



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: June 7, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006177

[REDACTED]

Dear [REDACTED],

On December 31, 2015, NY State of Health (NYSOH) issued a notice of enrollment confirmation, stating that you, your spouse, and your two children were all enrolled in a family's silver-level qualified health plan, effective January 1, 2016. However, when you updated your NYSOH account on December 30, 2015 and added your daughter to this plan, you were informed by NYSOH's system that your daughter's coverage would not start until February 1, 2016. You appealed the February 1, 2016 enrollment start date conveyed to you by NYSOH's system.

On May 17, 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 you had confirmed with your insurance carrier that your daughter's coverage was active in January 2016, and that she had received coverage for that month. This is consistent with the notice issued by NYSOH on December 31, 2015, which stated that your daughter's enrollment in your qualified health plan began on January 1, 2016.

It is also noted that your daughter was eligible for Child Health Plus effective February 1, 2015. Pursuant to NY Public Health Law, § 2510(6), the period of eligibility for Child Health Plus coverage starts on the first day of the month in which the child is eligible, and ends on the last day of the twelfth month following

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that date, unless: premiums are not paid, the child no longer resides in NY State, the child gains access to/obtains other health insurance coverage, or the child becomes eligible for Medicaid.

Since your daughter became eligible for CHP on February 1, 2015, and since there is nothing to indicate that any of the disqualifying events noted above occurred, your daughter should have remained eligible for and enrolled in her Child Health Plus coverage through at least January 31, 2016.

Because your daughter was covered by your insurance company for the month of January 2016, 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.

However, your case is RETURNED to NYSOH to correct the information contained in your account, such that the effective date for your daughter's coverage in your family's qualified health plan is changed to January 1, 2016, in keeping with the enrollment confirmation notice issued by NYSOH on December 31, 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, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice.

NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

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Appeal Identification Number

When communicating with NYSOH about this appeal, please reference Appeal Identification Number at the top of this notice.

How to Contact NYSOH

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



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