



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: July 2, 2015

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000002559

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 28, 2015, the Marketplace issued a disenrollment notice that stated your children's coverage under their Child Health Plus (CHP) plan will end effective March 31, 2015.

On April 20, 2015, the Marketplace received a revised application for health insurance.

On April 21, 2015, the Marketplace issued a notice of eligibility redetermination based on your April 20, 2015 application. It stated that your children were eligible for CHP coverage at a reduced monthly premium rate of \$9.00 per child, effective June 1, 2015.

On April 23, 2015, you spoke with the Marketplace's Account Review Unit and appealed the April 21, 2015 eligibility redetermination insofar as your children were eligible for CHP coverage no earlier than June 1, 2015, thereby creating a coverage gap between April 1, 2015 and May 31, 2015.

On or about May 20, 2015, a Marketplace representative backdated you sons' CHP coverage start date to April 1, 2015.

On June 16, 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 April 21, 2015 eligibility determination solely because the Marketplace representative backdated your children's coverage start date to April 1, 2015 so that they would not experience a gap in coverage.

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 April 21, 2015 eligibility determination continues in effect.

Please note that the withdrawal of your appeal as reflected in this notification has no effect on any subsequent determinations issued, or independent actions taken, by the Marketplace on or after April 21, 2015, including the Marketplace representative backdating your children's coverage start date to April 1, 2015, which occurred on or about May 20, 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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