



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

Notice of Decision

Decision Date: August 14, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001822

[REDACTED]

Dear [REDACTED],

On February 20, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 30, 2014, eligibility determination.

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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Issues

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

Did the Marketplace properly determine that more information was needed to make a determination regarding your new born daughter's eligibility for health insurance through the Marketplace as of December 29, 2014?

Procedural History

On June 25, 2014, you applied for health insurance through the Marketplace for yourself only. On June 26, 2014, the Marketplace issued an eligibility determination notice stating that you are eligible for Medicaid.

On July 8, 2014, the Marketplace issued a notice confirming that on June 30, 2014, you selected EmblemHealth and enrollment in EmblemHealth would begin on August 1, 2014.

On December 29, 2014, you applied for health insurance through the Marketplace for yourself and your new born daughter. On December 30, 2014, the Marketplace issued an eligibility determination notice stating that more information was needed to make a determination regarding your daughter's eligibility for health insurance through the Marketplace.

On January 20, 2015, you reapplied for yourself and your daughter for health insurance through the Marketplace. On January 27, 2015, the Marketplace issued a notice of eligibility determination stating that your daughter is eligible for Medicaid effective December 1, 2014.

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On February 18, 2015, you called the Marketplace's Account Review Unit and requested an expedited appeal on the enrollment start date of your daughter's plan.

On February 20, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace'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 Marketplace application and testimony, you are applying for health insurance through the Marketplace for yourself and your daughter.
- 2) Your daughter was born on [REDACTED].
- 3) On June 25, 2014, you applied for health insurance through the Marketplace for yourself only. On June 26, 2014, the Marketplace issued an eligibility determination notice stating that you are eligible for Medicaid.
- 4) On July 8, 2014, the Marketplace issued a notice confirming that on June 30, 2014, you selected EmblemHealth and enrollment in EmblemHealth would begin on August 1, 2014.
- 5) You faxed a letter to the Marketplace stating that you are no longer employed as a babysitter as of May 21, 2014 (Appellant's Exhibit A).
- 6) A letter from [REDACTED] was uploaded to your Marketplace account on February 18, 2015. The letter states that your daughter is a patient at [REDACTED] and it is medically necessary for her to adhere to a vaccination schedule in order to maintain overall good health (Appellant's Exhibit B).
- 7) You testified that you are seeking UnitedHealthcare Community Plan coverage for your daughter beginning on January 1, 2015.
- 8) You testified that there was a defect in the Marketplace that prohibited you from selecting a Medicaid Managed Care plan for your daughter through the Marketplace on December 29, 2014.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Medicaid-Newborn Children:

A child, who is born to a woman who has applied, been determined eligible, and receiving Medicaid on the date of child's birth, must be determined eligible for Medicaid. The child is deemed to have applied and been found eligible for Medicaid on the date of the birth and remains eligible for one year so long as the woman remains (or would remain if pregnant) eligible for Medicaid and the child is a member of the woman's household. Labor and delivery services are covered by Medicaid based on retroactive eligibility, even if the services were furnished prior to the date of application (see 42 CFR § 435.117(a); N.Y. Soc. Serv. Law § 366-g(3),(4)).

An individual is eligible for Medicaid effective on the first day of a month if the individual was eligible at any time during that month. (42 CFR § 435.915(b)).

Medicaid Managed Care Organization (MMCO):

Most Medicaid recipients are required to receive health services from a Medicaid Managed Care Organization (MMCO) (18 NYCRR 360-10.1(a)).

Generally, if a pregnant woman is enrolled in a Medicaid Managed Care Plan (MCP), the newborn will be added to the mother's Medicaid MCP (NY Department of Health 01 OMM/ADM-5).

If another managed care provider is available, participants may change such provider or plan without cause within thirty days of notification of enrollment or the effective date of enrollment, whichever is later. However, such period shall be forty-five days for participants who been assigned to a provider. However, after the thirty or forty-five day period, a participant may be prohibited from changing managed care providers more frequently than once every twelve months without good cause (Soc. Serv. Law § 366-j(4)(g)).

Legal Analysis

The issue under review is whether the Marketplace properly determined that more information was needed to make a determination regarding your daughter's eligibility for health insurance through the Marketplace.

On June 25, 2014, you applied for health insurance through the Marketplace for yourself only. On June 26, 2014, the Marketplace issued an eligibility determination notice stating that you are eligible for Medicaid. On July 8, 2014, the Marketplace issued a notice confirming that on June 30, 2014, you selected EmblemHealth and enrollment in EmblemHealth would begin on August 1, 2014.

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On [REDACTED], you gave birth to your daughter. On December 29, 2014, you applied for health insurance through the Marketplace for yourself and for your daughter. On December 30, 2014, the Marketplace issued an eligibility determination notice stating that more information was needed to make a determination regarding your daughter's eligibility for health insurance through the Marketplace.

You had applied, been determined eligible, and were receiving Medicaid on the date of your daughter's birth, [REDACTED]. There is nothing in the record to indicate that you would no longer be eligible for Medicaid or your daughter would not be a member of your household. Therefore, your daughter should have been determined eligible for Medicaid on December 29, 2014. Since an individual is eligible for Medicaid effective on the first day of a month if the individual was eligible at any time during that month, your daughter was eligible for Medicaid on December 1, 2014. Therefore the December 30, 2014, eligibility determination is RESCINDED.

If a child's mother is enrolled in a Medicaid Managed Care plan (MMC), the newborn will be added to the mother's MMC plan. Since you were enrolled in EmblemHealth effective August 1, 2014, your daughter should have been enrolled in EmblemHealth effective December 1, 2014.

However, if another MMC plan is available, participants may change such provider or plan without cause within thirty days of notification of enrollment or the effective date of enrollment, whichever is later. Since you attempted to enroll your daughter in UnitedHealthcare Community Plan on December 29, 2014, she should have been enrolled in this plan effective January 1, 2015.

Decision

The December 30, 2014, eligibility determination insofar as your daughter's eligibility for health insurance is RESCINDED.

Effective Date of this Decision: August 14, 2015

How this Decision Affects Your Eligibility

Your daughter's health insurance coverage through Medicaid is effective December 1, 2014.

Your daughter will be enrolled in EmblemHealth effective December 1, 2014, through December 31, 2014.

Your daughter will be enrolled in United Healthcare Community Plan effective January 1, 2015.

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 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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Summary

The December 30, 2014, eligibility determination insofar as your daughter's eligibility for health insurance is **RESCINDED**.

Your daughter's health insurance coverage through Medicaid is effective December 1, 2014.

Your daughter will be enrolled in EmblemHealth effective December 1, 2014, through December 31, 2014.

Your daughter will be enrolled in United Healthcare Community Plan effective January 1, 2015.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

