



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

Notice of Decision

Decision Date: July 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017183

[REDACTED]

Dear [REDACTED]

On June 26, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 24, 2017 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).

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Decision

Decision Date: July 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000017183



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 and your spouse do not qualify to enroll in a qualified health plan outside of the open enrollment period, effective May 1, 2017?

Procedural History

On December 20, 2016, NYSOH issued a notice of eligibility determination stating that you were newly eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2017.

Your NYSOH account reflects that you enrolled in a qualified health plan through NYSOH as of January 01, 2017.

On February 21, 2017, you updated your household's application for financial assistance with health insurance, specifically, you added your spouse to your account.

On February 22, 2017, NYSOH issued a notice of eligibility determination, based on the February 21, 2017 application, stating that you and your spouse were eligible to receive up to \$575.00 per month in advance payments of the premium tax credit (APTC), effective April 1, 2017. It further stated that you and your spouse may be able to enroll in coverage if you qualify for a special enrollment period.

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On March 23, 2017, you updated your household's application for financial assistance. That day, a preliminary eligibility determination was prepared stating that you and your spouse were eligible to receive up to \$575.00 in APTC, effective May 1, 2017. You also attempted to enroll yourself and your spouse into a qualified health plan but were unable to select a plan for enrollment.

Also on March 23, 2017, you spoke to NYSOH's Account Review Unit and appealed your inability to enroll yourself and your spouse into a qualified health plan outside of the open enrollment period.

On March 24, 2017, NYSOH issued an eligibility determination notice, based on the March 23, 2017 application for financial assistance, stating that you were eligible to receive an advance premium tax credit of up to \$575.00 per month, effective May 1, 2017. It further stated that you and your spouse do not qualify to select a health plan outside of the open enrollment period for 2017.

On June 26, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open for seven days, to allow you to submit supporting documents. On June 29, 2017, the Appeals Unit received via fax a copy of your certificate of marriage registration. This document was marked as Appellant's [REDACTED] and incorporated into the record. The record is now closed.

Findings of Fact

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

- 1) Your NYSOH account reflects that you are enrolled in a qualified health plan through NYSOH, effective January 1, 2017.
- 2) On February 21, 2017, you updated your NYSOH account to include your spouse and submitted an application for health insurance.
- 3) On March 23, 2017, you submitted an updated application for health insurance.
- 4) On March 23, 2017, you attempted to enroll yourself and your spouse in a qualified health plan.
- 5) Your application on February 21, 2017 states that you and your spouse were seeking a special enrollment based on your marriage.
- 6) You testified that you and your spouse were married on [REDACTED].

- 7) You submitted a copy of your certificate of marriage registration which indicates that you and your spouse were married on [REDACTED]
- 8) You testified that since filing your application on March 23, 2017 there have been no other major changes to your household.
- 9) You testified that you had been calling NYSOH for some time trying to update your account to reflect that your spouse had joined your household and attempting to add your spouse to your coverage. You testified that there was an issue with adding your spouse because for some reason your coverage was showing as inactive, despite the fact that you were still being billed for and paying premiums for coverage.
- 10) During the hearing, you gave permission for the Hearing Officer to listen to recordings of phone calls between yourself and NYSOH.
- 11) On January 4, 2017, you placed a phone call to NYSOH. A review of the recording of that phone call reveals that you were calling to change your name and to apply for coverage for your spouse. The NYSOH representative advised you that she would need your spouse's social security number in order to apply for health insurance for [REDACTED]. You indicated that you did not have your spouse's social security number available to you, and that you would call back in a few hours with your spouse's social security number.
- 12) The record reflects that you did not contact NYSOH again until February 21, 2017. On February 21, 2017, you placed a phone call to NYSOH. A review of the recording of that phone call reveals that you did finish updating your application to include your spouse that day and submitted an updated application. The NYSOH representative advised you that you could not enroll yourself or your spouse into a plan that day because your coverage was showing in the NYSOH system as cancelled, and that you would need to contact your qualified health plan.

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

NYSOH must provide annual open enrollment periods during which time qualified individuals may enroll in a qualified health plan and enrollees may change qualified health plans (45 CFR § 155.410(a)(1)).

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For the benefit year beginning on January 1, 2017, the annual open enrollment period began on November 1, 2016, and extended through January 31, 2017 (45 CFR § 155.410(e)(2)).

Special Enrollment Periods

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 qualified health plan, 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 either:
 - (i) Loses minimum essential coverage.
 - (ii) Is enrolled in any non-calendar year group health plan or individual health insurance coverage, even if the qualified individual or his or her dependent has the option to renew such coverage.
 - (iii) Loses pregnancy-related coverage.
 - (iv) Loses medically needy coverage as described under section 1902(a)(10)(C) of the Social Security Act only once per calendar year.
- (2)
 - (i) The qualified individual gains a dependent or becomes a dependent through marriage, birth, adoption, placement for adoption, or placement in foster care, or through a child support order or other court order.
 - (ii) the enrollee loses a dependent or is no longer considered a dependent through divorce or legal separation as defined by State law in the State in which the divorce or legal separation occurs, or if the enrollee, or his or her dependent, dies.
- (3) The qualified individual, or his or her dependent, becomes newly eligible for enrollment in a qualified health plan because he or she gains citizenship, status as a national, or lawful present or is no longer incarcerated.
- (4) The qualified individual's or his or her dependent's, enrollment or non-enrollment in a qualified health plan is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, misconduct, or inaction of an officer, employee, or agent of NYSOH, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities.

