



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

Notice of Decision

Decision Date: September 15, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000695

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On July 16, 2014, you appeared by telephone at a hearing on your appeal of the NY State of Health Marketplace's April 26, 2014 denial of special enrollment period (SEP) for your son, [REDACTED].

The attached Decision, rendered after that hearing, is issued by the Appeals Unit of the NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting the NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this letter.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(b).

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[REDACTED]
[REDACTED]
[REDACTED]

Issue

The issue presented for review by the Appeals Unit of the NY State of Health is:

Did the Marketplace properly determine that [REDACTED] was not eligible for a special enrollment period to enroll in a Qualified Health Plan (QHP) as of April 26, 2014?

Procedural History

On March 13, 2014, your son, [REDACTED], applied for Medicaid coverage at Clinton County Department of Social Services (DSS).

On March 19, 2014, [REDACTED] received a Notice of Decision from Clinton County DSS stating that his application has been sent to New York’s Health Benefit Exchange, New York State of Health.

On March 20, 2014, Clinton County DSS mailed [REDACTED] Medicaid application to the New York State of Health.

On March 25, 2014, you applied for health insurance through the New York State of Health Marketplace for your husband, [REDACTED], and yourself.

On March 27, 2014, the Marketplace issued an eligibility determination stating that you were eligible to enroll in a qualified health plan through the New York State of Health, receive up to \$682.00 monthly of advanced premium tax credit (APTC), and receive cost-sharing reductions (CSR).

On April 2, 2014, the Marketplace issued you a notice stating that you and your husband had chosen MVP Premier Silver as your QHP.

On April 25, 2014, you reapplied for health insurance through the New York State of Health Marketplace for [REDACTED], and yourself.

On April 26, 2014, the Marketplace issued an eligibility determination that [REDACTED] were temporarily eligible to receive up to \$1,048.00 monthly of APTC and continue to be eligible for CSR. The determination requested additional income documentation to determine eligibility. The determination also stated that [REDACTED], [REDACTED] do not qualify to select a health plan outside of the open enrollment period because they failed to qualify for a special enrollment period.

On April 30, 2014, [REDACTED] faxed a statement to the Marketplace attesting that he has been unemployed for two years and has no income.

On May 30, 2014, you spoke with the Marketplace Customer Service Unit and entered an appeal request for denial of special enrollment period for [REDACTED].

On July 16, 2014, you appeared for a telephone hearing. Testimony was taken at the hearing. The record was held open until July 23, 2014 to allow you to submit additional documentation.

Additional evidence was received from you on July 16, 2014. The evidence was made part of the record, and the record was closed. The record is now complete and closed.

Findings of Fact

A review of the record supports the following findings of fact:

1. Your son, [REDACTED], was 22 years old when he applied for health insurance coverage.
2. Your son applied for insurance coverage at Clinton County DSS on March 13, 2014 (Appellant Exhibit C).
3. On March 19, 2014, your son received a Notice of Decision from Clinton County DSS stating that his application would be sent to New York State of Health for an eligibility determination.

4. On March 20, 2014, the Clinton County DSS mailed your son's Medicaid application to the New York State of Health (Exhibit 1 at pages 48-57).
5. Your son has been unemployed for two years and has an expected income of \$0.00 for 2014.
6. You plan to file your 2014 federal tax return jointly with your spouse and claim your son as your only dependent.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Eligibility for medical assistance is determined for certain populations based on their modified adjusted gross income (MAGI). These groups include people who are age 19 or older and under 65, not pregnant, not entitled to enroll in Medicare, and not a parent or other caretaker relative of a dependent (Social Service Law § 366(1)(b)).

Since January 1, 2014, local Departments of Social Services (LDSS) have referred applicants in the MAGI eligibility group to the New York State of Health Marketplace for eligibility determinations. Applications for the MAGI household members and the referral to Marketplace are date stamped before being transferred. LDSS notifies the customer that the application was referred to Marketplace for an eligibility determination (NY Dept of Health Admin Directive 13 ADM-04).

The Marketplace must provide an initial open enrollment period and annual open enrollment periods during which time qualified individuals may enroll in a QHP and enrollees may change QHPs (45 CFR §155.410(a)).

The initial open enrollment period began October 1, 2013 and extended through March 31, 2014 (45 CFR §155.410(b)).

After the open enrollment period ends, the Marketplace must provide special enrollment periods. During a special enrollment period qualified individuals may enroll in QHPs and enrollees may change QHPs. The Marketplace must allow a qualified individual or enrollee, and, when specified below, his or her dependent, to enroll in or change from one QHP to another, if a specific trigger events occurs. One of these triggering events is that the "qualified individual's or his or her dependent's, enrollment or non-enrollment in a QHP is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, or inaction of an officer, employee, or agent of the Exchange or HHS, or its

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instrumentalities as evaluated and determined by the Exchange” (45 CFR § 155.420(d)).

Legal Analysis

Currently at issue is the question of whether your son, [REDACTED], was properly denied a special enrollment period as of April 26, 2014.

When your son submitted his application to the Clinton County DSS, he was twenty-two years old, not entitled to enroll in Medicare, and not a parent or other caretaker relative of a dependent child. Thus, his eligibility must be based on modified adjusted gross income (MAGI).

When it reviewed your son’s application, the Clinton County DSS properly concluded that the application should be forwarded to the Marketplace for an eligibility determination.

According to your credible testimony and the documentation, your son applied for health insurance on March 13, 2014 at Clinton County DSS. You provided documentation to show that your son’s health insurance application was transferred from Clinton County DSS to the Marketplace on March 20, 2014.

Since the open enrollment period extended to March 31, 2014, your son submitted his application during the Marketplace’s open enrollment period. Applicants who apply for health insurance at a state Medicaid or CHIP agency during open enrollment and are unable to select a health insurance plan because their case was referred to the Marketplace are afforded a special enrollment period.

According to the record, a triggering event for a special enrollment period has occurred and your son qualifies for a special enrollment period.

Therefore, the April 26, 2014 determination was incorrect insofar as it denied a special enrollment period to your son and the determination must be MODIFIED to grant him a special enrollment period.

Decision

The April 26, 2014 eligibility determination is MODIFIED to state that [REDACTED] [REDACTED] is granted a special enrollment period for the 60 days following the date of this decision.

Effective Date of this Decision: September 8, 2014

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Summary

The April 26, 2014 eligibility determination is MODIFIED to state that [REDACTED] [REDACTED] is granted a special enrollment period for the 60 days following the date of this decision.

[REDACTED] remain eligible to receive up to \$1,048.00 monthly of APTC and CSR.

[REDACTED] is eligible for a special enrollment period to enroll in a qualified health plan.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]