



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: July 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002578

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On April 15, 2015 the Marketplace issued an eligibility determination notice stating that you were no longer eligible to enroll in health insurance through NY State of Health because you did not provide proof of your immigration status. On April 16, 2015, the Marketplace issued a disenrollment notice stating that your health insurance with Fidelis Care Silver ST INN Pediatric Dental Dep 25 will end effective April 30, 2015. You appealed this determination.

On July 1, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The hearing was conducted with the assistance of a Spanish Interpreter ([REDACTED]). Through sworn testimony you identified yourself and, after having it explained to you that your coverage was reinstated on June 1, 2015, you stated that you were no longer interested in pursuing your appeal because you had no medical bills for May 2015 and were satisfied with the June 1, 2015 reinstatement date.

You therefore withdrew your appeal on the record. Accordingly, we are dismissing your appeal, pursuant to Federal Code of Regulations (CFR) 45 CFR § 155.530(a)(1).

How does this Dismissal Affect Your Eligibility?

The Appeals Unit will not be reviewing this matter.

Your coverage with Fidelis Care Silver ST INN Pediatric Dental Dep 25 was reinstated, effective June 1, 2015, in accordance with the April 26, 2015 notice of eligibility redetermination and April 26, 2015 enrollment 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).

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

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.

A Copy of this Notice of Dismissal Has Been Provided To

[REDACTED]
[REDACTED]
[REDACTED]