



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: July 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002529

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 21, 2015, the Marketplace issued a notice of eligibility redetermination that you and your family members remain eligible for Medicaid effective April 1, 2015.

That same day, you spoke with the Marketplace's Account Review Unit and appealed the June 1, 2015 start date of your health insurance coverage under the Medicaid Managed Care (MMC) plan you had selected.

The Marketplace scheduled a hearing and, on May 7, 2015, sent you notice that a Hearing Officer would be contacting you on June 3, 2015 at about 10:00 a.m. to conduct a telephone hearing.

In the meantime, you contacted the Marketplace on June 1, 2015, to inform that you wished to withdraw your appeal. You were told to fax in a letter stating you wished to withdraw your appeal to a fax number that the Marketplace provided.

By June 3, 2015, your letter of withdrawal had not been received so 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 were covered as of June 1, 2015 under the MMC plan you had selected and were satisfied. You further testified that you understood that the withdrawal of your appeal does not affect your eligibility for Medicaid or your enrollment in your MMC plan as of June 1, 2015.

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

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).

How does this Dismissal Affect Your Eligibility?

This notice does not affect your eligibility for or enrollment in health insurance through the Marketplace.

It simply confirms the withdrawal of your appeal based on your testimony and stated you wish to withdraw your appeal at the time of the June 1, 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.

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).

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A Copy of this Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]