



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: AP000000002682

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On April 3, 2015, the Marketplace issued a notice of eligibility redetermination that you, your spouse, and your two children were eligible for Medicaid effective April 1, 2015 and needed to pick a plan.

On May 2, 2015, the Marketplace issued an enrollment confirming the Medicaid Managed Care plan choices and enrollments as of April 7, 2015 for you and your spouse, and your two children effective June 1, 2015.

That same day, the Marketplace issued a letter confirming that on May 1, 2015, you requested a telephone hearing to review the Medicaid Managed Care start date for your family's plans insofar as you wanted the start dates to be May 1, 2015.

The Marketplace scheduled a hearing based on your appeal request and, on May 19, 2015, sent you notice that a Hearing Officer would be contacting you on June 18, 2015 at about 2:00 p.m. to conduct a telephone hearing.

On June 18, 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, even though you testified that you did not receive notice of the hearing, because the start date issue for your family's Medicaid Managed Care plans was now moot.

You also testified that you understood that the withdrawal of your appeal does not affect your family's June 1, 2015 health plan enrollments.

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).

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 and your spouse's enrollment or your children's enrollment in your respective Medicaid Managed Care plans effective June 1, 2015.

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 18, 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

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## **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]

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