



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: April 17, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000001972

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 12, 2014, you submitted an application to the Marketplace seeking financial assistance.

The Marketplace issued a notice of eligibility determination based on your December 13, 2014 application. It found, among other things, that your son, [REDACTED], was no longer eligible for Medicaid, but that his Medicaid coverage would continue until February 28, 2015. This determination was based, in part, on an annual household income of \$84,727.96.

On March 6, 2015, you spoke with the Marketplace's Account Review Unit and appealed the December 13, 2014 eligibility determination insofar as your son was found ineligible for coverage under Child Health Plus (CHP).

On March 25, 2015, the Marketplace received a revised application. Based on that application, the Marketplace prepared a preliminary eligibility determination finding your son eligible for CHP coverage at a reduced premium rate of \$30.00 per month beginning May 1, 2015.

That same day, a Marketplace representative backdated your son's CHP coverage to March 1, 2015 in order to prevent a gap in his coverage.

On April 8, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit.

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).

During the hearing, through sworn testimony, you stated that you wished to withdraw the appeal of the December 13, 2014 eligibility determination because your son was determined eligible for CHP coverage on March 25, 2015 and because you were independently able to confirm his CHP coverage start date of March 1, 2015 through written correspondence issued by his coverage provider, CDPHP.

You therefore withdrew your appeal on the record.

Accordingly, we are dismissing your appeal, pursuant to 45 CFR § 155.530(a)(1).

How does this Dismissal Affect Your Eligibility?

The Marketplace's December 13, 2014 eligibility determination continues in effect.

Please note, however, that the withdrawal of your appeal as reflected in this notification has no effect on subsequent determinations issued by the Marketplace on or after December 13, 2014, including the March 25, 2015 eligibility determination or actions taken by the Marketplace to backdate your son's CHP coverage start date to March 1, 2015.

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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