



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: January 9, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009684

[REDACTED]

Dear [REDACTED],

On May 17, 2016, you renewed your 2014 complaint regarding your child being disenrolled from her Child Health Plus plan as of July 1, 2014 through August 31, 2014. On May 17, 2016, NY State of Health (NYSOH) acknowledged that there was a system error that caused her disenrollment. As a result, NYS Department of Health's Child Health Plus Unit coordinated efforts with your child's Child Health Plus plan, CDPHP, to get her health insurance coverage backdated for the period in question. CDPHP agreed provided you paid the monthly premiums due for these two months.

On November 21, 2016, a Hearing Officer from the Appeals Unit of NY State of Health called you and placed you under oath. The Hearing Officer explained the status of your appeal as noted above.

While under oath, you identified yourself and stated that you were no longer interested in pursuing your appeal because CDPHP had agreed to backdate your child's coverage for the period of July 1, 2014 through August 31, 2014. You also acknowledged that you would be responsible to pay the monthly premiums owed for those two months and would contact CDPHP directly to discuss the timing and method of payment.

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).

Since the backdate had not yet been effectuated at the time of the November 21, 2016 hearing, the Hearing Officer agreed to accept your withdrawal conditioned upon the backdate being processed. The Hearing Officer further agreed to withhold issuing this notice of dismissal until and unless backdating your child's coverage for the period of July 1, 2014 through August 31, 2014 with CDPHP could be confirmed via NYSOH.

On January 5, 2017, the Appeals Unit confirmed that your child's coverage in her CDPHP Child Health Plus plan for the period of July 1, 2014 through August 31, 2014 had been effectuated. Therefore, the condition on your withdrawal has been removed.

By this notice, your withdrawal of your appeal on the record is formally acknowledged as complete. 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.

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.

Appeal Identification Number

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

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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.

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A Copy of this Notice of Dismissal Has Been Provided To



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