



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: May 28, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001981

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

During 2014, your two daughters were enrolled in Child Health Plus with Emblem Health beginning October 1, 2014.

On February 6, 2015, you updated your Marketplace account to simply report a change of mailing address.

On February 7, 2015, the Marketplace issued a notice of eligibility redetermination that your one daughter was eligible to enroll through Child Health Plus (CHP) effective March 1, 2015, and your other daughter is eligible for Medicaid effective February 1, 2015.

On February 8, 2015, the Marketplace issued a notice of disenrollment that your two daughters were being disenrolled from their Emblem Health CHP plan as of February 28, 2015.

On March 4, 2015, the Marketplace issued another notice of eligibility redetermination that your one daughter was now eligible for CHP effective April 1, 2015 and your other daughter was no longer eligible for Medicaid but would have continuous coverage until January 31, 2016.

On March 4, 2015, the Marketplace issued an enrollment letter confirming that your one daughter was enrolled in Emblem Health effective March 1, 2015 so she did not have a gap in coverage and was re-enrolled in the same CHP plan. The letter also confirmed that your other daughter's coverage under Medicaid would begin March 1, 2015, but you needed to pick a plan for her.

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 March 9, 2015, you appealed your daughters' disenrollment from their Emblem Health CHP plan and requested that their coverage be reinstated because you had only called to report a change of mailing address.

Your Marketplace account reflects that on March 31, 2015, the Marketplace conducted a coverage start override and both your daughters were re-enrolled in the Emblem Health CHP plan with a coverage start date of March 1, 2015, which is the same plan they had before they were disenrolled. As such, there is no gap in coverage under their CHP plan.

The Marketplace scheduled a telephone hearing based on your appeal request and on March 27, 2015, sent you a notice telling you that a Hearing Officer from the Marketplace's Appeals Unit would be calling you on April 22, 2015 at about 1:00 p.m.

On April 22, 2015, the Hearing Officer contacted you to conduct the telephone hearing as scheduled. Through sworn testimony, you identified yourself and explained the events and circumstances that led to your appeal as indicated above. You testified that with the assistance of your broker, the Marketplace re-enrolled both your daughters in Emblem Health CHP as of March 1, 2015, which the Hearing Officer confirmed was accurate according to the CHP coverage start date override information contained in your Marketplace account. You indicated that you were now satisfied and wished to withdraw your appeal.

You further agreed that you understood that the withdrawal of your appeal does not affect your daughters' health insurance coverage through the Marketplace as of March 1, 2015.

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

How does this Dismissal Affect Your Eligibility?

This notice does not affect your daughters' eligibility for or enrollment in health insurance through the Marketplace.

It simply confirms the withdrawal of your appeal based on the Marketplace having re-enrolled your daughters in Emblem Health Child Health Plus effective March 1, 2015, so they have continuity of health insurance coverage.

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. No further action will be taken on it by the Marketplace.

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

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530(a)(1)(i)(B).

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A Copy of this Notice Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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