



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

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: December 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004712

[REDACTED]

Dear [REDACTED],

On July 29, 2015, the Marketplace issued an enrollment confirmation notice which confirmed your enrollment as of July 28, 2015 for you and your child with Healthfirst effective July 1, 2015.

On September 16, 2015, you requested to end your insurance coverage with Healthfirst for you and your child effective October 31, 2015.

On September 16, 2015, you enrolled in Fidelis Care and your child into Healthfirst effective November 1, 2015.

That same day, you contacted the Marketplace's Account Review Unit and requested an appeal with regards to the effective date of your enrollment with Fidelis. You requested that your Fidelis Medicaid Managed Care plan be backdated to September 1, 2015.

On December 10, 2015, a Hearing Officer from the NY State of Health Appeals Unit called you and you identified yourself for the record. You stated that you no longer wished to pursue your appeal, and that you were satisfied with your current plan with Fidelis and the start date that you were provided with.

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

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).

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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