



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

**NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL**

Notice Date: April 27, 2015

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000001331

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]

On November 6, 2014, the Marketplace issued a notice stating that it did not have enough information to determine your eligibility for 2015 and directed you to update your account by December 15, 2014.

On December 1, 2014, the Marketplace received a revised application in which you requested health insurance for only your [REDACTED] children: [REDACTED], [REDACTED] and [REDACTED].

On December 2, 2014, the Marketplace sent you a notice asking you to provide additional income documentation by December 19, 2014.

On December 27, 2014, the Marketplace notified you that your children’s Child Health Plus (CHP) coverage would end effective December 31, 2014.

On January 2, 2015, you spoke with the Marketplace’s Account Review Unit and appealed the December 31, 2014 termination of your children’s CHP coverage.

On January 9, 2015, the Marketplace received several revised applications.

On January 10, 2015, the Marketplace issued a notice of eligibility redetermination based on your January 9, 2015 application. It said that your children were eligible for Medicaid coverage beginning January 1, 2015.

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).

On February 3, 2015, you had a scheduled hearing with a hearing officer from the New York State of Health Appeals Unit.

During the hearing, through sworn testimony, you stated that you wished to withdraw your appeal of your children's disenrollment from their CHP coverage under Fidelis Care since they had subsequently been found eligible for Medicaid coverage beginning January 1, 2015.

Accordingly, we are dismissing your appeal.

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

The Marketplace's decision to discontinue your children's Child Health Plus (CHP) coverage under Fidelis Care, effective December 31, 2014, remains in effect.

Please note, however, this withdrawal has no effect on any determination issued by the Marketplace after December 27, 2014.

### **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.

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## **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 Federal regulation 45 CFR § 155.530.

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

[REDACTED]  
[REDACTED]  
[REDACTED]

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