



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: AP000000005334



Dear [REDACTED],

On February 12, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's September 19, 2015 eligibility determination notice and the September 19, 2015 enrollment confirmation 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 NY State of Health number 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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NY State of Health Account ID: [REDACTED]
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Issue

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

Did the Marketplace properly determine that your son was newly eligible to enroll in a qualified health plan effective November 1, 2015?

Did the Marketplace properly enroll your son in your qualified health plan?

Procedural History

On September 19, 2015, the Marketplace received your updated application for financial assistance with your son's health insurance.

On September 19, 2015, the Marketplace issued an eligibility determination notice finding your son newly eligible to receive advance premium tax credits and cost sharing reductions in the amount of \$625.00 per month effective November 1, 2015. Your son was further found eligible to choose a health plan outside of the open enrollment period by November 18, 2015.

Also on September 19, 2015, the Marketplace issued a disenrollment notice stating your son was disenrolled from his Child Health Plus plan effective October 31, 2015.

On November 25, 2015, you spoke to the Marketplace's Account Review Unit and appealed the eligibility determination insofar as you had thought your son's enrollment in a qualified health plan would start November 1, 2015.

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On February 12, 2016, 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 support the following findings of fact:

- 1) The record reflects that on September 19, 2015, the Marketplace received your updated application for health insurance.
- 2) You testified that you are seeking your son's enrollment in your qualified health plan as of November 1, 2015.
- 3) The record reflects that your son aged out of his Child Health Plus plan on his birthdate on [REDACTED]. Your son is 19 years old.
- 4) Your son was disenrolled from his Child Health Plus plan effective October 31, 2015.
- 5) You testified that you had contacted the Marketplace around September 25, 2015 in order to enroll your son in your household's qualified health plan.
- 6) You further testified that you thought after the call you placed to the Marketplace your son would be enrolled in your health plan with a start date of November 1, 2015.
- 7) The record reflects that no activity was made in regards to enrolling your son into your silver level qualified health plan on September 25, 2015.
- 8) You testified that you incurred medical bills for the months of November and December when your son did not have coverage.

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

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When a redetermination is issued as a result of a change in an applicant's information, the Marketplace must generally make that redetermination effective on the first day of the month following the date the Marketplace is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, the Marketplace may determine that its policy will be that any change made after the 15th of any month will not be effective until the first of the next following month (45 CFR § 155.330 (f)(2)), and it has elected to do so (13 OHIP/ADM-03).

When an eligibility redetermination results in a change in the amount of advance premium tax credit (APTC) for the benefit year, the Marketplace must recalculate the amount of APTC in such a manner as to account for any advance payments already made on behalf of the tax filer, such that the recalculated advance payment amount is projected to result in total advance payments for the benefit year that correspond to the tax filer's total projected premium tax credit for the benefit year (45 CFR § 155.330(g)).

Enrollment in a Qualified Health Plan

The effective date of coverage by a qualified health plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, the Marketplace must generally ensure that coverage is effective the first day of the following month for selections received by the Marketplace from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i)). For selections received by the Marketplace from the sixteenth to the last day of any month, the Marketplace must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Electronic Notices

Applicants may choose to receive notices and information from the Marketplace by either electronic or regular mail. If the applicant elects to receive electronic notices, the Marketplace must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

Enrollment Periods

The Marketplace 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

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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, 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 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)).

(a) Health insurance considered to be minimum essential coverage;

Another qualifying event is when 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 (45 CFR § 155.420(d)(4)).

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)).

Legal Analysis

The first issue under review is whether the Marketplace properly determined that your son was newly eligible to enroll in a qualified health plan effective November 1, 2015.

On September 19, 2015, the Marketplace issued an eligibility determination notice finding your son newly eligible to receive advance premium tax credits and cost sharing reductions in the amount of \$625.00 per month effective November 1, 2015. Your son was further found eligible to choose a health plan outside of the open enrollment period by November 18, 2015.

The Marketplace must provide annual open enrollment periods during which time qualified individuals may enroll in a qualified health plan (QHP) and enrollees may change QHPs.

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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.

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 their enrollment to another plan.

This is permitted when any one of multiple events occurs, including a qualified individual or his or her dependent loses certain health insurance considered to be minimum essential coverage.

The record reflects that your son aged out of his Child Health Plus plan on his birthdate on [REDACTED]. He was subsequently disenrolled from his Child Health Plus plan effective October 31, 2015.

The loss of your son's Child Health Plus plan is deemed minimum essential coverage for purposes of the Marketplace. This loss of coverage qualified him for a special enrollment period as described in the September 19, 2015 eligibility determination. The notice stated that he would remain eligible to enroll in a qualified health plan and receive advance premium tax credits and cost sharing reductions effective November 1, 2015.

Since the September 19, 2015 eligibility determination notice correctly found your son newly eligible to receive advance premium tax credits and cost sharing reductions and enroll in qualified health plan effective November 1, 2015, it is correct and is AFFIRMED.

The second issue is did the Marketplace properly enroll your son in your qualified health plan?

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.

The September 19, 2015, determination notice found your son eligible to choose a health plan outside of the open enrollment period by November 18, 2015.

You testified that you had contacted the Marketplace around September 25, 2015 in order to enroll your son in your household's qualified health plan.

You further testified that you thought after the call you placed to the Marketplace your son would be enrolled in your health plan with a start date of November 1, 2015.

The record reflects that no activity was made in regards to enrolling your son into your silver level qualified health plan on September 25, 2015.

Another qualifying event for a special enrollment period is when 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.

The effective date of coverage by a qualified health plan is determined by the date on which an applicant selects a plan for enrollment. For selections received by the Marketplace from the sixteenth to the last day of any month, the Marketplace must ensure coverage is effective the first day of the second following month. Because your application was received after the 15th of the month of September, your son's eligibility to enroll in a qualified health plan would be November 1, 2015.

Since the Marketplace did not properly enroll your son into his qualified health plan, your case is returned to the Marketplace to effect his enrollment in your silver level qualified health plan effective November 1, 2015, and December 2015. You will be responsible for any additional premium payment that may be assessed by the Marketplace for his enrollment for those months.

Decision

The September 19, 2015 eligibility determination notice correctly found your son newly eligible to receive advance premium tax credits and cost sharing reductions and enroll in qualified health plan effective November 1, 2015.

Your case is RETURNED to the Marketplace to ensure your son's enrollment in your silver level health plan effective November 1, 2015.

Effective Date of this Decision: April 15, 2016

How this Decision Affects Your Eligibility

Your son's enrollment in your qualified health plan, and his eligibility for APTC and cost sharing reductions should have begun as of November 1, 2015.

Your case is being sent back to the Marketplace to effectuate this change.

This decision has no effect on subsequent enrollments after January 1, 2016.

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 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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The September 19, 2015 eligibility determination notice correctly found your son newly eligible to receive advance premium tax credits and cost sharing reductions and enroll in qualified health plan effective November 1, 2015.

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Your case is RETURNED to the Marketplace to ensure your son's enrollment your silver level health plan effective November 1, 2015.

Your son's enrollment in your qualified health plan, and his eligibility for APTC and cost sharing reductions should have begun as of November 1, 2015.

Your case is being sent back to the Marketplace to effectuate this change.

This decision has no effect on subsequent enrollments after January 1, 2016.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

