



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

Notice of Decision

Decision Date: February 29, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005333

[REDACTED]

Dear [REDACTED],

On February 12, 2016, you appeared by telephone at a hearing on the NY State of Health's October 2, 2015 enrollment determination.

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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Decision

Decision Date: February 29, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005333



Issue

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

Did the Marketplace properly determine that your newborn child did not have health insurance coverage as of [REDACTED], his date of birth?

Procedural History

On December 18, 2014 the Marketplace issued an eligibility determination notice stating that you and your spouse were newly eligible to receive up to \$147.00 per month in advance premium tax credits, effective January 1, 2015.

Also on December 18, 2014 the Marketplace issued an enrollment confirmation notice stating that you were enrolled in EssentialCare Bronze (through Health Republic) and that your coverage could start as early as January 1, 2015 if you pay your first month's premium.

On August 21, 2015 your newborn son was added to your Marketplace account and an application was submitted on his behalf.

On August 22, 2015 the Marketplace issued an eligibility determination stating that your son was conditionally eligible to enroll in Child Health Plus with a \$30.00 per month premium, effective October 1, 2015.

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On September 24, 2015 the Marketplace issued an enrollment confirmation notice stating your child was enrolled in a Child Health Plus plan effective November 1, 2015.

On October 30, 2015 the Marketplace issued a notice stating that Health Republic would no longer be able to offer health care coverage beginning December 1, 2015.

On November 25, 2015, you spoke with the Marketplace's Account Review Unit and appealed the start date of coverage for your newborn son because you wanted to add him to your qualified health plan as of the date of his birth.

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 left open for 15 days to allow you to obtain a letter from the billing department in the hospital where your son was born. On February 18, 2016 you faxed a copy of a letter from [REDACTED], the letter was incorporated into the record as Appellant's Exhibit #1 and the record was closed that day.

Findings of Fact

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

- 1) You testified that you are appealing because the Marketplace failed to add your son to your qualified health as of his date of birth.
- 2) You testified, and the record reflects, that your child was born on [REDACTED].
- 3) You testified that you knew you had to contact the Marketplace within 60 days from the date of his birth to ensure that he would have coverage as of the date he was born.
- 4) You testified that you called the Marketplace on August 21, 2015 to add your child to your Marketplace account. At that time you requested that your child be added to your health plan, Health Republic, but you were told that he was eligible for Child Health Plus so you should enroll him in that plan.
- 5) You testified that you were never informed that your child would not have coverage under your Health Republic plan in the month that he was born until you called in November 2015. You were told by a Marketplace representative that if you wanted your child added to your qualified health plan, you had to contact Health Republic.
- 6) You testified that the billing department from the hospital where your son was born received a letter from Health Republic stating that your son met the criteria to be covered through them.

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- 7) You faxed in a copy of a letter dated November 24, 2015 addressed to [REDACTED] that states your son meets the criteria for inpatient hospitalization and has been certified for a total of 3 days.
- 8) You testified that you understood that Health Republic went out of business in November 2015.
- 9) The record reflects that your son's Child Health Plus plan was backdated to September 1, 2015.

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

Applicable Law and Regulations

Newborn Child – Effective Date of Coverage

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)).

In addition, there are special effective dates in the case of birth, adoption, placement for adoption, or placement in foster care of a child for Marketplace Exchanges. The Marketplace must ensure that coverage is effective for a qualified individual or enrollee on the date of birth, adoption, placement for adoption, or placement in foster care, or it may permit the qualified individual or enrollee to elect a coverage effective date of the first of the month following the date of birth, adoption, placement for adoption, or placement in foster care (45 CFR §155.420(b)(2); NYS Insurance Law § 4305). The Marketplace has elected to make the effective date the first day of the month of birth.

If the Exchange permits the qualified individual or enrollee to elect a coverage effective date of either the first of the month following the date of birth, adoption, placement for adoption or placement in foster care, the Exchange must ensure coverage is effective

on the date duly selected by the qualified individual or enrollee (45 CFR §155.420(b)(2)).

Legal Analysis

The issue under review is whether the Marketplace properly determined that your newborn child did not have health insurance coverage as of [REDACTED], his date of birth.

Your child was born on [REDACTED]. You testified that you knew you had to contact the Marketplace within 60 days to ensure that he would have coverage as of the date he was born.

On August 21, 2015 your child was added to your Marketplace account. He was subsequently found eligible for enrollment in Child Health Plus.

You credibly testified that when you called the Marketplace on August 21, 2015 to add your child to your Marketplace account, you requested that your child be added to your health plan, Health Republic. However, you were told that he was eligible for Child Health Plus so you should enroll him in that plan. You testified that you were never told that your child would not have coverage during the month of his birth until you spoke to a Marketplace representative in November who told you if you wanted your child added to your qualified health plan, you had to contact Health Republic.

You provided testimony and documentation, that Health Republic states your son meets the criteria for inpatient hospitalization and has been certified for a total of 3 days from the date of his birth.

In New York State if an application for insurance coverage is received through the Marketplace before the 15th of the month, benefits are provided on the first day of the next month. If an application is received after the 15th of the month, health plan benefits are provided on the first day of the second subsequent month.

However, special exceptions have been made for newborns seeking coverage through Qualified Health Plans as of the newborn's date of birth. Newborns are permitted to enroll in coverage that is generally guaranteed to begin as of their date of birth.

The record reflects that you clearly expressed your need for your son to be covered as of the date of his birth to the Marketplace and the Marketplace erred in not enrolling your son into your Health Republic plan as you requested. Furthermore, you clearly contacted the Marketplace within the 60 day time frame seeking coverage for your child as of the date of his birth.

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Therefore, your case is RETURNED to the Marketplace to enroll your child into your Health Republic plan as of August 1, 2015 continuing until his own Child Health Plus plan became effective on September 1, 2015.

You will be responsible for any premium due for your newborn's coverage in August 2015.

Decision

Your case is RETURNED to the Marketplace to enroll your child into your Health Republic plan as of August 1, 2015 through August 31, 2015.

Effective Date of this Decision: February 29, 2016

How this Decision Affects Your Eligibility

Your case is being sent back to the Marketplace to facilitate enrolling your child into your Health Republic health plan as of August 1, 2015 due to the Marketplace's error in not following the request you made in August 2015.

This decision has no effect on your son's Child Health Plus plan that became effective on September 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 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 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

Your case is RETURNED to the Marketplace to enroll your child into your Health Republic plan as of August 1, 2015 through August 31, 2015.

Your case is being sent back to the Marketplace to facilitate enrolling your child into your Health Republic health plan as of August 1, 2015 due to the Marketplace's error in not following the request you made in August 2015.

This decision has no effect on your son's Child Health Plus plan that became effective on September 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:

