



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: April, 15 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005942

[REDACTED]

Dear [REDACTED],

On December 18, 2015, NY State of Health (NYSOH) issued a disenrollment notice that stated your child's coverage in a Medicaid managed Care plan would end effective December 31, 2015. On January 5, 2016, NYSOH issued a notice of eligibility determination that in part stated your child was eligible to enroll in Child Health Plus (CHP) at no cost, effective February 1, 2016. That same day, NYSOH issued an enrollment notice confirming your child's enrollment in a CHP plan, effective February 1, 2016. You appealed NYSOH's denial of your request to backdate her CHP enrollment start date to January 1, 2016.

On April 13, 2016, 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 your child's coverage in her CHP plan took effect on February 1, 2016 and the appeal was now moot.

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

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).

**A Copy of this Notice of Dismissal Has Been Provided To**



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