



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

NOTICE OF DISMISSAL – WRITTEN WITHDRAWAL

Notice Date: February 23, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000005419

[REDACTED]

Dear [REDACTED],

On October 22, 2015, the Marketplace issued an annual renewal notice stating that you and your spouse qualified for health care coverage under Medicaid, effective January 1, 2016.

On November 30, 2015, the Marketplace received your written request to file an appeal of the October 22, 2015 eligibility determination. You further requested that your health care coverage through Fidelis Care and your advance premium tax credit be continued.

On December 16, 2015, the Marketplace issued an eligibility redetermination notice stating that you and your spouse were newly eligible to receive up to \$430.52 per month in advance premium tax credits and cost-sharing reductions, effective January 1, 2016.

Also on December 16, 2015, the Marketplace issued an enrollment confirmation notice stating that you and your spouse were enrolled in Fidelis Care Silver, effective January 1, 2016.

On January 22, 2016, the Marketplace issued a Notice of Hearing to advise you that the hearing you requested was scheduled for February 19, 2016 at 9:00a.m.

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 February 16, 2016, you submitted a letter to the Marketplace stating that you wished to postpone the telephone hearing so that the Marketplace could update their records to show that you and your spouse were now qualified for advance premium tax credits and enrolled in Fidelis Care. You further stated that since you relied on the December 16, 2015 notices and enrolled into a qualified health plan an appeal is no longer necessary.

Since your Marketplace account now shows that your issue has been resolved and you submitted a letter stating that your appeal is no longer necessary, we are dismissing your appeal, pursuant to Code of Federal Regulation (CFR) 45 CFR § 155.530(a).

How does this Dismissal Affect Your Eligibility?

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

You and your spouse remain eligible to receive up to \$430.52 per month in advance premium tax credits and cost-sharing reductions, effective January 1, 2016.

You and your spouse remain enrolled in Fidelis Care Silver, effective January 1, 2016.

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 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To



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