



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

## NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: February 19, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000005383

[REDACTED]

Dear [REDACTED],

On November 14, 2015, NY State of Health issued a notice confirming your enrollment with Fidelis Care Silver ST INN Pediatric Dental Dep25 (Fidelis Care) as of November 13, 2015. The notice further stated that your plan enrollment start date was November 1, 2015. You appealed that notification insofar as you were seeking your coverage to begin on December 1, 2015, rather than November 1, 2015.

On or about December 1, 2015, your Marketplace account details reflected that your enrollment with Fidelis Care was terminated effective November 1, 2015.

On February 16, 2016, a Hearing Officer from the Appeals Unit of NY State of Health called you and placed you under oath.

While under oath, you identified yourself and stated you were no longer interested in pursuing your appeal because you were able to independently confirm with a Fidelis Care representative that your coverage began effective December 1, 2015, and you have not received any bills from Fidelis Care for the month of November 2015, which coincides with the termination date reflected in your Marketplace account details.

You therefore withdrew your appeal on the record. Accordingly, we are dismissing your appeal, pursuant to 45 Code of Federal Regulations (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, or 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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