



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

Notice of Decision

Decision Date: February 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012814



Dear [REDACTED]

On January 3, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 22, 2016 eligibility redetermination 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 Account ID 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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Issue

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

Did NY State of Health (NYSOH) fail to enroll your newborn child in a qualified health plan effective as of his date of birth?

Procedural History

According to your NYSOH account, on October 29, 2015, NYSOH issued a renewal notice that stated you and your family were redetermined to be still qualified to buy health insurance at full cost through NYSOH. That notice further stated that you and your family members were re-enrolled in your current gold-level qualified health plan (QHP) for another year effective January 1, 2016.

On November 25, 2015, NYSOH issued a notice of enrollment, stating that you and your family were enrolled in gold-level QHP, effective January 1, 2016.

On March 11, 2016, NYSOH issued a disenrollment notice stating that your and your family's gold-level QHP ended effective January 31, 2016. This was because premium payments had not been received within the required timeframe in order to maintain coverage.

On May 12, 2016, NYSOH issued an eligibility redetermination notice that stated you and your family were eligible to purchase a QHP at full cost effective June 1, 2016. That notice further stated that your newborn child (child) was conditionally eligible to purchase a QHP at full cost through NYSOH effective June 1, 2016. That notice further stated that you needed to submit additional information to

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confirm your child's citizenship status and Social Security number by August 10, 2016.

On August 24, 2016, NYSOH issued an eligibility redetermination notice that stated you and your family were eligible to purchase a QHP at full cost effective October 1, 2016, your child was conditionally eligible to purchase a QHP at full cost through NYSOH effective October 1, 2016, and you needed to submit additional information to confirm his citizenship status and Social Security number by November 21, 2016.

Also on August 24, 2016, NYSOH issued an enrollment notice confirming your family's enrollment in your gold-level QHP with a plan start date of January 1, 2016. The notice further stated your coverage had been restored and you were now able to access plan benefits. Further, the notice stated your child's health coverage with a QHP would not begin until you picked a plan and you needed to pick a plan for him.

On October 22, 2016, October 23, 2016 and October 26, 2016, NYSOH issued eligibility redetermination notices that in part stated your child was not eligible to select a health plan outside of the open enrollment period for 2016.

On October 25, 2016, you spoke to NYSOH's Account Review Unit and appealed those eligibility determinations insofar as your child was not eligible to enroll in a health plan outside of the open enrollment period.

On January 4, 2017, you had a telephone hearing with a Hearing Officer from NYSOH'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 supports the following findings of fact:

- 1) According to your NYSOH account, you and your family were enrolled in gold-level QHP at full cost, effective January 1, 2016.
- 2) On March 11, 2016, NYSOH issued a disenrollment notice stating that you and your family's gold-level QHP ended effective January 31, 2016. This was because premium payments had not been received by the health plan within the required timeframe in order to maintain coverage.
- 3) On [REDACTED], your child was born. (Marketplace ID: [REDACTED]).
- 4) According to your NYSOH account and your testimony, on May 12, 2016 you contacted NYSOH and added your child to your account.

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- 5) According to your NYSOH account and your testimony, on May 12, 2016, you requested your child to be added to your gold-level QHP family plan. However, due to technical system issues, the NYSOH representative was unable to finalize the enrollment. The representative requested that you call back in 24-48 hours to complete the process.
- 6) According to your NYSOH account, on August 23, 2016, your health plan authorized your gold-level QHP family coverage to be restored.
- 7) According to your NYSOH account, your gold-level QHP plan was continuous from January 1, 2016 to December 31, 2016.
- 8) According to your NYSOH account, on August 23, 2016, the system ran your and your family's eligibility. The eligibility redetermination of that date indicated your child was conditionally eligible to purchase a QHP at full cost effective October 1, 2016. You were required to provide proof of his citizenship and his Social Security number by November 21, 2016.
- 9) According to your NYSOH account, on October 21, 2016, you updated your account and provided your child's Social Security number.
- 10) According to your NYSOH account, on October 21, 2016, your request for a special enrollment period to enroll your child was denied.
- 11) You testified that your child was generally healthy from birth to January 1, 2017. However, there are about \$1,500.00 in doctor's visits and medications that you had to pay out of pocket for his care during this time.
- 12) You testified that you want your child to be added to your gold-level QHP family plan as of the date of his birth, [REDACTED]

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)).

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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 issue under review is whether NYSOH failed to enroll your child in your QHP, effective as of the date of his birth.

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

According to your account and your testimony, on May 12, 2016 you contacted NYSOH and added your newborn child to your account. You credibly testified that at that time you also requested your child be added to the family gold-level QHP as of the date of his birth.

A review of record indicates that the NYSOH representative was not able to add your newborn child to the gold-level QHP at this time because of technical difficulties.

According to the March 11, 2016, disenrollment notice, you and your family were disenrolled from your gold-level QHP effective January 31, 2016 for non-payment of premiums. The August 24, 2016 enrollment notice confirmed your gold-level QHP family coverage had been restored and you were again able to access plan benefits. The notice stated that the plan enrollment start date was January 1, 2016. The record indicates that you and your family had continuous coverage under your gold-level QHP from January 1, 2016 to December 31, 2016 without any breaks in coverage.

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 child was born on [REDACTED]. Since you took the proper steps to try and enroll your child in coverage, within sixty days of his date of birth, his coverage should have been made effective as of the date of his birth; that is, [REDACTED].

Therefore, the October 22, 2016, October 23, 2016 and October 26, 2016 eligibility redetermination notices that in part stated your child was not eligible to select a health plan outside of the open enrollment period for 2016 are RESCINDED.

Therefore, your case is RETURNED to NYSOH to enroll your newborn child in your gold-level QHP family plan, effective [REDACTED] through December 31, 2016.

Decision

The October 22, 2016, October 23, 2016 and October 26, 2016 eligibility redetermination notices, as they relate to your child and in which state he was not eligible to select a health plan outside of the open enrollment period for 2016, are RESCINDED.

Your case is RETURNED to NYSOH to enroll your child in your gold-level QHP family plan, effective [REDACTED] through December 31, 2016.

Effective Date of this Decision: February 28, 2017

How this Decision Affects Your Eligibility

Your child will be enrolled in your gold-level QHP family plan, effective [REDACTED] through December 31, 2016.

Your case is being sent back to NYSOH to enroll your child for this time period. NYSOH will notify you once this has been completed.

You will be responsible to pay the health plan for any additional premiums associated with your child's coverage from [REDACTED] to December 31, 2016 in order to effectuate his 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 of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for QHPs, 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 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:
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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The October 22, 2016, October 23, 2016 and October 26, 2016 eligibility redetermination notices, as they relate to your child and in which state he was not eligible to select a health plan outside of the open enrollment period for 2016, are RESCINDED.

Your case is RETURNED to NYSOH to enroll your child in your gold-level QHP family plan, effective [REDACTED] through December 31, 2016.

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Your child will be enrolled in your gold-level QHP family plan, effective [REDACTED] through December 31, 2016.

Your case is being sent back to NYSOH to enroll your child for this time period. NYSOH will notify you once this has been completed.

You will be responsible to pay the health plan for any additional premiums associated with your child's coverage from [REDACTED] to December 31, 2016 in order to effectuate his coverage.

Legal Authority

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

A Copy of this Decision Has Been Provided To:



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