



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: AP000000002478

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On November 15, 2014, the Marketplace received your initial application for health insurance for your newborn child.

On December 2, 2014, the Marketplace issued a notice of eligibility determination that your newborn child is eligible for Medicaid effective November 1, 2015.

Thereafter, the Marketplace issued other eligibility redeterminations and on April 17, 2015, denied your request for your newborn's coverage under Medicaid be made retroactive to October 1, 2014.

Also on April 17, 2015, you spoke with a representative from the Marketplace's Account Review Unit and appealed the denial of retroactive Medicaid to October 1, 2014 so as to be able to cover the medical bills associated with your newborn's birth.

On April 29, 2015, the Marketplace issued a notice of eligibility redetermination that it had made a decision on your request for coverage of medical bills within the three month period prior to your application for health insurance dated November 15, 2014. The notice stated that your newborn child was eligible for retroactive Medicaid Fee for Service from October 1, 2014 to October 31, 2014. The notice also stated that if you submitted paid medical bills for direct reimbursement, you will be notified separately of its decision.

The Marketplace scheduled a hearing based on your appeal request and, on May 2, 2015, sent you notice that a Hearing Officer would be contacting you on June 8, 2015 at about 9:00 a.m. to conduct a telephone hearing.

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 June 8, 2015, the Hearing Officer contacted you to conduct the telephone hearing as scheduled. Through sworn testimony, you identified yourself and explained that you wished to withdraw your appeal because you had received the April 29, 2015 notice that your newborn has been found eligible for Medicaid effective October 1, 2014. You further testified that you have received benefit cards for your newborn and you have confirmed that the medical bills related to her birth in October 2014 have been paid. You also testified that you understood that the withdrawal of your appeal does not affect your child's Medicaid enrollment.

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 child's Medicaid eligibility and enrollment as determined by the December 2, 2014 and April 29, 2015 notices of eligibility determination.

It simply confirms the withdrawal of your appeal based on your testimony and your request to withdraw your appeal at the time of the June 8, 2015 hearing.

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).

A Copy of this Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]