



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: February 26, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000005318

[REDACTED]

Dear [REDACTED],

On November 17, 2015, the Marketplace issued an eligibility determination finding that you did not respond to a renewal notice and did not complete your renewal within the required timeframe. As a result your eligibility would end November 30, 2015.

On November 23, 2015, you contacted the Marketplace's Account Review Unit and appealed that eligibility determination and your disenrollment from your Medicaid Manage Care plan effective November 30, 2015.

On December 5, 2015, an enrollment confirmation notice was issued confirming your enrollment in a Medicaid Managed Care plan effective January 1, 2016.

On February 12, 2016, at 1:00 pm a Hearing Officer from the NY State of Health Appeals Unit called you and you identified yourself for the record. While under oath you stated that you no longer required an appeal hearing as you had received a new enrollment in your Medicaid Managed care plan for January 1, 2016. You further stated that you did not have medical costs for the month of December so you did not require the backdated coverage under Medicaid.

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).

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?

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.

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A Copy of this Notice of Dismissal Has Been Provided To



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