



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

Notice of Decision

Decision Date: October 26, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008409

[REDACTED]

Dear [REDACTED],

On September 29, 2016, you appeared by telephone at a hearing on the NY State of Health's March 5, 2016, 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).

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008409



Issue

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

Did NY State of Health (NYSOH) properly enroll you and your spouse in a qualified health plan (QHP), with a plan enrollment start date of February 1, 2016?

Procedural History

On March 4, 2016, you submitted a financial assistance application through your NYSOH account.

On March 5, 2016, NYSOH issued an eligibility determination notice, in relevant part, that you and your spouse were eligible to receive up to \$46.00 of advance premium tax credits and cost-sharing reductions, effective April 1, 2016. The notice also stated that you qualified to select a health plan outside of the open enrollment period for 2016.

Also on March 5, 2016, NYSOH issued an enrollment notice confirming that as of March 4, 2016, you and your spouse were enrolled in CareConnect EPO Gold NS INN Dep 25 Acupuncture (CareConnect Gold), with a plan enrollment start date of February 1, 2016.

On March 29, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as the plan enrollment start date of you and your spouse's QHP.

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On September 29, 2016 you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. Testimony was taken during the hearing and the record was closed at the end of the proceeding.

Findings of Fact

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

- 1) Your newborn child was born on [REDACTED].
- 2) On March 4, 2016, you submitted an application through your NYSOH account. You indicated on that application that you "gained a dependent due to birth, adoption, placement for adoption, placement in foster care or court ordered medical support."
- 3) On March 4, 2016, you enrolled you and your spouse in a CareConnect Gold QHP.
- 4) You testified that you and your spouse were already enrolled in a CareConnect plan, outside of NYSOH, through March 31, 2016.
- 5) On March 5, 2016, NYSOH issued an enrollment notice confirming that you and your spouse were enrolled in a CareConnect Gold QHP with a plan enrollment start date of February 1, 2016 [REDACTED].
- 6) You testified that you paid premiums for two separate CareConnect health plans for the months of February and March 2016.
- 7) You testified that you contacted CareConnect and was told that this issue could only be remedied by NYSOH.
- 8) You testified that you want you and your spouse's CareConnect QHP, through NYSOH, to be effective April 1, 2016.

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

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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:

- (1) on the date of birth, adoption, placement for adoption, or placement in foster care; or
- (2) 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; or
- (3) it may permit the qualified individual or enrollee to elect a coverage for a QHP selection received by NYSOH from a qualified individual between the first and the fifteenth day of any month, NYSOH must ensure a coverage effective date of the first day of the following month; and between the sixteenth and the last day of any month, NYSOH must ensure a coverage effective date of the first day of the second following month.

(45 CFR §§ 155.420(b)(1), (2)).

Legal Analysis

The issue under review is whether NYSOH properly enrolled you and your spouse in your QHP, with a plan enrollment start date of February 1, 2016.

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.

According to the available record, on March 4, 2016, you submitted an application and enrolled you and your spouse in a QHP through NYSOH. You indicated on that application that you gained a dependent due to birth, adoption, placement for adoption, placement in foster care or court ordered medical support.

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

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the qualified individual or enrollee, if the selection is made within sixty days of the dependent's date of birth.

You credibly testified that you and your spouse were enrolled in health insurance coverage, outside of NYSOH, through March 31, 2016. Since you and your spouse's QHP was effective February 1, 2016, you were responsible for paying two monthly premiums, to the same health insurance company, for the months of February and March 2016.

NYSOH must ensure coverage is effective on the date duly selected by the qualified individual or enrollee. You credibly testified that you wanted your coverage through NYSOH to begin April 1, 2016.

Therefore, the March 5, 2016, enrollment notice is MODIFIED to state that you and your spouse were enrolled in the CareConnect Gold plan with a plan enrollment start date of April 1, 2016.

Your case is REMANDED to NYSOH to properly effectuate your coverage.

Decision

The March 5, 2016, enrollment notice is MODIFIED to state that you and your spouse were enrolled in the CareConnect Gold plan with a plan enrollment start date of April 1, 2016.

Your case is REMANDED to NYSOH to properly effectuate your coverage.

Effective Date of this Decision: October 26, 2016

How this Decision Affects Your Eligibility

You and your spouse were enrolled in CareConnect EPO Gold NS INN Dep 25 Acupuncture with a plan enrollment start date of April 1, 2016.

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

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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
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The March 5, 2016, enrollment notice is MODIFIED to state that you and your spouse were enrolled in the CareConnect Gold plan with a plan enrollment start date of April 1, 2016.

Your case is REMANDED to NYSOH to properly effectuate your coverage.

You and your spouse were enrolled in CareConnect EPO Gold NS INN Dep 25 Acupuncture with a plan enrollment start date of April 1, 2016.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

