



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: March 9, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000001526

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]. [REDACTED]

On January 21, 2015, the Marketplace received your application in which you attested to an annual household income of \$11,000.04.

That same day, the Marketplace prepared a preliminary eligibility determination based on your January 21, 2015 application. It found you and your spouse, [REDACTED], eligible for Medicaid beginning January 1, 2015. Accordingly, you and your spouse were enrolled in Fee-For-Service Medicaid coverage beginning January 1, 2015, and were eligible for coverage under a Fidelis Care New York State Catholic Health Plan, Inc. Medicaid Managed Care (Fidelis Care MMC) plan beginning March 1, 2015.

Also on January 21, 2015, you spoke with the Marketplace's Account Review Unit and appealed the coverage start date under your Fidelis Care MMC plan of March 1, 2015.

On January 22, 2015, the Marketplace issued a notice of eligibility determination regarding your January 21, 2015 application, again finding you and your spouse eligible for Medicaid as of January 1, 2015.

That same day, the Marketplace also issued a notice confirming your selection of the Fidelis Care MMC plan on January 21, 2015, and stating such coverage would begin on March 1, 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 March 5, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit.

During the hearing, through sworn testimony, you stated that you wished to withdraw the appeal of the March 1, 2015 start date under the Fidelis Care MMC plan because you incurred no medical expenses during the month of February 2015 and continuing with the appeal would serve no practical benefit to you or your spouse.

Accordingly, we are dismissing your appeal.

How does this Dismissal Affect Your Eligibility?

You eligibility has not changed.

You remain eligible for coverage under the Fidelis Care MMC plan beginning March 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.

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.

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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.

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A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]

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