



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

Notice of Decision

Decision Date: April 11, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005775

[REDACTED]

Dear [REDACTED],

On March 11, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's October 30, 2015 enrollment notice regarding your newborn.

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 Code of 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: April 11, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005775

[REDACTED]

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's Child Health Plus plan enrollment start date should be December 1, 2015?

Procedural History

On October 29, 2015, the Marketplace received your application for health insurance.

On October 30, 2015, the Marketplace issued a notice of eligibility determination that stated your newborn child was conditionally eligible for Child Health Plus for a cost of \$15.00 per month, effective December 1, 2015. The notice instructed you to provide documentation, regarding your newborn child's citizenship status and Social Security number, before January 27, 2016 to confirm their eligibility.

On the same day the Marketplace issued an enrollment notice confirming that as of October 29, 2015, your newborn child was enrolled in Child Health Plus (Empire Blue Cross Blue Shield HealthPlus) with a plan enrollment start date of December 1, 2015.

On December 28, 2015, you spoke to the Marketplace Appeals Unit and requested an appeal insofar as the enrollment start of your newborn child's health coverage through the Marketplace.

On March 11, 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.

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Findings of Fact

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

- 1) You testified, and the record reflects, that you are appealing only your newborn's enrollment start date.
- 2) According to your newborn's certificate of live birth, she was born on [REDACTED] (Document # [REDACTED]; faxed 2/25/2016).
- 3) According to your Marketplace Account, you originally applied for health insurance for your newborn child on [REDACTED].
- 4) You testified that on [REDACTED], you enrolled your newborn in a Child Health Plus plan through the Marketplace.
- 5) On October 30, 2015, the Marketplace issued an enrollment notice confirming that as of [REDACTED], your newborn child was enrolled in Child Health Plus (Empire Blue Cross Blue Shield HealthPlus) with a plan enrollment start date of December 1, 2015.
- 6) You testified that you have outstanding medical bills, for your newborn child, for the months of October and November 2015.
- 7) You testified that you want your newborn's Child Health Plus coverage to be backdated to the date of birth to cover the medical and hospital bills related to their birth.

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

Applicable Law and Regulations

Child Health Plus Effective Date - General

In New York State, Child Health Plus benefits are furnished "By the first day of the month after the application is received if prior to the 15th of the month or the first day after the second subsequent month if after the 15th of the month" (Selection made on Form CS 18, Separate Child Health Insurance Program Non-Financial Eligibility – Citizenship. Sections: 2105(c)(9) and 2107(e)(1)(J) of the SPA and 42 CFR 457.320(b)(6), (c) and (d); see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Legal Analysis

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The issue currently under review is whether the Marketplace properly determined that your newborn child's enrollment in a Child Health Plus plan was effective as of December 1, 2015.

The record reflects that you originally submitted an application for health insurance for your newborn child on October 29, 2015. The record further reflects that on that same date you selected a Child Health Plus plan that was effective December 1, 2015.

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

Since your child was enrolled in a Child Health Plan on October 29, 2015, their Child Health Plus plan properly took effect on December 1, 2015.

Decision

The October 30, 2015 enrollment notice is AFFIRMED.

Effective Date of this Decision: April 11, 2016

How this Decision Affects Your Eligibility

Your newborn child's enrollment is not affected by this decision.

Your child remains enrolled in Empire Blue Cross Blue Shield HealthPlus with a start date of December 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.

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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 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 October 30, 2015 enrollment notice is AFFIRMED.

Your newborn child's enrollment is not affected by this decision.

Your child remains enrolled in Empire Blue Cross Blue Shield HealthPlus with a start date of December 1, 2015.

Legal Authority

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

A Copy of this Decision Has Been Provided To:



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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