



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: January 19, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000005076

[REDACTED]

Dear [REDACTED],

On November 1, 2015, the Marketplace issued a notice confirming the enrollment of your family in Empire Blue Cross Blue Shield HealthPlus Medicaid Managed Care (MMC), with an enrollment start date of December 1, 2015. You appealed this determination insofar you were seeking an enrollment start date of November 1, 2015.

On January 13, 2016, a Hearing Officer from the Appeals Unit of NY State of Health called you and your spouse and placed your spouse under oath.

While under oath, your spouse identified herself and stated that you were no longer interested in pursuing your appeal because the medical procedure your son underwent during November 2015 had been covered by Medicaid fee-for-service, so backdating your family's MMC coverage would not serve any practical purpose.

Your spouse, 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 at this time.

## **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**



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).