



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

Notice of Decision

Decision Date: October 4, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008009

[REDACTED]

Dear [REDACTED]

On September 8, 2016, you appeared by telephone at a hearing on the NY State of Health's May 4, 2015 enrollment 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 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).

This page intentionally left blank.



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

Decision

Decision Date: October 4, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008009



Issue

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

Did NY State of Health (NYSOH) properly enroll your newborn child in a qualified health plan with a plan enrollment start date of May 1, 2015?

Procedural History

On March 23, 2015, you initially applied for health insurance for your newborn child through NYSOH.

On March 24, 2015, NYSOH issued an eligibility determination notice stating that your newborn child was conditionally eligible to purchase a qualified health plan at full cost through NYSOH, effective as of March 1, 2015. The notice directed you to submit documentation regarding your child's citizenship status and Social Security number before June 21, 2015 to confirm their eligibility.

Also on March 24, 2015, NYSOH issued an enrollment notice confirming that as of March 23, 2015, your newborn child was enrolled in the Fidelis Care Platinum for Children Child Only ST INN Pediatric Dental (Fidelis Care) health plan and coverage could start as early as May 1, 2015.

On April 15, 2015, your newborn child's NYSOH account was updated.

On May 3, 2015, NYSOH issued an eligibility determination notice stating that your newborn child was newly eligible to enroll through Child Health Plus with a \$30.00 premium per month, effective as of June 1, 2015.

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).

On February 12, 2016, NYSOH issued a disenrollment notice stating that your newborn child's Fidelis Care coverage would terminate effective December 31, 2015, because premium payment had not been received by Fidelis Care.

On March 17, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as your newborn child's plan enrollment start through their qualified health plan.

On September 8, 2016 you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing. The record is now complete and closed.

Findings of Fact

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

- 1) You testified that you are appealing the enrollment start date of your child's qualified health plan through NYSOH.
- 2) Your newborn child was born on [REDACTED]
- 3) According to your NYSOH account and testimony, your newborn child was added to your account on March 23, 2015.
- 4) On March 24, 2015, NYSOH issued a notice stating that your child was conditionally eligible to purchase a qualified health plan at full cost through NYSOH, effective as of March 1, 2015 [REDACTED]
- 5) On March 24, 2015, NYSOH issued a notice stating that your newborn child was enrolled in the Fidelis Care Platinum for Children Child Only ST INN Pediatric Dental plan and coverage could start as early as May 1, 2015 [REDACTED]
- 6) According to your NYSOH account, your newborn child was enrolled in Fidelis Care Platinum for Children Child Only ST INN Pediatric Dental plan from May 1, 2015 through December 31, 2015.
- 7) You testified that you enrolled your newborn child in a qualified health plan in order for your child to have health insurance coverage for the months of March 2015 and April 2015.
- 8) You testified that you contacted NYSOH multiple times in 2015 in order to have your newborn child's coverage backdated to cover the months of March 2015 and April 2015.

- 9) According to the "Appeal Summary" in the Evidence Packet, which was created in anticipation for your hearing with NYSOH Appeals Unit, you submitted a complaint on June 18, 2015 (Incident [REDACTED]).
- 10) You testified you paid approximately \$3,000.00 in medical expenses because your newborn child's coverage was not effective until May 1, 2015, and are seeking to be reimbursed for those expenses.

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

Applicable Law and Regulations

Special Enrollment Period- Newborn Child:

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 to another plan. One circumstance under which a special enrollment can be authorized is when the qualified individual gains a dependent or becomes a dependent through marriage, birth, adoption, placement for adoption, or placement in foster care (45 CFR § 155.420(d)(2)(i)).

Length of Special Enrollment Period:

Generally, a qualified individual or enrollee has 60 days from the date of a triggering event to select a QHP (45 CFR § 155.420(c)(1)).

Special Enrollment Effective Date:

In the case of birth, adoption, placement for adoption, or placement in foster care of a child, NYSOH 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)).

Legal Analysis

The first issue is whether NYSOH failed to enroll your newborn child in a qualified health plan, effective their date of birth.

NYSOH must provide special enrollment periods during which qualified individuals may enroll in qualified health plans and enrollees may change qualified health plans. NYSOH must allow for a special enrollment period when the qualified individual gains a dependent through birth.

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).

According to the available record, on March 23, 2015, you contacted NYSOH to enroll your newborn child in a qualified health plan. You specifically enrolled your child in a qualified health plan in order to have your child enrolled in coverage for the months of March 2015 and April 2015.

On March 24, 2015, NYSOH issued a notice stating that your newborn child was enrolled in a Fidelis Care qualified health plan, however, coverage could start only as early as May 1, 2015.

When an enrollee gains a dependent through birth, NYSOH must ensure that the effective date of coverage is either the dependent's date of birth or a date selected by the qualified individual or enrollee, if the selection is made within sixty days of the dependent's date of birth.

The record reflects that your newborn child was born on [REDACTED] and you enrolled them in a qualified health on March 23, 2015. Since you took the proper steps to enroll your newborn child in a qualified health plan, within sixty days of their date of birth, their coverage should have been effective their date of birth.

The March 24, 2015, NYSOH enrollment notice is MODIFIED to state that as of March 23, 2015, your newborn child was enrolled in the Fidelis Care Platinum for Children Child Only ST INN Pediatric Dental with a plan enrollment start date of March 1, 2015.

This case is REMANDED to NYSOH to enroll your newborn child in Fidelis Care Platinum for Children Child Only ST INN Pediatric Dental for the months of March 2015 and April 2015.

Decision

The March 24, 2015, NYSOH enrollment notice is MODIFIED to state that as of March 23, 2015, your newborn child was enrolled in the Fidelis Care Platinum for Children Child Only ST INN Pediatric Dental with a plan enrollment start date of March 1, 2015.

This case is REMANDED to NYSOH to enroll your newborn child in Fidelis Care Platinum for Children Child Only ST INN Pediatric Dental for the months of March 2015 and April 2015.

Effective Date of this Decision: October 4, 2016

How this Decision Affects Your Eligibility

Your newborn child will be enrolled in Fidelis Care Platinum for Children Child Only ST INN Pediatric Dental, effective March 1, 2015 through December 31, 2015.

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).

You will be responsible for any additional premiums for your newborn child's coverage for March 2015 and April 2015, in order to effectuate their coverage.

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

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).

The March 24, 2015, NYSOH enrollment notice is MODIFIED to state that as of March 23, 2015, your newborn child was enrolled in the Fidelis Care Platinum for Children Child Only ST INN Pediatric Dental with a plan enrollment start date of March 1, 2015.

This case is REMANDED to NYSOH to enroll your newborn child in Fidelis Care Platinum for Children Child Only ST INN Pediatric Dental for the months of March 2015 and April 2015.

Your newborn child will be enrolled in Fidelis Care Platinum for Children Child Only ST INN Pediatric Dental, effective March 1, 2015 through December 31, 2015.

You will be responsible for any additional premiums for your newborn child's coverage for March 2015 and April 2015, in order to effectuate their coverage.

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:

