



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: July 2, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002239  
AP000000002240

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On March 30, 2015, you contacted the Marketplace's Account Review Unit and requested two appeals regarding your eligibility to enroll in a Medicaid Managed Care plan.

On April 13, 2015, the Marketplace issued two Notice of Telephone Hearing letters. The first scheduled AP000000002239 on May 6, 2015 at 9:00 am, and the second scheduled AP000000002240 on May 6, 2015 at 10:00 am.

On April 30, 2015, the Marketplace issued an enrollment confirmation stating that your insurance coverage through Medicaid will begin April 1, 2015 and enrollment with your Medicaid Managed Care plan. will begin June 1, 2015.

On May 6, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At the hearing you confirmed that you no longer wanted to pursue your appeals and withdrew AP000000002239 and AP000000002240 on the record through sworn testimony.

Accordingly, we are dismissing your appeal.

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

The Marketplace's April 30, 2015 enrollment confirmation continues in effect.

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).

Any subsequent eligibility determinations made by the Marketplace will not be affected by this dismissal.

## **If You Think Your Appeal Should Not Be Dismissed**

Under some circumstances, you can ask us to vacate (cancel) this dismissal. You must ask us in writing within 30 days after the date on this notice. In that writing you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that 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 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

## **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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