



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: June 25, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000002455

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 1, 2015, the Marketplace issued a notice of disenrollment confirming that your daughter's Emblem Health Medicaid Managed Care (MMC) plan coverage would end effective February 28, 2015.

On April 17, 2015, you spoke with the Marketplace's Account Review Unit and appealed your daughter's disenrollment from Medicaid.

On May 19, 2015, the Marketplace received a revised application.

On May 20, 2015, the Marketplace issued a notice of eligibility determination based on your May 19, 2015 application. It stated that your daughter was found eligible for Medicaid beginning May 1, 2015 and instructed you to select an MMC plan.

On May 21, 2015, the Marketplace issued a notice confirming your selection of the Emblem Health MMC plan for your daughter's Medicaid coverage. The notice further stated that your [daughter's] insurance coverage through Medicaid will begin May 1, 2015 and enrollment with [Emblem Health] will begin July 1, 2015.

On June 8, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit.

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 your daughter's disenrollment from Medicaid effective February 28, 2015 since she was subsequently redetermined eligible for Medicaid beginning May 1, 2015, with her enrollment under the Emblem Health MMC plan beginning July 1, 2015, and that you were satisfied with this result.

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 February 1, 2015 notice of disenrollment remains in effect. Your daughter's Medicaid coverage ended on February 28, 2015.

Please note that the dismissal of your appeal under this notification has no effect on any subsequent determinations issued by the Marketplace on or after February 1, 2015, including the May 20, 2015 determination finding your daughter eligible for Medicaid, effective May 1, 2015.

Your daughter's Fee-For-Service Medicaid coverage begins effective May 1, 2015.

Your daughter's MMC plan coverage under Emblem Health begins effective July 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.

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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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