



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

## NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: August 25, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001723

[REDACTED]

Dear [REDACTED],

On December 5, 2013 the Marketplace received your initial application for health insurance. That day, a preliminary eligibility determination was prepared that stated you were eligible for \$0.00 per month in advance premium tax credits (APTC). This preliminary eligibility determination was based in part on an annual household income of \$59,000.00.

On March 10, 2014 the Marketplace received your three modified applications for health insurance. That day, a preliminary eligibility determination was prepared on the last application submitted that stated you were eligible for up to \$209.00 per month in APTC and , if you enrolled in a silver-level health plan, cost-sharing reductions. This preliminary eligibility determination was based in part on an annual household income of \$27,000.00.

On April 14, 2014 the Marketplace received your modified application for health insurance.

On April 19, 2014 the Marketplace issued an eligibility redetermination notice. That notice stated that you remained eligible to enroll in a qualified health plan, continued to be eligible to receive up to \$209.00 per month in APTC, and continued to be eligible for cost-sharing reductions. This eligibility determination was based in part on an annual household income of \$27,000.00.

On February 9, 2015, you spoke with a representative from the Marketplace's Account Review Unit and appealed the \$0.00 in APTC you were eligible for in the months of January, February and March of 2014.

## **Why Your Appeal Request Is Not Valid**

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by the Marketplace (45 CFR § 155.520(b)(1)).

The Marketplace issued an eligibility determination on the amount of APTC you were eligible for on April 19, 2014. For an appeal to have been valid on the issue of the amount of APTC you were eligible for in January, February, and March 2014, an appeal should have been filed by June 19, 2014. According to the credible evidence in the record, you did not submit an appeal request until February 9, 2015, which is well beyond 60 days from the April 19, 2014 eligibility determination.

Therefore, there has been no valid appeal of the April 19, 2014 eligibility determination, and the appeal must be dismissed.

## **How this Dismissal Affects Your Eligibility**

This decision does not change your eligibility for APTC or cost-sharing reductions during 2014.

Please note, people who use APTC to help pay health insurance premiums must file a federal tax return and reconcile their expected income (as stated on the Marketplace application) with their actual income (as stated on their income tax return). Those who take less tax credit in advance than they claim on the tax return may have their taxes reduced or get the rest of the credit as an income tax refund. Those who take more in advance, may owe additional tax.

## **If You Think Your Appeal Should Not Be Dismissed**

Under some circumstances, you can ask us to vacate (cancel) this dismissal. You must ask us in writing within 30 days after the date on this notice. In that writing you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed. No further action will be taken on it by the Marketplace.

## **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 federal regulation 45 CFR § 155.530.

**A Copy of this Decision Has Been Provided To:**

