



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: June 1, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000002310

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 7, 2015, the Marketplace prepared a preliminary eligibility determination based on your April 7, 2015 application. It stated that you, your spouse, and son were eligible for Medicaid. It further stated that you and your spouse were found eligible for coverage beginning April 1, 2015, while your son's eligibility was effective as of July 1, 2014.

That same day, you spoke with the Marketplace's Account Review Unit and appealed the April 7, 2015 preliminary determination insofar as you were not able to select a Medicaid Managed Care (MMC) plan for your son's coverage.

On April 8, 2015, the Marketplace issued a notice of eligibility determination stating that you, your spouse, and your son were eligible for Medicaid. This notice also confirmed that you and your spouse were eligible for coverage beginning April 1, 2015, and that your son's coverage was effective July 1, 2014.

That same day, the Marketplace issued a notice of enrollment stating, in relevant part, that your son did not need to pick a health plan.

On April 20, 2015, a Marketplace representative updated your account so that your son could select an MMC plan for his Medicaid coverage.

That same day, your account enrollment details were updated to reflect that your son had been enrolled in an MMC plan effective 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).

During the hearing, through sworn testimony, you stated that you wished to withdraw your appeal of the April 7, 2015 preliminary determination and the April 8, 2014 notice of enrollment solely because your son has since been enrolled in the Healthfirst MMC plan effective May 1, 2015.

You therefore withdrew your appeal on the record.

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

How does this Dismissal Affect Your Eligibility?

The Marketplace's April 7, 2015 preliminary eligibility determination and the April 8, 2015 notice of enrollment remain in effect.

Your son is covered under Healthfirst MMC effective May 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 reference 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.

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A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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