(5) The enrollee or, his or her dependent adequately demonstrates to NYSOH that the qualified health plan 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 or enrollee, or his or her dependent, gains access to new qualified health plan as a result of a permanent move and either—

(i) Had minimum essential coverage for one or more days during the 60 days preceding the date of the permanent move, or

(ii) Was living outside of the United States or in a United States territory at the time of the permanent move;

(8) The qualified individual or dependent who gains or maintains status as an Indian may enroll in a qualified health plan or change from one plan to another, once per month.

(9) The qualified individual or enrollee, or his or her 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—

(i) Is a victim of domestic abuse or spousal abandonment, including a dependent or unmarried victim within a household, is enrolled in minimum essential coverage and seeks to enroll in coverage separate from the perpetrator of the abuse or abandonment; or

(ii) Is a dependent of a victim of domestic abuse or spousal abandonment, on the same application as the victim, may enroll in coverage at the same time as the victim;

(11) A qualified individual or dependent—

(i) Applies for coverage through NYSOH during the annual open enrollment period or due to a qualifying event, is assessed as potentially eligible for Medicaid or Child Health Plus and is determined ineligible for Medicaid or Child Health Plus either after

open enrollment has ended or more than 60 days after the qualifying event; or

(ii) Applies for coverage at their Local Department of Social Services or Human Resources Administration during the annual open enrollment period, and is determined ineligible for Medicaid or Child Health Plus after open enrollment has ended;

(12) The qualified individual or enrollee, or his or her dependent, adequately demonstrates to NYSOH that a material error related to plan benefits, service area, or premium influenced the qualified individual's or enrollee's decision to purchase a qualified health plan; or

(13) At the option of NYSOH, the qualified individual provides satisfactory documentary evidence to verify his or her eligibility for an insurance affordability program or enrollment following termination of enrollment due to a failure to verify such status within 90 days.

(45 CFR § 155.420(d)).

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 qualified health plan (45 CFR § 155.420(c)(1)).

A dependent for special enrollment period purposes is defined as any individual who is or may become eligible for coverage in a qualified health plan because of a relationship to a qualified individual or enrollee (45 CFR § 155.420(a)(2)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you and your spouse do not qualify to enroll in a qualified health plan outside of the open enrollment period, effective May 1, 2017.

NYSOH provided an open enrollment period from November 1, 2016 until January 31, 2017. On February 21, 2017, you submitted an application for health insurance and requested to enroll yourself and your spouse in a qualified health plan. On February 22, 2017, NYSOH issued a notice stating that you and your spouse may be able to enroll in coverage if you qualify for a special enrollment period.

On March 23, 2017, you submitted another application for health insurance and requested to enroll yourself and your spouse in a qualified health plan. On March 24, 2017, NYSOH issued a notice stating that you and your spouse do not qualify to enroll in a qualified health plan outside of the open enrollment period.

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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 in NYSOH. In order to qualify for a special enrollment period, a person must experience a triggering event.

You testified and submitted documentation that you and your spouse were married on [REDACTED]. Marriage is a triggering life event.

When a triggering life event occurs, the qualified individual or their dependent has 60 days from the date of that event to select a qualified health plan.

Since 60 days from [REDACTED] is February 20, 2017; you and your spouse would have qualified to select a qualified health plan outside of the open enrollment period until February 20, 2017.

Your and your spouse's application and request to enroll into a qualified health plan did not occur until February 21, 2017; which is outside of the 60-day window.

The credible evidence of record indicates that, since the open enrollment period closed on January 31, 2017, no other triggering events have occurred that would qualify you and your spouse for a special enrollment period.

Additionally, a special enrollment period can be granted if a qualified individual's enrollment or non-enrollment in a qualified health plan is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, misconduct, or inaction of an officer, employee, or agent of NYSOH, its instrumentalities, or a non-NYSOH entity providing enrollment assistance or conducting enrollment activities

You testified that you had been calling NYSOH for some time trying to update your account to reflect that your spouse had joined your household and attempting to add your spouse to your coverage. You testified that there was an issue with adding your spouse because for some reason your coverage was showing as inactive, despite the fact that you were still being billed for and paying premiums for coverage.

The record reflects that you first contacted NYSOH to add your spouse to your account and obtain coverage for your spouse through NYSOH on January 4, 2017. However, on January 4, 2017, you did not complete the update to your application as you did not have your spouse's social security number available. You advised the NYSOH representative that you would call back in a few hours. There is no evidence in the record that you contacted NYSOH again until February 21, 2017.

Although there appears to have been an issue with the NYSOH system in that it was showing that you were not enrolled in a qualified health plan, when you in fact were enrolled in a qualified health plan and your NYSOH account now reflects that you have been enrolled in a qualified health plan, effective January 1, 2017, at the time of the February 21, 2017 application, you were outside of the 60-day window from the triggering event.

The record does not indicate that NYSOH, by action or inaction, made an error or misrepresented information, which resulted in your and your spouse's non-enrollment in a qualified health plan, therefore, a special enrollment period cannot be granted.

The credible evidence of record indicates that, since the open enrollment period closed on January 31, 2017, no other triggering events have occurred that would qualify you for a special enrollment period.

Therefore, NYSOH's March 24, 2017 eligibility determination that you and your spouse do not qualify to select a health plan outside of the open enrollment period for 2017 is AFFIRMED.

Decision

The March 24, 2017 eligibility determination is AFFIRMED.

Effective Date of this Decision: July 11, 2017

How this Decision Affects Your Eligibility

You and your spouse do not qualify for a special enrollment period at this time.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace 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.

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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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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 March 24, 2017 eligibility determination is **AFFIRMED**.

You and your spouse do not qualify for a special enrollment period at this time.

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Legal Authority

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

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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