



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: July 16, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002812

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On April 17, 2015 the Marketplace issued a disenrollment notice stating that your coverage with Healthfirst, a Medicaid Managed Care (MMC) plan, would end April 30, 2015. On April 21, 2015 the Marketplace issued an enrollment confirmation notice stating your insurance coverage through Medicaid will begin April 1, 2015 and that your enrollment with Healthfirst would begin June 1, 2015. You appealed being disenrolled from Healthfirst and having Medicaid Fee for Service coverage for the month of May 2015.

On July 3, 2015, a Hearing Officer called you for the hearing you requested, and placed you under oath.

While under oath, you identified yourself and stated that you were no longer interested in pursuing your appeal because the month of May 2015 had passed and you were satisfied with being re-enrolled in Healthfirst effective June 1, 2015.

You therefore withdrew your appeal on the record. Accordingly, we are dismissing your appeal, pursuant to Code of Federal Regulation (CFR) 45 CFR § 155.530(a)(1).

### **How does this Dismissal Affect Your Eligibility?**

The Appeals Unit of NY State of Health will not be reviewing this matter.

Your eligibility for and enrollment in Healthfirst, an MMC plan, as of June 1, 2015 is not affected by this dismissal and remains in effect.

## **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.

## **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 45 CFR § 155.530.

**A Copy of this Notice of Dismissal Has Been Provided To**

[REDACTED]  
[REDACTED]  
[REDACTED]