



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

Notice of Decision

Decision Date: January 15, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000974

[REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED]

Dear [REDACTED],

On November 18, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 21, 2014, denial of special enrollment period.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of 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 NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this notice.

Legal Authority

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

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).

This page intentionally left blank



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

Decision

Decision Date: January 15, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000974

[REDACTED]

Issue

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

Did the Marketplace properly determine that you were not eligible for a special enrollment period to enroll in a qualified health plan as of August 21, 2014?

Procedural History

On June 11, 2014, the Marketplace received your initial application for health insurance through New York State of Health.

On June 12, 2014, the Marketplace issued a notice stating in order for your eligibility to be determined, you must submit income documentation for your household by June 29, 2014.

On August 20, 2014, you reapplied for health insurance through the Marketplace.

On August 21, 2014, the Marketplace issued an eligibility determination notice stating that based on a household income of \$16,640.00, you were eligible for an advance premium tax credit of up to \$319.00 per month and eligible for cost-sharing reductions. However, you did not qualify to select a health plan outside of the open enrollment period.

On September 10, 2014, you spoke with the Marketplace Account Review Unit and entered an appeal request for denial of special enrollment period.

On September 19, 2014, the Marketplace issued a Notice of Telephone hearing to advise you that the hearing you requested was scheduled for October 7, 2014 at 2:30 p.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).

Between 2:30 p.m. and 3:30 p.m. on October 7, 2014, a Hearing Officer called the telephone number in your Marketplace Account three times, but was unable to reach you. Since we were unable to reach you, the appeal was dismissed.

On October 8, 2014, you faxed a letter to the Marketplace stating that you provided the Marketplace with an alternative telephone number and requested that your hearing be rescheduled.

On November 3, 2014, the Marketplace issued a Notice of Telephone hearing to advise you that the hearing you requested was scheduled for November 18, 2014 at 1:00 p.m.

On November 18, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

1. According to your August 20, 2014, Marketplace application and testimony, you lost your essential health coverage, which had been provided through your employer, on May 31, 2014.
2. The Marketplace received your initial application for health insurance on June 11, 2014.
3. On June 12, 2014, the Marketplace issued a notice stating that more information was needed to make a determination and that you must "submit income documentation for your household by June 29, 2014, to confirm that the information you provided in your application is accurate."
4. On August 20, 2014 you reapplied for health insurance through the Marketplace.
5. On August 21, 2014, the Marketplace issued an eligibility determination notice stating that, with a household income of \$16,640.00, you were eligible for advance premium tax credit of up to \$319.00 per month and eligible for cost-sharing reductions. The notice also states that you do not qualify to select a health plan outside of the open enrollment period and adds that "you must tell NY State of Health about a qualifying event and provide supporting documentation, if required, within sixty (60) days of the event."

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).

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

Applicable Law and Regulations

The initial open enrollment period during which a qualified individual may select and enroll in a qualified health plan began on October 1, 2013 and extended through March 31, 2014 (45 CFR § 155.410(b)). The Marketplace may permit a qualified individual to enroll in a qualified health plan, or an enrollee to change qualified health plans, only during the initial open enrollment period or during a special enrollment period for which the qualified individual has been determined eligible (45 CFR § 155.410 (a)(2)).

A special enrollment period occurs outside of the open enrollment period when an individual or enrollee experiences a triggering event. One of the relevant triggering event is the loss of minimum essential coverage by a qualified individual or their dependent (45 CFR § 155.420 (d)(1)(i)).

Unless otherwise stated in the regulations, the length of a special enrollment period is 60 days from when the triggering event occurs to enroll in or change their qualified health plan. (45 CFR § 155.420 (c)).

Legal Analysis

Currently at issue is whether you were properly denied a special enrollment period as of August 21, 2014.

In certain circumstances a special enrollment period is granted to individuals so that they may enroll in a QHP outside of the open enrollment period if the individual experiences a triggering event. Loss of minimum essential health insurance coverage is considered a triggering event for purposes of being granted a special enrollment period. An individual is given 60 days from the date they lose their health insurance coverage to enroll in a health plan.

The Marketplace received your initial application for health insurance on June 11, 2014. On June 12, 2014, the Marketplace issued a notice stating that more information was needed to make a determination. The notice states that in order for your eligibility to be determined, “you must submit income documentation for your household by June 29, 2014, to confirm that the information you provided in your application is accurate.”

On August 20, 2014, you reapplied for health insurance through the Marketplace. You indicated on that application that your special enrollment period reason was “loss of essential health coverage or will lose coverage” as of May 31, 2014.

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 August 21, 2014, the Marketplace issued an eligibility determination notice stating that based on a household income of \$16,640.00, you are eligible for for APTC of up to \$319.00 per month and eligible for cost-sharing reductions. However, it also states that you did not qualify to select a health plan outside of the open enrollment period because “you must tell NY State of Health about a qualifying event and provide supporting documentation, if required, within sixty (60) days of the event.”

Since you requested a special enrollment period more than sixty days after you lost your essential health coverage through your employer, the Marketplace’s August 21, 2014, eligibility determination is AFFIRMED.

However, the Marketplace’s open enrollment period for 2015 insurance plans runs until February 15, 2015. For more information on open enrollment, consult the New York State of Health website (<https://nystateofhealth.ny.gov>).

Decision

The August 21, 2014 eligibility determination is AFFIRMED.

Effective Date of this Decision: January 15, 2015

How this Decision Affects Your Eligibility

You are not eligible for a special enrollment period.

However, the Marketplace’s open enrollment period for 2015 insurance plans runs until February 15, 2015. For more information on open enrollment, consult the New York State of Health website (<https://nystateofhealth.ny.gov>).

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months after the date of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be

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).

appealed to the U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If You Have Questions about this Decision (Customer Service Resources):

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

Summary

The August 21, 2014 eligibility determination is AFFIRMED.

You are not eligible for a special enrollment period.

However, the Marketplace's open enrollment period for 2015 insurance plans runs from November 15, 2014 to February 15, 2015. For more information on open enrollment, consult the New York State of Health website (<https://nystateofhealth.ny.gov>).

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] [REDACTED]
[REDACTED]