



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

Notice of Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003986

[REDACTED]

Dear [REDACTED],

On October 2, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's July 3, 2015 notice denying a 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).

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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003986

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Issue

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

Did the Marketplace properly find that you were not eligible for a special enrollment period to enroll in a qualified health plan?

Procedural History

On July 3, 2015, the Marketplace issued an eligibility determination notice that you are eligible to receive up to \$256.00 of advance premium tax credits and eligible for cost-sharing reductions, if you enroll in a silver-level qualified health plan. The notice also states that you do not qualify to select a health plan outside of the open enrollment period.

On July 21, 2015, you spoke with the Marketplace's Account Review Unit and appealed the denial of a special enrollment period.

On October 2, 2015, 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. The record is now closed.

Findings of Fact

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

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- 1) You had Medicaid coverage through Westchester County Department of Social Services until January 1, 2015.
- 2) You testified that you never received a notice that your Medicaid coverage had been discontinued and received new health insurance cards for 2015.
- 3) You testified that you found out that your Medicaid was discontinued at a medical appointment in July 2015.
- 4) On July 2, 2015, you completed a health insurance application through the Marketplace.
- 5) On July 3, 2015, the Marketplace issued an eligibility determination notice that you are eligible for up to \$256.00 monthly of advance premium tax credits and cost-sharing reductions, if you enroll in a silver-level qualified health plan. The notice also stated that you do not qualify to select a health plan outside of the open enrollment period.

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

Applicable Law and Regulations

Special Enrollment Period

The Marketplace must provide an initial open enrollment period and annual open enrollment periods during which time qualified individuals may enroll in a qualified health plan (QHP) and enrollees may change QHPs (45 CFR § 155.410(a)). The open enrollment period for the 2015 calendar year began November 15, 2014 and ended on February 15, 2015 (45 CFR § 155.410(e)(1)).

After each open enrollment period ends, the Marketplace provides special enrollment periods to qualified individuals. During a special enrollment period, a qualified individual may enroll in a QHP and an enrollee may change to another QHP. A special enrollment period may be permitted when one of the following triggering events occurs:

- 1) The qualified individual or his or her dependent
 - i) loses health insurance considered to be minimum essential coverage
 - ii) is enrolled in a non-calendar-year health insurance policy, even if they have the option to renew the policy

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- iii) loses pregnancy-related coverage
 - iv) loses medically needy coverage
- 2) The qualified individual gains a dependent or becomes a dependent through marriage, birth, adoption, placement for adoption, or placement in foster care
 - 3) The qualified individual or his or her dependent, who was not previously a citizen, national, or lawfully present individual gains such status
 - 4) 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 instrumentalities as evaluated and determined by the Exchange
 - 5) The enrollee or dependent adequately demonstrates to the Exchange that the QHP in which he or she is enrolled substantially violated a material provision of its contract in relation to the enrollee
 - 6) The enrollee or enrollee's dependent is newly eligible or ineligible for advance payments of the premium tax credit, or change in eligibility for cost-sharing reductions
 - 7) The qualified individual, enrollee, or their dependent, gains access to new QHPs as a result of a permanent move
 - 8) The qualified individual who is an Indian may enroll in a QHP or change from one QHP to another one time per month
 - 9) The qualified individual or enrollee, or their dependent, demonstrates to the Exchange, in accordance with guidelines issued by HHS, that the individual meets other exceptional circumstances as the Exchange may provide
 - 10) A qualified individual or enrollee, or his or her dependents, was not enrolled in QHP coverage or is eligible for but is not receiving advance payments of the premium tax credit or cost-sharing reductions as a result of misconduct on the part of a non-Exchange entity providing enrollment assistance or conducting enrollment activities

(45 CFR § 155.420(d)).

As a general rule, a qualified individual or enrollee has 60 days from the date of a triggering event to select a QHP (45 CFR §155.420(c)(1)). A qualified individual 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).

or his or her dependent who loses health insurance considered to be minimum essential coverage has 60 days before or after to loss of eligibility for qualifying coverage in an eligible employer-sponsored plan to select a QHP (45 CFR § 155.420(c)(2)(ii)).

A special enrollment period may be permitted when the qualified individual or his or her dependent loses health insurance considered to be minimum essential coverage, but not if the individual voluntarily ends their coverage (45 CFR § 155.420(d)).

Legal Analysis

The issue under appeal is whether or not the Marketplace correctly determined that you were not eligible for a special enrollment period on July 3, 2015.

Federal regulations provide that a qualified individual has 60 days from the date of a triggering event to select a qualified health plan (QHP) in the Marketplace.

The Marketplace provided an open enrollment from November 15, 2014 until February 15, 2015. The record shows that you did not enroll in a health during the open enrollment period by February 15, 2015.

Once the annual open enrollment period ends, a health plan enrollee must qualify for a special enrollment period in order to enroll in a health plan offered in the Marketplace.

Losing your health insurance coverage as of January 1, 2015 was a triggering event that qualified you for a 60-day special enrollment period. The special enrollment period began on the date of your triggering event. Sixty days from January 1, 2015, that 60-day period expired on March 1, 2015.

You testified that you Medicaid outside of the Marketplace until January 1, 2015. However, you never received a notice from your county's Department of Social Services that your Medicaid coverage had been discontinued. You testified that you found out that your Medicaid was discontinued at a medical appointment in July 2015. Notwithstanding, you had not selected a health plan within 60 days of January 1, 2015, that is, by March 1, 2015, as required by law, and these circumstances do not qualify otherwise as a triggering event. As such, the facts as set out in the record do not suggest that any other triggering event described in 45 CFR § 155.420(d) has occurred.

Therefore, the Marketplace's determination to deny a special enrollment period is **AFFIRMED**.

Decision

The July 3, 2015 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: November 09, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You did not qualify for a special enrollment period after March 1, 2015.

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 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:

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- By fax: 1-855-900-5557

Summary

The Marketplace's July 3, 2015 notice of eligibility determination insofar as stating that you do not qualify for a special enrollment period is **AFFIRMED**.

This decision does not change your eligibility.

You did not qualify for an additional special enrollment period after March 1, 2015.

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:

