



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 Account ID: [REDACTED]  
Appeal Identification Number: AP000000002319

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On March 21, 2015, the Marketplace issued a notice confirming, among other things, that as of March 20, 2015 your son and daughter were enrolled in UnitedHealthcare Child Health Plus (CHP) coverage at a reduced premium rate of \$18.00 per month. The notice further stated that their coverage could begin upon receipt of the first month's premium, and could start as early as May 1, 2015.

On April 7, 2015, you spoke with the Marketplace's Account Review Unit and appealed the UnitedHealthcare CHP coverage start date insofar as your daughter's coverage could begin no earlier than May 1, 2015.

On April 28, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit.

During the hearing, through sworn testimony, you stated that you wished to withdraw your appeal of your daughter's UnitedHealthcare CHP coverage start date of May 1, 2015, because your daughter had not incurred any medical expenses during the month of April 2015 when she was without coverage, and you did not believe it would be of any practical benefit to continue with the appeal.

You therefore withdrew your appeal on the record.

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

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).

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

Your daughter's eligibility has not changed.

Your daughter remains eligible for coverage under the UnitedHealthcare Child Health Plus plan beginning May 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.

## **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: 1-877-662-4886).

## **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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