



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: November 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004427

[REDACTED]

Dear [REDACTED],

On August 20, 2015, the Marketplace received your request to cancel your insurance coverage with MetroPlus Health Plan, Inc. effective September 30, 2015.

That same day a confirmation letter was issued confirming your enrollment through Fidelis effective October 1, 2015.

On August 21, 2015, you contacted the Marketplace's Account Review Unit and requested an appeal with regards to the effective date of your enrollment with Fidelis. You asked that your coverage under Fidelis be backdated to September 1, 2015.

On November 23, 2015, a Hearing Officer from the NY State of Health Appeals Unit called you and placed you under Oath. While under Oath you stated that you were no longer interested in pursuing your appeal because the issue had resolved itself. You stated that you no longer saw the reason for going through with the hearing as you had been enrolled and receiving coverage under Medicaid.

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

How does this Dismissal Affect Your Eligibility?

The Appeals Unit of NY State of Health will not be reviewing this matter at this time.

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

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Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To



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