



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 Number: [REDACTED]  
Appeal Identification Number: AP000000002615

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On April 27, 2015, the Marketplace issued a notice of eligibility redetermination that, in relevant part, stated your child is eligible for Child Health Plus (CHP) with a \$9.00 per month premium effective June 1, 2015.

That same day, you appealed the start date of your child's eligibility because you had experienced technical difficulties with the Marketplace's system on several occasions when trying to enroll your family in health plans. You wanted your child's CHP plan to be made effective March 1, 2015.

The Marketplace scheduled a hearing based on your appeal request and, on May 16, 2015, sent you notice that a Hearing Officer would be contacting you on June 12, 2015 at about 1:00 p.m. to conduct a telephone hearing.

On June 12, 2015, the Hearing Officer contacted you to conduct the telephone hearing as scheduled. Through sworn testimony, you identified yourself and explained that you wished to withdraw your appeal because your child's coverage was now in effect and you would rather pay the medical bill for his treatment in March 2015, then have to pay premiums for three months if backdating was to be permitted.

You also testified that you understood that the withdrawal of your appeal does not affect your child's June 1, 2015 health plan enrollment.

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?**

This notice does not affect your child's enrollment in a CHP plan effective June 1, 2015.

It simply confirms the withdrawal of your appeal based on your testimony and your request to withdraw your appeal at the time of the June 12, 2015 hearing.

## **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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