



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: July 10, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000002678

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 17, 2015, the Marketplace issued a disenrollment notice confirming that that you son's coverage under his Child Health Plus (CHP) plan terminated effective April 30, 2015.

On April 24, 2015, the Marketplace received a revised application.

On April 25, 2015, the Marketplace issued a notice of eligibility redetermination based on your April 24, 2015 application. It stated, in relevant part, that your son was eligible for CHP coverage at a reduced premium rate of \$45.00 per month, effective June 1, 2015.

On April 30, 2015, you spoke with the Marketplace's Account Review Unit and appealed the April 25, 2015 eligibility determination insofar as your son was eligible for CHP coverage no earlier than June 1, 2015, thereby creating a coverage gap from May 1, 2015 to May 31, 2015.

On or about May 29, 2015, a Marketplace representative backdated you son's CHP coverage start date to May 1, 2015.

On June 19, 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 the appeal of the April 25, 2015 eligibility determination because your

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son had not incurred any medical expenses during the month of May 2015, and an appeal would no longer serve any practical benefit to you.

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 25, 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 25, 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

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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