



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

Notice of Decision

Decision Date: October 22, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003287

[REDACTED]

Dear [REDACTED],

On August 14, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 24, 2015, enrollment notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the 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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Decision Date: October 22, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003287

[REDACTED]

Issues

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

Did the Marketplace properly determine that your infant son's coverage through CDPHP is effective June 1, 2015?

Procedural History

On February 28, 2015, you applied for health insurance through the Marketplace for your infant son.

On March 1, 2015, the Marketplace issued an eligibility determination notice that your infant son is eligible for Medicaid effective as of February 1, 2015.

On April 24, 2015, the Marketplace issued an enrollment notice that your infant son is enrolled in CDPHP and will begin June 1, 2015.

On June 3, 2015, you spoke to the Marketplace Account Review Unit and requested an appeal insofar as your infant son's effective start date of their Medicaid managed care health plan.

On August 14, 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) You testified that you were determined eligible for Medicaid effective November 1, 2014.
- 2) Your infant son was born on [REDACTED]
- 3) You applied health insurance through the Marketplace for your infant son on February 28, 2015.
- 4) You testified that a Marketplace Representative confirmed that you enrolled your infant son in CDPHP on February 28, 2015.
- 5) On March 1, 2015, the Marketplace issued an eligibility determination notice stating that your infant son is eligible for Medicaid effective February 1, 2015.
- 6) You testified that you received an email from NY State of Health on March 1, 2015. The email stated that you needed to select a health for your infant son.
- 7) You testified that on March 2, 2015, you contacted the Marketplace and was informed that your infant son was unable to select a health because of a defect in the system.
- 8) You testified that on April 24, 2015, you were contacted by the Marketplace Account Review Unit and informed that the defect was resolved. You were notified that your infant's coverage in CDPHP would be effective June 1, 2015.
- 9) You testified that you have outstanding medical bills.
- 10) You testified that you are seeking to have your infant son's coverage effective April 1, 2015.

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

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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):

Medicaid managed care plan (MMC) enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see, §1115 Soc. Sec. Act; N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR 360-10.3(h)).

Legal Analysis

The issue under review is whether the Marketplace properly determined that your infant son's coverage through CDPHP should be effective June 1, 2015.

On February 28, 2015, you applied for health insurance through the Marketplace for your infant son. On March 1, 2015, the Marketplace issued an eligibility determination notice stating that your infant son was eligible for Medicaid effective February 1, 2015.

You credibly testified that you had been eligible for Medicaid Fee-for-Service since November 2014. Since you had been determined eligible, and receiving Medicaid on the date of your infant son's birth. There is nothing in the record to indicate that you would no longer be eligible for Medicaid or your infant would not be a member of your household. 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 infant son was eligible for Medicaid on February 1, 2015.

The date on which a Medicaid managed care plan(MMC) can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month.

A plan that is selected between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

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You credibly testified that a Marketplace Representative confirmed that you enrolled your infant son in CDPHP on February 28, 2015. However, a defect in the Marketplace system prevented your infant son from being enrolled in CDPHP.

Since you selected your infant son's MMC plan on February 28, 2015, it must take effect on the first day of the second month after February; that is, on April 1, 2015.

Therefore the April 24, 2015, notice stating that your infant son's CDPHP coverage would take effect on June 1, 2015, is MODIFIED to state that it will be effective April 1, 2015.

Decision

The April 24, 2015, enrollment notice stating that your infant son's CDPHP coverage would take effect on June 1, 2015, is MODIFIED to state that it will be effective April 1, 2015.

Effective Date of this Decision: October 22, 2015

How this Decision Affects Your Eligibility

Your infant son remains eligible for Medicaid Fee-For-Service effective February 1, 2015.

Your infant son's coverage through CDPHP is effective April 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)).

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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
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Summary

The April 24, 2015, enrollment notice stating that your infant son's CDPHP coverage would take effect on June 1, 2015, is MODIFIED to state that it will be effective April 1, 2015.

Your infant son remains eligible for Medicaid Fee-For-Service effective February 1, 2015.

Your infant son's coverage through CDPHP is effective April 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:

