified that you were now satisfied that your family is enrolled in Healthfirst as of May 1, 2015 and you had received insurance identification cards in the mail. As such, you testified that you wished to withdraw your appeal of your March 16, 2015 eligibility redetermination.

You further agreed that you understood that the withdrawal of your appeal does not affect you or your family's health insurance coverage through the Medicaid Fee for Service as of March 1, 2015 and with Healthfirst as of May 1, 2015.

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

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

This notice does not affect your or your family's eligibility for or enrollment in health insurance through the Marketplace.

It simply confirms the withdrawal of your appeal based on the Marketplace's March 16, 2015 eligibility redetermination.

### **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.

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## **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

## **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] [REDACTED]  
[REDACTED]

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