



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: AP000000001731

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On December 16, 2014, the Marketplace issued a notice stating that it was time to renew your Marketplace coverage. The notice further stated that based on the information from federal and state sources, the Marketplace could not make a decision on whether you qualified for financial assistance. It requested that you update the information in your Marketplace account no later than January 15, 2015.

On December 27, 2014, the Marketplace notified you that your coverage under Fidelis Care New York State Catholic Health Medicaid Managed Care (Fidelis Care MMC) plan would end effective January 31, 2015.

On January 29, 2015, the Marketplace received a letter from you appealing the December 16, 2014 notice that found there was insufficient information to make a determination and the December 27, 2014 notice regarding your disenrollment from your Fidelis Care MMC plan as of January 31, 2015.

On February 2, 2015, the Marketplace redetermined your eligibility based on an application received on December 22, 2014, in which you attested to an annual household income of \$12,760.00. On February 3, 2015, the Marketplace issued a notice of eligibility determination that stated you were eligible for Medicaid coverage effective February 1, 2015.

That same day, the Marketplace issued a notice confirming your reenrollment in Medicaid coverage as of February 2, 2015. The notice further stated that while

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your insurance coverage through Medicaid would begin February 1, 2015, your enrollment with your Fidelis Care MMC plan would begin March 1, 2015.

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 since you were now satisfied that your insurance coverage through Medicaid would begin February 1, 2015 and your enrollment with Fidelis Care MMC plan would begin March 1, 2015.

Accordingly, we are dismissing your appeal.

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

Your eligibility has not changed. Your coverage under the Fidelis Care MMC plan ended as of January 31, 2015.

However, you remain eligible for insurance coverage through Fee-For-Service Medicaid beginning February 1, 2015 and eligible for coverage with 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.

### **How to Contact the Marketplace**

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).

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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