



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

Notice of Decision

Decision Date: March 30, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005860

[REDACTED]

Dear [REDACTED],

On March 24, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's September 25, 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: March 30, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005860

[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 did not have health insurance coverage as of August 1, 2015 the month of her birth?

Procedural History

On March 13, 2015 the Marketplace issued an eligibility determination notice stating that you were eligible to purchase a qualified health plan at full cost, effective January 1, 2015.

Also on March 13, 2015 the Marketplace issued an enrollment confirmation notice stating that you were enrolled in a qualified health plan and that your coverage was effective January 1, 2015.

On September 22, 2015 your newborn child was added to your Marketplace account and three applications were submitted on her behalf.

On September 23, 2015 the Marketplace issued an eligibility determination, based on the last application that was submitted on September 22, 2015, stating that your child was newly conditionally eligible to enroll in a full price Child Health Plus plan or Child-Only qualified health plan.

On September 25, 2015 the Marketplace issued an enrollment confirmation notice stating your child was enrolled in a Child Health Plus plan effective October 1, 2015.

On December 30, 2015, you spoke with the Marketplace's Account Review Unit and appealed the start date of coverage for your newborn child because you wanted to add her to your qualified health plan as of the date of her birth.

On March 24, 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) You testified that you are appealing because the Marketplace failed to add your newborn to your qualified health as of her date of birth.
- 2) You testified, and the record reflects, that your child was born on [REDACTED].
- 3) You testified your health plan's contract states that an individual needs to notify the health plan within 60 days of birth in order to add the child to their account to have health insurance coverage from date of birth.
- 4) You testified that in September, you contacted your health plan to add your child to your account and enroll her into your qualified health plan.
- 5) The record indicates that on September 22, 2015 an application counselor from your health plan submitted an application to the Marketplace on your behalf.
- 6) You testified that your child did not have health coverage for the months of August and September.
- 7) The record reflects that your daughter's Child Health Plus plan was effective October 1, 2015.

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

Applicable Law and Regulations

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

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)).

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 August 1, 2015, her month of birth.

Your child was born on [REDACTED] and on September 22, 2015 your child was added to your Marketplace account. She was subsequently found eligible for enrollment in a full pay Child Health Plus plan or child-only qualified health plan.

You credibly testified that in September, you contacted your health plan to add your child to your account and enroll her into your qualified health plan as of the date of her birth. You further testified that your health plan's contract states that

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an individual needs to notify the health plan within 60 days of birth in order to add the child to their account to have health insurance coverage from date of birth. The record indicates that on September 22, 2015 an application counselor from your health plan submitted an application to the Marketplace on your behalf.

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 if their parents have requested the enrollment within 60 days from the child's date of birth.

The record reflects that you clearly expressed your need for your daughter to be covered as of the date of her birth to your qualified health plan and the Marketplace erred in not enrolling your daughter into your qualified health plan as you requested. Furthermore, you clearly contacted the Marketplace via submission of your online application within the 60 day time frame seeking coverage for your child as of the date of her birth.

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

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

Decision

Your case is RETURNED to the Marketplace to enroll your child into your qualified health plan as of August 1, 2015 through September 30, 2015.

Effective Date of this Decision: March 30, 2016

How this Decision Affects Your Eligibility

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

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

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Your case is RETURNED to the Marketplace to enroll your child into your qualified health plan as of August 1, 2015 through September 30, 2015.

This decision has no effect on your child's Child Health Plus plan that became effective on October 1, 2015.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

