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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: May 16, 2016

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000006333

[redacted]

Dear [redacted],

On January 21, 2016, NY State of Health (NYSOH) issued a notice of enrollment confirming that your Medicaid Managed Care (MMC) plan coverage with Healthfirst would begin effective March 1, 2016. This notice also confirmed that your daughter's Child Health Plus plan coverage with Healthfirst PHSP, Inc. would also begin effective March 1, 2016. You appealed this notification insofar as you were seeking to backdate the plan coverage start date for both you and your daughter, under your respective plans, to January 1, 2016.

On May 11, 2016, a Hearing Officer from the Appeals Unit of NY State of Health called you and placed you and your spouse, [redacted], under oath.

While under oath, your spouse identified himself and stated that you were no longer interested in pursuing your appeal because (1) while you had incurred some out-of-pocket costs during the month of February 2016, you were not confident that any of those expenses would have been covered by your MMC plan if in fact you prevailed in the appeal to backdate your MMC plan coverage start date, (2) your daughter's CHP plan coverage start date had subsequently been backdated by NYSOH to February 1, 2016, and she had not otherwise incurred any out-of-pocket expenses, and (3) you did not want the Hearing Officer to potentially alter your household's coverage since at least you were now aware that you and your daughter were covered under your respective plans going forward.

Your spouse further testified that, by withdrawing your appeal, you do not acknowledge that any mistake or error was made by you or your spouse in connection with the issues that caused you to appeal.

You therefore withdrew your appeal on the record. Accordingly, we are dismissing your appeal, pursuant to 45 Code of Federal Regulations (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, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice.

NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Appeal Identification Number

When communicating with NYSOH about this appeal, please reference Appeal Identification Number at the top of this notice.

How to Contact NYSOH

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

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).