



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

Notice of Decision

Decision Date: February 15, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025188

[REDACTED]

Dear [REDACTED]

On February 5, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 22, 2017 eligibility determination and plan enrollment notices.

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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: February 15, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025188



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 November 2017, the month of his birth?

Procedural History

On November 17, 2016, NY State of Health (NYSOH) issued an eligibility determination notice stating that you, your spouse, and your oldest child were eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2017.

On November 21, 2016, NYSOH issued a plan enrollment notice stating that you were enrolled in a silver-level qualified health plan and your spouse and your oldest child were enrolled in a platinum-level qualified health plan. This notice also stated that coverage for you, your spouse and your child was effective January 1, 2017.

On November 21, 2017, your newborn child (child) was added to your NYSOH account and an application was submitted on his behalf.

On November 22, 2017, NYSOH issued an eligibility determination notice stating, in part that your child was conditionally eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2018.

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).

Also on November 22, 2017, NYSOH issued a plan enrollment notice confirming, in part your child's enrollment in a platinum-level qualified health plan, effective January 1, 2018.

On December 1, 2017, you spoke with NYSOH's Account Review Unit and appealed the start date of coverage for your child because you wanted to add him to your spouse's platinum-level qualified health plan as of the date of his birth.

On February 5, 2018, 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 child to your spouse's platinum-level qualified health plan as of his date of birth.
- 2) According to your NYSOH account and your testimony, your child was born on [REDACTED].
- 3) According to your NYSOH account, you added your child to your NYSOH account on November 21, 2017. You testified that, at that time, you requested that your child be added to your spouse's platinum-level qualified health plan as of the date of his birth.
- 4) According to your NYSOH account, your child's qualified health plan coverage was effective January 1, 2018.
- 5) According to your NYSOH account and your testimony, your spouse was enrolled in a platinum-level qualified health plan through NYSOH since January 1, 2017.
- 6) You testified that you are seeking to have your newborn child covered under your spouse's platinum-level qualified health plan as of the date of his birth.

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 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 child did not have health insurance coverage through a qualified health plan as of November 2017, his month of birth.

The record reflects that your child was born on [REDACTED] and on November 21, 2017, was added to your NYSOH account. He was subsequently found eligible to purchase a qualified health plan at full cost through NYSOH.

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 spouse's platinum-level qualified health plan as of the date of his 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).

Ordinarily, 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 newborn children 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, on November 21, 2017, you attempted to enroll your child into your spouse's platinum-level qualified health plan and that you expected your child to be covered as of the date of his birth. Furthermore, you clearly contacted NYSOH within the 60-day time frame seeking coverage for your child as of the date of his birth.

Therefore, the November 22, 2017 eligibility determination and plan enrollment notices stating that your newborn child's eligibility for and enrollment in your spouse's platinum-level qualified health plan was effective January 1, 2018, is MODIFIED to state that your child's eligibility for and enrollment in the platinum-level qualified health plan was effective November 1, 2017.

Your case is RETURNED to NYSOH to enroll your child into your spouse's platinum-level qualified health plan as of November 1, 2017, and to notify you accordingly.

Decision

The November 22, 2017 eligibility determination and plan enrollment notices are MODIFIED to state that your newborn child's eligibility for and enrollment in a qualified health plan is effective November 1, 2017.

Your case is RETURNED to NYSOH to enroll your child into your spouse's platinum-level qualified health plan as of November 1, 2017, and notify you accordingly.

Effective Date of this Decision: February 15, 2018

How this Decision Affects Your Eligibility

Your child's coverage in your spouse's platinum-level qualified health plan should have started as of November 1, 2017.

Your case is RETURNED to NYSOH to enroll your child into your spouse's platinum-level qualified health plan as of November 1, 2017. NYSOH will notify you once this has been done.

If applicable, you will be responsible for any additional monthly premiums for your child as of November 1, 2017.

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

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).

Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The November 22, 2017 eligibility determination and plan enrollment notices are MODIFIED to state that your newborn child's eligibility for and enrollment in a qualified health plan is effective November 1, 2017.

Your child's coverage in your spouse's platinum-level qualified health plan should have started as of November 1, 2017.

Your case is RETURNED to NYSOH to enroll your child into your spouse's platinum-level qualified health plan as of November 1, 2017. NYSOH will notify you once this has been done.

If applicable, you will be responsible for any additional monthly premiums for your child as of November 1, 2017.

Legal Authority

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

A Copy of this Decision Has Been Provided To:



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 مجاناً.

বাংলা (Bengali)

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।

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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&etumi ama wo obi a okyerE 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 דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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