



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: May 21, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002261

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On March 31, 2015, the Marketplace issued a notice confirming your Medicaid Managed Care Plan enrollment, effective May 1, 2015.

On April 1, 2015, you spoke with the Marketplace's Account Review Unit and appealed that notice insofar as it began your enrollment on May 1, 2015, and not April 1, 2015.

On May 11, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that hearing, you testified that the original issue on appeal was moot, because your Medicaid eligibility was terminated due to your alleged incarceration status. You further testified that you planned on speaking with a Marketplace representative to resolve the current issue, and you no longer wished to continue with the appeal.

Under sworn testimony, you verbally withdrew your hearing request on the record.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect My Eligibility?

The March 31, 2015 enrollment confirmation notice has since been superseded by a disenrollment notice issued on April 24, 2015.

The April 24, 2015 disenrollment notice continues in effect.

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: 1-877-622-4886).

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.530.

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This Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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