



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

NOTICE OF DISMISSAL – WITHDRAWAL

Notice Date: August 7, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000003138

[REDACTED]

Dear [REDACTED],

On May 28, 2015, the Marketplace issued an enrollment notice confirming your enrollment in the EmblemHealth Medicaid managed care (MMC) plan as of May 28, 2015, with a coverage start date of February 1, 2015. You appealed this enrollment notice insofar as you were seeking a coverage start date of January 1, 2015.

On or about June 22, 2015, a Marketplace representative took independent action to backdate your EmblemHealth MMC plan start date to January 1, 2015.

On July 29, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit.

While under oath, you identified yourself and stated that you were no longer interested in pursuing your appeal because the Marketplace took independent action to backdate your EmblemHealth MMC plan start date to January 1, 2015.

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

How does this Dismissal Affect Your Eligibility?

The Appeals Unit will not be reviewing this matter.

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

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).

A Copy of this Notice of Dismissal Has Been Provided To



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