



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: May 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001876

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 25, 2015, the Marketplace reran your children's eligibility for health insurance and prepared a preliminary eligibility determination. It stated that your children were qualified for health insurance through Child Health Plus, with a \$9.00 monthly premium, effective April 1, 2015.

Also on February 25, 2015, you spoke with the Marketplace's Account Review Unit and appealed that preliminary determination insofar as it began your children's eligibility for Child Health Plus on April 1, 2015, and not March 1, 2015.

On February 26, 2015, the Marketplace issued a notice of eligibility determination based on the March 25, 2015 preliminary eligibility determination, stating that your children were qualified for health insurance through Child Health Plus, with a \$9.00 monthly premium, effective April 1, 2015.

On May 4, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that hearing, you testified that you were satisfied with your children's current eligibility determination. You further testified that you no longer wished to continue with the appeal.

Under sworn testimony, you verbally withdrew your hearing request on the record.

Accordingly, we are dismissing your appeal.

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: 1-877-622-4886).

How does this Dismissal Affect My Eligibility?

The February 26, 2015 notice of eligibility determination continues in effect.

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 refer to the 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

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: 1-877-622-4886).

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.530.

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This Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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