



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: April 23, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001908

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On March 2, 2015, the Marketplace received your application for health insurance for your newborn son and prepared a preliminary eligibility determination, which stated that he was eligible to enroll through Child Health Plus at full cost effective April 1, 2015.

Also on March 2, 2015, you spoke with the Marketplace's Account Review Unit and appealed that determination insofar as it began your newborn son's Child Health Plus eligibility on April 1, 2015, and not March 1, 2015.

On March 3, 2015, the Marketplace issued a notice of eligibility determination based on the March 2, 2015 application. It stated that your newborn son was conditionally eligible to enroll in health coverage through a full price Child Health Plus plan or Child-Only qualified health plan effective April 1, 2015.

On April 20, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that hearing, you testified your issue has since been resolved and you are satisfied with your son's current enrollment. 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The March 3, 2015 notice of eligibility determination has since been superseded by a notice of eligibility determination issued on March 4, 2015.

The March 4, 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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