



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

Notice of Decision

Decision Date: September 25, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018919

[REDACTED]

[REDACTED],

On August 24, 2017, you, your spouse, and your Authorized Representative appeared by telephone at a hearing on your appeal of NY State of Health's December 6, 2016 eligibility determination and enrollment notices and June 2, 2017 notice reflecting the revised start date of your newborn's insurance coverage.

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: September 25, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018919

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that your newborn child did not have health insurance coverage through a qualified health plan as of November 1, 2016, the first day of the month of his birth?

Procedural History

On October 20, 2016, NY State of Health (NYSOH) issued a renewal and eligibility determination notice stating that you, your spouse, and your daughter were each eligible to purchase a qualified health plan (QHP) at full cost through NYSOH effective January 1, 2017. That notice advised you to select a health plan prior to December 15, 2016 to secure coverage beginning January 1, 2017.

Also on November 17, 2016, NYSOH issued an enrollment confirmation notice stating that you, your spouse, and daughter were enrolled in a QHP and that your family's coverage was effective January 1, 2017.

On December 5, 2016, your newborn child was added to your NYSOH account and an application was submitted on his behalf.

On December 6, 2016, NYSOH issued an eligibility determination notice stating that your newborn child was conditionally eligible to purchase a QHP at full cost, effective January 1, 2017. You were requested to provide proof of his citizenship status and Social Security number by March 5, 2017.

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Also on December 6, 2016, NYSOH issued an enrollment notice confirming your request to enroll your newborn child in your family's QHP as of December 5, 2016. The notice stated that his coverage would begin effective January 1, 2017.

Finally, on December 6, 2016, you contacted NYSOH to request that your newborn QHP coverage be backdated for the period from November 1, 2016 to December 31, 2016 ([REDACTED]).

On May 12, 2017, you spoke with NYSOH's Account Review Unit and formally appealed the start date of coverage for your newborn child because you wanted to add him to your family's QHP as of the date of his birth, on [REDACTED].

On or about June 1, 2017, a NYSOH representative approved your request to have your newborn child's coverage backdated to cover the period from December 1, 2016 to December 31, 2016, but no determination was made with respect to your request for his coverage to begin effective November 1, 2016.

On June 2, 2017, NYSOH issued a notice stating that your newborn child's QHP coverage was effective from December 1, 2016 to December 31, 2016.

On August 24, 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 wanted [REDACTED] to act as your Authorized Representative during the hearing.
- 2) You testified that you are appealing because NYSOH failed to add your newborn to household's QHP as of his date of birth.
- 3) You testified, and the record reflects, that your child [REDACTED].
- 4) The record reflects that you called NYSOH on December 5, 2016 to add your child to your NYSOH account. You testified that, at that time, you requested that your child be added to your household's QHP.
- 5) The record reflects that your child was added to your QHP, and that his coverage was effective January 1, 2017.

- 6) You testified, and the record confirms, that you, your spouse and your older child were enrolled in the QHP throughout 2016.
- 7) You testified that you are seeking to have your child covered under your and your household's QHP beginning at least the date of his birth, which is [REDACTED].
- 8) NYSOH approved your request to backdate your newborn child's coverage to December 1, 2016, but failed to address your request to backdate his coverage to 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

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 generally 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 NYSOH 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, NYSOH 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 QHP as of November 1, 2016, the first day of the month of his birth.

Your child was born on [REDACTED], and on December 5, 2016 your child was added to your NYSOH account. He was subsequently found eligible for enrollment in a QHP at full cost, effective January 1, 2017.

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 QHP. The record reflects that you made a follow-up call to NYSOH on December 6, 2016 to have your child's QHP coverage begin as of the date of his birth, [REDACTED]
[REDACTED]

In New York State if an application for insurance coverage is received through NYSOH before the 15th of the month, benefits are generally 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 QHPs 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 household's QHP 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.

The December 6, 2016 eligibility determination and enrollment notices are MODIFIED to state that your newborn child's QHP coverage began effective November 1, 2016.

The June 2, 2017 notice regarding changes to your newborn's QHP coverage is also MODIFIED to state that his coverage was effective from November 1, 2016 to December 31, 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).

Your case is RETURNED to NYSOH to enroll your child you're your household's QHP as of November 1, 2016.

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

Decision

The December 6, 2016, eligibility determination and enrollment notices are MODIFIED to state that your newborn child's QHP coverage began effective November 1, 2016.

The June 2, 2017 notice regarding changes to your newborn's QHP coverage is also MODIFIED to state that his coverage was effective from November 1, 2016 to December 31, 2016.

Your case is RETURNED to NYSOH to enroll your child you're your household's QHP as of November 1, 2016.

Effective Date of this Decision: September 25, 2017

How this Decision Affects Your Eligibility

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

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 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 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

The December 6, 2016, eligibility determination and enrollment notices are MODIFIED to state that your newborn child's QHP coverage began effective November 1, 2016.

The June 2, 2017 notice regarding changes to your newborn's QHP coverage is also MODIFIED to state that his coverage was effective from November 1, 2016 to December 31, 2016.

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

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[REDACTED]

[REDACTED]

Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您免费提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجانًا.

বাংলা (Bengali)

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).

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye bɛtumi ama wo obi a okyerɛ kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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