



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: October 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004155

[REDACTED]

Dear [REDACTED],

On March 28, 2015, the Marketplace issued an eligibility determination notice stating that, in relevant part, that your son [REDACTED] was conditionally eligible to enroll in Child Health Plus (CHP) for a cost of \$30.00 per month, effective May 1, 2015. This notice requested that you provide documentation to confirm your son's citizenship status and Social Security number by June 25, 2015

Also on March 28, 2015, the Marketplace issued an enrollment notice that stated that a plan had not yet been selected for your son. However, your Marketplace account shows that as of April 14, 2015, your son's coverage under UnitedHealthcare Community Plan was effective March 1, 2015.

On July 19, 2015, the Marketplace issued an eligibility redetermination notice stating that your son was no longer eligible for coverage through CHP since you did not provide the required documentation to confirm your son's citizenship status and Social Security prior to the deadline. The notice also stated your son's eligibility would end July 31, 2015.

On July 20, 2015, the Marketplace issued a disenrollment notice confirming that your son's coverage under the UnitedHealthcare Community Plan would end effective July 31, 2015.

The Marketplace received a revised application on July 31, 2015.

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).

On August 1, 2015, the Marketplace issued an eligibility redetermination notice stating, in relevant part, that your son [REDACTED] was eligible to enroll in Child Health Plus for a cost of \$30.00 per month, effective September 1, 2015.

You appealed (1) the March 28, 2015 determination insofar as you were seeking to have your son's CHP coverage under UnitedHealthcare Community Plan begin March 1, 2015 and (2) the August 1, 2015 determination insofar as you were seeking a coverage start date for your son of August 1, 2015.

On October 15, 2015, a Hearing Officer from the Appeals Unit of NY State of Health called you and placed you under oath.

While under oath, you identified yourself and stated that you were no longer interested in pursuing your appeal because the Marketplace's records reflected that your son's CHP coverage under UnitedHealthcare Community Plan began March 1, 2015 and because your son did not incur any medical expenses during August 2015, which was the month he was without coverage.

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

How does this Dismissal Affect Your Eligibility?

The Appeals Unit of NY State of Health will not be reviewing this matter at this time.

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.

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).

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 45 CFR § 155.530.

A Copy of this Notice of Dismissal Has Been Provided To



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).