



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: AP000000002105

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

Dear Ms. [REDACTED],

On January 9, 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 qualified for financial assistance and that you needed to update the information on your Marketplace account before February 15, 2015.

As of February 17, 2015, you had not updated your Marketplace account. That same day, the Marketplace issued a notice of eligibility redetermination that you are not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions, and cannot enroll in a qualified health plan at full cost through New York State of Health. The reason stated is that you did not respond to the renewal notice and did not complete your renewal within the required timeframe. It also said, if your circumstances change, you may re-apply for health insurance.

On February 20, 2015, the Marketplace issued a disenrollment notice that your coverage with MetroPlus Health Plan, a Medicaid Managed Care plan, will end effective February 28, 2015.

On March 11, 2015, the Marketplace received your March 8, 2015 written request for a telephone hearing based on your not having received a recertification letter prior to your disenrollment and being a full-time unemployed student.

The Marketplace scheduled a telephone hearing based on your appeal request and on April 3, 2015, sent you a notice telling you that a Hearing Officer from the Marketplace's Appeals Unit would be calling you on April 28, 2015 at about 11:00 a.m.

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).

On April 28, 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 with the assistance of the Marketplace, you were re-enrolled in Medicaid Fee for Services effective March 1, 2015 and your MMC plan effective May 1, 2015, so there would be no gap in coverage. You further testified that you were now satisfied and wished to withdraw your appeal of your February 28, 2015 disenrollment.

You further agreed that you understood that the withdrawal of your appeal does not affect your health insurance coverage through the Marketplace as of March 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 eligibility for or enrollment in health insurance through the Marketplace.

It simply confirms the withdrawal of your appeal based on the Marketplace having disenrolled you from your Medicaid Managed Care plan, 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.

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.

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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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