



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

## NOTICE OF DISMISSAL - TELEPHONE WITHDRAWAL

Notice Date: February 18, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001188

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On December 15, 2013, the Marketplace issued a notice of eligibility determination in your case. It found you temporarily eligible to enroll in a qualified health plan (QHP) and to receive tax credits to help pay for your insurance, pending receipt of additional documentation.

On or about December 11, 2013, you selected a Fidelis Care Silver plan for your health insurance during the 2014 plan year.

On November 16, 2014, the Marketplace issued a notice of eligibility redetermination. The notice stated that you were not eligible for Medicaid, Child Health Plus, tax credits or cost sharing reductions to help pay for the cost of insurance. You were also not eligible to enroll in a QHP at full cost through the Marketplace. The notice further stated that you had not provided information on your citizenship status, which the Marketplace needed to confirm your eligibility.

On November 17, 2014, the Marketplace notified you that you would be disenrolled from your Fidelis Care Silver plan, effective November 30, 2014.

On November 25, 2014, the Marketplace received a revised application. That same day, the Marketplace prepared a preliminary eligibility determination finding you eligible to enroll in a QHP, eligible to receive up to \$275.00 per month of tax credits and, if you selected a silver-level plan, cost-sharing reductions.

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: 1-877-622-4886).

On or about November 26, 2014, you enrolled in a Fidelis Care Silver plan, with coverage beginning on January 1, 2015.

On December 15, 2014, you spoke with the Marketplace's Account Review Unit to request an appeal regarding your November 16, 2014 eligibility determination.

On January 7, 2015, you called the New York State of Health Appeals Unit to withdraw your appeal. A Hearing Officer from the Marketplace's Appeals Unit received your call and placed you under oath.

While under oath, you identified yourself and withdrew your appeal on the record.

You testified that since you had been permitted to reenroll in your Fidelis Care Silver plan, with coverage beginning on January 1, 2015, you no longer wished to proceed with the appeal.

You further testified that you understood that by withdrawing your appeal, your November 16, 2014 determination would continue in effect.

Accordingly, at your request, we are dismissing your appeal, pursuant to 45 CFR § 155.530(a)(1).

### **How does this Dismissal Affect Your Eligibility?**

The November 16, 2014 eligibility determination continues in effect.

Your coverage under your Fidelis Care Silver plan ended, effective November 30, 2014.

Please note, however, that this dismissal has no effect on any determinations issued after November 15, 2014, or your enrollment in your Fidelis Care silver plan, beginning on January 1, 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.

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).

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 refer to the 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.

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).

**This Notice Has Been Provided To:**

[REDACTED]  
[REDACTED]  
[REDACTED]

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).