



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

## Notice of Decision

Decision Date: October 26, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000010230

[REDACTED]

Dear [REDACTED],

On September 27, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's June 14, 2016 eligibility determination 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).

This page intentionally left blank.



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

## Decision

Decision Date: October 26, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000010230



## Issue

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

Did NY State of Health (NYSOH) properly determine that you did not qualify to select a health plan outside of the open enrollment period?

## Procedural History

On January 29, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to receive up to \$0.00 of advance premium tax credit, effective as of March 1, 2016.

Also on January 29, 2016, NYSOH issued an enrollment notice confirming that as of January 28, 2016, you were enrolled in Select Care Gold, Gold, ST, INN, Dep25 (EmblemHealth) with a plan enrollment start date of March 1, 2016.

On June 9, 2016, NYSOH issued a disenrollment notice stating that your insurance with EmblemHealth was cancelled effective April 30, 2016, because a premium payment had not been received by EmblemHealth. The notice directed you to contact your plan directly if you believe that you made your premium payment.

On June 13, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as your eligibility for a special enrollment period.

On June 14, 2016, NYSOH issued an eligibility notice, in relevant part, that you did not qualify to select a health plan outside of the open enrollment period.

On September 27, 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 proceeding.

## **Findings of Fact**

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

- 1) You testified that you want to be granted a special enrollment period to enroll in a health plan through NYSOH.
- 2) On January 29, 2016, you enrolled in an EmblemHealth Gold health plan, with a plan enrollment start date of March 1, 2016 ( [REDACTED] ).
- 3) You testified that you made an account on EmblemHealth's website and mistakenly believed that the health insurance premiums would be automatically withdrawn from your bank account.
- 4) On June 19, 2016, NYSOH issued a disenrollment notice stating that your insurance with EmblemHealth was cancelled effective April 30, 2016, because a premium payment had not been received by EmblemHealth [REDACTED].
- 5) On June 13, 2016, you attempted to re-enroll in a health insurance plan through NYSOH, but was denied a special enrollment period.
- 6) On August 16, 2016, you faxed a statement from a physician at [REDACTED]. It states that, "[REDACTED]"

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

## **Applicable Law and Regulations**

### Enrollment in a Qualified Health Plan

The NY State of Health (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)(1)).

For the benefit year beginning on January 1, 2016, the annual open enrollment period began on November 1, 2015, and extended through January 31, 2016 (45 CFR §155.410(e)(2)).

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).

## Special Enrollment Periods

After each open enrollment period ends, the 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. This is generally permitted when one of the following triggering events occur:

- (1) The qualified individual or his or her dependent involuntarily loses certain health insurance coverage:
  - (a) Health insurance considered to be minimum essential coverage;
  - (b) Enrolled in any non-calendar year health insurance policy, even if they have the option to renew the expiring non-calendar year individual health insurance policy; or
  - (c) Pregnancy-related coverage; or
  - (d) 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; or
- (3) The qualified individual or his or her dependent, who was not previously a citizen, national, or lawfully present individual gains such status; or
- (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; or a non-Exchange entity providing enrollment assistance or conducting enrollment activities; or
- (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; or
- (6) The enrollee or enrollee's dependent is newly eligible or ineligible for advance payments of the premium tax credit, or has a change in eligibility for cost-sharing reductions; or

- (7) The qualified individual, enrollee, or their dependent, gains access to new QHPs as a result of a permanent move; or
- (8) The qualified individual is an Indian, as defined by section 4 of the Indian Health Care Improvement Act, and may enroll in a QHP or change from one QHP to another one time per month; or
- (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;

(45 CFR § 155.420(d)).

### Special Enrollment Period – Voluntary Termination

A special enrollment period is granted when including a qualified individual or his or her dependent loses certain health insurance coverage.

However, a loss of coverage such as that referenced above does not include,

"voluntary termination of coverage or other loss due to—

- (1) Failure to pay premiums on a timely basis, including COBRA premiums prior to expiration of COBRA coverage, or
- (2) Situations allowing for a rescission as specified in 45 CFR [§] 147.128" (45 CFR § 155.420(e)).

## **Legal Analysis**

The issue under review is whether NYSOH properly denied you a special enrollment period.

The NYSOH provided an open enrollment period from November 1, 2015 until January 31, 2016. The record reflects that you enrolled in an EmblemHealth plan on January 29, 2016, with a plan enrollment start date of March 1, 2016.

Once the annual open enrollment period ends, a health plan enrollee must qualify for a special enrollment period in order to enroll in, or change to another health plan offered through NYSOH. In order to qualify for a special enrollment period, a person must experience a triggering event.

The reflect reflects that on June 9, 2016, NYSOH issued a disenrollment notice stating that your insurance with EmblemHealth was cancelled effective April 30, 2016, because a premium payment had not been received by EmblemHealth.

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).

Generally, the loss of health insurance coverage is considered a triggering event. Here, your enrollment was terminated effective April 30, 2016, because the health plan did not receive the health insurance premiums in a timely manner. NYSOH considers the failure to pay premiums a voluntary action causing the termination of your coverage; therefore, you would not be entitled to a special enrollment period in which to enroll in new coverage on this basis.

The credible evidence of record indicates that no other triggering events has occurred that would qualify you for a special enrollment period.

Therefore, the denial of a special enrollment period is **AFFIRMED**.

## **Decision**

The June 14, 2016, eligibility determination insofar as stating that you were not eligible for a special enrollment period is **AFFIRMED**.

**Effective Date of this Decision:** October 26, 2016

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

You do not qualify for a special enrollment period to enroll in a qualified health plan at this time.

## **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

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).

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 June 14, 2016, eligibility determination insofar as stating that you were not eligible for a special enrollment period is **AFFIRMED**.

You do not qualify for a special enrollment period to enroll in a qualified health plan at this time.

### **Legal Authority**

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



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

