



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: June 1, 2015

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000002384

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 16, 2015, the Marketplace issued a notice of eligibility determination based on your January 15, 2015 application. The notice stated, in relevant part, that you were eligible to enroll in a qualified health plan (QHP); eligible to receive an advance premium tax credit (APTC) of up to \$195.00; eligible for cost-sharing reductions (CSR), if you selected a silver-level plan; and eligible for the APTC Premium Assistance Program. Your eligibility was effective February 1, 2015. This determination was issued, in part, based on your attested household income of \$34,355.23.

Also on January 16, 2015, the Marketplace issued a notice of disenrollment confirming that your Fee-For-Service Medicaid coverage would end effective January 31, 2015.

On April 9, 2015, the Marketplace issued a notice confirming your enrollment in the Fidelis Care plan as of April 7, 2015 at a premium rate of \$0.00. The notice further stated that your coverage was to begin as early as May 1, 2015.

On April 11, 2015, you spoke with the Marketplace's Account Review Unit and appealed (1) the January 16, 2015 notice of disenrollment insofar as your Fee-For-Service Medicaid coverage was terminated effective January 31, 2015 and (2) the April 9, 2015 notice of enrollment insofar as your coverage could begin no earlier than May 1, 2015, which you contended was due to a Marketplace system defect making it impossible for you to select a plan earlier than May 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 May 15, 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 your appeal of the January 16, 2015 notice of disenrollment and April 9, 2015 notice of enrollment since you did not incur any medical expenses between February 1, 2015 and April 31, 2015, and continuing with the appeal would not serve any practical benefit to you.

You therefore withdrew your appeal on the record.

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

How does this Dismissal Affect Your Eligibility?

Your eligibility has not changed.

Your Fee-For-Service Medicaid coverage terminated effective January 31, 2015.

You remain enrolled in your Fidelis Care plan at a premium rate of \$0.00 effective May 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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