



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

## Notice of Decision

Decision Date: April 15, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005283

[REDACTED]

Dear [REDACTED],

On February 9, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's September 19, 2015 disenrollment notice.

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 and the Account ID at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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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## Decision

Decision Date: April 15, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000005283



## Issue

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

Did New York State of Health (NYSOH) properly determine that your son was no longer eligible to enroll in your family's qualified health plan because he was over the age of 26?

## Procedural History

On February 21, 2015 NYSOH issued a notice of eligibility determination stating that you, your spouse, and your two children were eligible to receive \$952.00 per month in advance payments of the premium tax credit (APTC), as well as cost-sharing reductions, effective April 1, 2015.

Also on February 21, 2015 NYSOH issued an enrollment confirmation notice stating that you, your spouse, and your two children were enrolled in a qualified health plan that could start as early as April 1, 2015 if you paid your first month's premium.

On September 19, 2015 NYSOH issued a disenrollment notice stating that your son was no longer eligible to remain enrolled in your qualified health plan because the plan selected was only available to dependents who are 25 years or younger. Your son's coverage ended effective [REDACTED].

On November 19, 2015, you spoke with NYSOH's Account Review Unit and appealed your son's disenrollment from your qualified health plan.

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 February 9, 2016, you had a telephone hearing with a Hearing Officer from NYSOH'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) You are only appealing the eligibility of your son.
- 2) You testified, and your NYSOH application confirms, that your son turned 26 years old on [REDACTED].
- 3) You testified that your son is currently a full-time student.
- 4) You testified that your son's current primary residence is with you.
- 5) You testified that you expect to claim your son as a dependent on your 2015 tax return.
- 6) You testified that you did not attempt to enroll your son into an individual health plan as of November 1, 2015 because you did not know he had been disenrolled.
- 7) The record does not contain any evidence that your son's eligibility was redetermined for the remainder of 2015 after he was disenrolled from the family's qualified health plan.

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

## **Applicable Law and Regulations**

### Redetermination During a Benefit Year

NYSOH is required to periodically examine available data sources to identify any possible changes that may affect an individual's eligibility (see e.g. 45 CFR 155.335). If NYSOH identifies updated information it must redetermine an individual's eligibility and must provide timely written notice of their eligibility determination (45 CFR § 155.330(e), 45 CFR § 155.310 (g)).

## Young Adults Coverage Up To Age 26 on Parents' Plan

Plans and issuers that offer dependent child coverage are required to make that coverage available until the dependent reaches the age of 26 (45 CFR § 147.120(a)(1)). Once a dependent child reaches age 26 and "ages out" of his or her parents' coverage, they may have several options, including enrolling in an individual plan by themselves through NYSOH.

### Enrollment Periods

NYSOH must provide 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)).

For the benefit year beginning on January 1, 2015, the annual open enrollment period began on November 15, 2014 and extended through February 15, 2015 (45 CFR § 155.410(e)); however, the open enrollment period was further extended to February 28, 2015 for individuals who took steps to apply for coverage on or before the February 15, 2015 deadline, but were unable to complete the enrollment process (Press Release: NY State of Health Implements 'Waiting in Line' Provision Ahead of February 15 Open Enrollment Deadline, <http://info.nystateofhealth.ny.gov/news/press-release-ny-state-health-implements-%E2%80%98waiting-line%E2%80%99-provision-ahead-february-15-open>).

After each open enrollment period ends, NYSOH 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 their enrollment to another plan (45 CFR § 155.420(d)).

This is permitted when any one of multiple events occurs, including a qualified individual or his or her dependent loses certain health insurance coverage (45 CFR § 155.420(d)(1)). Generally, if a triggering life event occurs, the qualified individual or enrollee has 60 days from the date of a triggering event to select a QHP (45 CFR § 155.420(c)(1)). When an individual loses health insurance coverage, NYSOH must ensure that their coverage effective date is on the first day of the month following the loss of coverage (45 CFR § 155.420 (b)(2)(iv)).

## **Legal Analysis**

The only issue under review is whether NYSOH properly determined that your son was no longer eligible to enroll in your family's qualified health plan because he was over the age of 26.

NYSOH is required to periodically review whether individuals are eligible to remain enrolled in their current coverage through NYSOH. Health plans and issuers that offer dependent children coverage are required to include eligible children in their parent's family coverage until the dependent child reaches the age of 26 years old.

You testified that your son is currently a full-time student, his primary residence is with you, and that he turned 26 years old on [REDACTED]. You further testified that you expect to claim your son as a dependent on your 2015 tax return.

Since your son turned 26 years old on [REDACTED], NYSOH properly issued a disenrollment notice stating that he was no longer eligible to remain enrolled in your family's qualified health plan because the plan selected was only available to dependents who are 25 years or younger.

Therefore, the September 19, 2015 disenrollment notice is AFFIRMED.

However, when NYSOH determines that a person's eligibility has changed it must provide timely written notice of that change in the form of an eligibility redetermination notice.

The record does not contain any evidence that your son's eligibility was redetermined for the remainder of 2015 after he was disenrolled from the family's qualified health plan.

Furthermore, when a qualified individual loses coverage considered to be minimum essential coverage, that individual is entitled to a special enrollment period in which to reenroll, pursuant to 45 CFR § 155.420(d)(1)(i). After your son's coverage through your family's qualified health plan was terminated, he should have been granted a special enrollment period in which to sign up for new coverage. When an individual loses health insurance coverage, NYSOH must ensure that their coverage effective date is on the first day of the month following the loss of coverage

Therefore, your case is RETURNED to NYSOH to redetermine your son's eligibility as of November 1, 2015 and to allow your son to enroll in an individual health plan for the remainder of 2015. Your son will be responsible for any premiums due to the health plan as a result of his enrollment.

## **Decision**

The September 19, 2015 disenrollment notice is AFFIRMED.

Your case is RETURNED to NYSOH to redetermine your son's eligibility as of November 1, 2015 and to allow your son to enroll in an individual health plan effective November 1, 2015.

Your son will be responsible for any premium payments due as a result of his enrollment.

**Effective Date of this Decision:** April 15, 2016

### **How this Decision Affects Your Eligibility**

Your son was properly disenrolled from your family's health plan because he was over the allowable age limit.

Your son has been granted a special enrollment period to allow him the opportunity to reenroll into health coverage effective November 1, 2015 as a result of his disenrollment.

This decision has no effect on his eligibility as of January 1, 2016.

### **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 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 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 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).

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

You can contact us in any of the following ways:

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P.O. Box 11729  
Albany, NY 12211
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## **Summary**

The September 19, 2015 disenrollment notice is **AFFIRMED**.

Your case is **RETURNED** to NYSOH to redetermine your son's eligibility as of November 1, 2015 and to allow your son to enroll in an individual health plan effective November 1, 2015.

Your son will be responsible for any premium payments due as a result of his enrollment.

Your son was properly disenrolled from your family's health plan because he was over the allowable age limit.

Your son has been granted a special enrollment period to allow him the opportunity to reenroll into health coverage effective November 1, 2015 as a result of his disenrollment.

This decision has no effect on his eligibility as of January 1, 2016.

## **Legal Authority**

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



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

