



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

Notice of Decision

Decision Date: February 7, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012971



Dear Mr. Hoffman

On January 31, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 1, 2016 eligibility determination notice and the November 1, 2016 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 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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Decision

Decision Date: February 7, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012971

[REDACTED]

Issue

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

Did NY State of Health properly determine that your newborn child did not have health insurance coverage through a qualified health plan as of October 2016, the month of his birth?

Procedural History

On December 15, 2015, NY State of Health (NYSOH) issued an eligibility determination notice stating that you and your spouse were eligible to purchase a qualified health plan at full cost through NYSOH effective January 1, 2016.

Also on December 15, 2015, NYSOH issued an enrollment confirmation notice stating that you and your spouse were enrolled in a qualified health plan and that your coverage was effective January 1, 2016.

On October 31, 2016, your newborn child was added to your NYSOH account and an application was submitted on his behalf. That day, a preliminary eligibility determination was prepared with regard to that application, stating that your child was eligible to purchase a full cost Child Health Plus plan or Child-Only qualified health plan, effective December 1, 2016.

Also on October 31, 2016, you spoke with NYSOH's Account Review Unit and appealed the start date of coverage for your newborn child because you wanted to add him to your qualified health plan as of the date of his birth.

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On November 1, 2016, NYSOH issued an eligibility determination notice, based on the information contained in the October 31, 2016 application, stating that your child was eligible to enroll in a full price Child Health Plus plan or a Child-Only qualified health plan for a limited time, effective December 1, 2016.

Also on November 1, 2016, NYSOH issued an enrollment confirmation notice stating your child was enrolled in a Child Health Plus plan effective December 1, 2016.

On January 31, 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) You testified that you are appealing because NYSOH failed to add your newborn to your and your spouse's qualified health plan as of his date of birth.
- 2) You testified, and the record reflects, that your child was born on [REDACTED].
- 3) The record reflects that you called NYSOH on October 31, 2016 to add your child to your NYSOH account. You testified that, at that time, you requested that your child be added to your and your spouse's health plan, but you were told that he was eligible for Child Health Plus so you should enroll him in that plan.
- 4) The record reflects that your [REDACTED] Child Health Plus plan was effective December 1, 2016.
- 5) You testified, and the record confirms, that you and your spouse were enrolled in a qualified health plan through NYSOH throughout 2016.
- 6) You testified that you are seeking to have your child covered under your and your spouse's qualified health plan from his date of birth until November 30, 2016.

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, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i)). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH 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. 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); NYS Insurance Law § 4305). NYSOH 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 NYSOH properly determined that your newborn child did not have health insurance coverage through a qualified health plan as of [REDACTED], his month of birth.

Your child was born on [REDACTED] and on October 31, 2016 your child was added to your NYSOH account. He was subsequently found eligible for enrollment in Child Health Plus.

You credibly testified that when you initially called NYSOH to add your child to your NYSOH account, you requested that your child be added to your qualified health plan. However, you were told that he was eligible for Child Health Plus so

you should enroll him in that plan. The record reflects that this call occurred on October 31, 2016.

In New York State if an application for insurance coverage is received through NYSOH 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 child to be covered as of the date of his birth to NYSOH and NYSOH erred in not enrolling your child into your and your spouse's qualified health plan as you requested. Furthermore, you clearly contacted NYSOH within the 60 day time frame seeking coverage for your child as of the date of his birth.

Therefore, your case is RETURNED to NYSOH to enroll your child into your and your spouse's qualified health plan as of October 1, 2016 continuing until his own Child Health Plus plan became effective on December 1, 2016.

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

Decision

Your case is RETURNED to NYSOH to enroll your newborn child into your and your spouse's qualified health plan as of October 1, 2016 through November 30, 2016.

Effective Date of this Decision: February 7, 2017

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to facilitate enrolling your child into your and your spouse's qualified health plan as of October 1, 2016 due to NYSOH's error in not following the request you made.

This decision has no effect on your child's Child Health Plus plan that became effective on December 1, 2016.

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).

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 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 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

Your case is RETURNED to NYSOH to enroll your child into your qualified health plan as of October 1, 2016 through November 30, 2016.

Your case is being sent back to NYSOH to facilitate enrolling your child into your qualified health plan as of October 1, 2016 due to NYSOH's error in not following the request you made.

This decision has no effect on your child's Child Health Plus plan that became effective on December 1, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

