



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

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Decision Date: August 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003545

[REDACTED]

Dear [REDACTED],

On February 6, 2015, the Marketplace issued a notice of eligibility determination stating that you were newly conditionally eligible to receive an advance premium tax credit of up to \$51.00 per month, effective March 1, 2015. This determination was based on an expected household income of \$40,356.00.

Your account was updated on April 8, 2015 and, on April 9, 2015, the Marketplace issued a notice of eligibility redetermination stating that you were conditionally eligible to receive an advance premium tax credit of up to \$71.00 per month, effective May 1, 2015. This determination was based on an expected household income of \$37,875.48.

Your account was again updated on June 10, 2015 and, on June 11, 2015, the Marketplace issued a notice of eligibility redetermination stating that you were newly eligible to purchase a qualified health plan at full cost through New York State of Health because the income you provided in your application was over \$46,680.00, which is above the allowable income limit to receive tax credits to help pay for the cost of coverage.

On June 18, 2015, you spoke to the Marketplace's Account Review Unit and were directed to appeal purported misinformation given to you by a Marketplace representative regarding the timeframe for when a change in income will affect the level of financial assistance you receive.

On August 13, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during that hearing and

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closed at the end of the hearing. A review of the record supports the following findings of fact:

- 1) You testified that you are self-employed. You further testified that, because of your self-employment income, you were directed to update your Marketplace account every three months to re-evaluate your expected income for 2015.
- 2) You testified that you began receiving Social Security disability payments in May 2015. The record reflects that you expect to receive \$3,829.00 in Social Security disability payments for the 2015 tax year. You further testified that you received a lump sum of retroactive Social Security disability payments in the amount of \$9,417.00 on, or around, May 16, 2015.
- 3) You testified, and the record reflects, that in addition to your self-employment income and Social Security disability payments, you also expect to receive \$32,136.00 in alimony payments for the 2015 tax year.
- 4) According to the June 10, 2015 application, you attested to a total expected income of \$51,121.47 for the 2015 tax year. You testified that this is an accurate reflection of your total combined expected income from your self-employment, alimony, and Social Security disability payments.
- 5) You testified that you are not disputing your eligibility determination issued on June 11, 2015.
- 6) You testified that when you updated your income on June 10, 2015, a Marketplace representative informed you that the amount of your advance premium tax credit would not change for the remainder of the 2015 benefit year, and any changes to your financial assistance would take effect during the 2016 benefit year.
- 7) You testified that you are disputing the misinformation given to you by the Marketplace representative on June 10, 2015.
- 8) You testified that you did not request an appeal, but were instructed by a separate Marketplace representative to initiate an appeal due to the misinformation you were given by the Marketplace representative you spoke with on June 10, 2015.

An applicant has the right to appeal: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure by the Exchange to provide

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timely notice of an eligibility determination and (5) a denial of a request to vacate dismissal made by the NY State of Health Appeals Unit (45 CFR § 155.505).

Since you testified that you are not disputing the June 11, 2015 eligibility determination, the issue of misinformation given by a Marketplace representative raised on appeal is not one that the NY State of Health Appeals Unit is authorized to address, and we must dismiss your appeal request.

However, your case will be returned to the Marketplace for a referral to the appropriate entity authorized to address your complaint.

How does this Dismissal Affect Your Eligibility

This decision does not affect your eligibility for health insurance through NY State of Health.

It returns your case to the Marketplace for a referral to the appropriate entity authorized to address your complaint.

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 Code of Federal Regulation 45 CFR § 155.530.

A Copy of this Decision Has Been Provided To:

