



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

## NOTICE OF DISMISSAL – WITHDRAWAL

Notice Date: August 7, 2015

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000002232

[REDACTED]

Dear [REDACTED],

On February 19, 2015, the Marketplace issued an enrollment notice confirming your daughter's enrollment in the UnitedHealthcare Child Health Plus (CHP) plan as of February 18, 2015 at a reduced premium of \$60.00 per month, with a coverage start date of April 1, 2015, if you paid your first month's premium.

On or about February 25, 2015, a Marketplace representative took independent action to backdate your daughter's UnitedHealthcare CHP plan coverage start date to March 1, 2015.

On March 30, 2015, you spoke with the Marketplace's Account Review Unit and appealed the February 19, 2015 eligibility determination insofar as you were seeking to backdate your daughter's UnitedHealthcare CHP plan coverage to February 1, 2015.

On August 3, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit.

While under oath, you identified yourself and stated that you were no longer interested in pursuing your appeal because the Marketplace took independent action to backdate your UnitedHealthcare CHP plan start date to March 1, 2015, and you were able to secure health insurance coverage for your daughter during the month of February 2015 through a Cigna policy via COBRA.

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).

You therefore withdrew your appeal on the record. Accordingly, we are dismissing your appeal, pursuant to Federal Code of Regulations (CFR) 45 CFR § 155.530(a)(1).

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

Your daughter's eligibility has not changed.

The Appeals Unit will not be reviewing this matter.

### **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.

### **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

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## **Legal Authority**

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

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

[REDACTED]

[REDACTED]

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