



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

## Notice of Decision

Decision Date: February 2, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004678



Dear [REDACTED],

On January 4, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 29, 2015 confirmation notice regarding your infant son's enrollment in a Medicaid Managed Care plan.

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 number 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(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

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## Issue

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

Did the Marketplace properly determine that enrollment in Fidelis Care, a Medicaid Managed Care plan, should be effective for your infant son, [REDACTED] on October 1, 2015?

## Procedural History

On August 28, 2015, the Marketplace received an application for health insurance in which you attested to a household income of \$28,227.00.

On August 29, 2015, an eligibility determination notice was issued stating that both you and your newborn son, [REDACTED], were conditionally eligible for Medicaid because your household income of \$28,227.00 was at or below the allowable income limit. This eligibility was effective August 1, 2015. In order to confirm your son's eligibility, however, the Marketplace directed you to provide documentation by September 12, 2015, confirming your son's citizenship status and Social Security number before November 26, 2015.

Also on August 29, 2015, the Marketplace issued an enrollment confirmation notice that stated that your son's enrollment in a Fidelis Care Medicaid Managed Care (MMC) plan would begin October 1, 2015.

On September 11, 2015, you spoke to the Marketplace's Account Review Unit and appealed the enrollment confirmation notice insofar as it began your son's

coverage under your Fidelis Care MMC plan on October 1, 2015, rather than on August 1, 2015.

On January 4, 2016, 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**

- 1) Your son was born on [REDACTED].
- 2) On August 28, 2015, the Marketplace received an application for health insurance in which you attested to a household income of \$28,227.00.
- 3) On August 29, 2015, your son was found conditionally eligible for Medicaid effective August 1, 2015, based on the information contained in your August 28, 2015 Marketplace application.
- 4) On August 29, 2015, the Marketplace issued an enrollment notice confirming that on August 28, 2015 you had selected Fidelis Care MMC plan for your son's coverage. The notice confirmed that your son's coverage with Fidelis Care MMC would begin October 1, 2015.
- 5) You testified that you contacted the Marketplace prior to the birth of your son to ensure he would be covered under Medicaid beginning the day of his birth. You further testified that no Marketplace representative stated that your son's coverage under the Fidelis Care MMC would begin October 1, 2015.
- 6) You testified that when you contacted Fidelis Care to confirm that your son would be enrolled at his birth, they could not give you a definitive answer.
- 7) Your August 28, 2015 application reflects that you were enrolled in employer-sponsored health coverage at that time.
- 8) On September 11, 2015, you provided to the Marketplace a copy of your health insurance card issued by Empire Blue Cross Blue Shield.
- 9) You testified that your newborn son's initial post-natal care was given by physicians who did not accept Medicaid fee-for-service coverage, and that you would not have selected these doctors had you not been given the impression that your son's Fidelis Care MMC coverage would begin on August 1, 2015, or at his birth.

10) You testified that you incurred approximately \$2,000.00 in out-of-pocket costs as a result of his Fidelis Care MMC coverage beginning on October 1, 2015.

11) You testified that you want your son's Fidelis Care MMC plan to take effect on August 1, 2015, or at his birth.

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

## **Applicable Law and Regulations**

### Medicaid

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

Medicaid Managed Care (MMC) plan 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 42 USC § 1315; N.Y. Soc. Serv. Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h)).

### Newborn Child – Effective Date of Coverage for Medicaid

Medicaid coverage must be provided to a child born to a woman who has been determined eligible and is receiving Medicaid on the date of the child's birth (42 CFR § 435.117(a), N.Y. Soc. Serv. Law § 366-g(3)). Additionally, Medicaid MMC plans are contractually obligated to provide coverage to eligible newborns; provided, however, that the mother herself must have been enrolled in the MMC at the time of birth (Medicaid Managed Care Model Contract (Appendix H-3, effective 3/1/2014 – 2/28/2019)).

## **Legal Analysis**

The issue is whether the Marketplace properly determined that your newborn son's enrollment in Fidelis Care Medicaid Managed Care (MMC) plan was effective October 1, 2015.

Generally, the date on which an 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.

Newborn children whose mothers are enrolled in an MMC will be enrolled in that same MMC, with such coverage beginning on the day of their birth.

The record reflects that due to your enrollment in an employer-sponsored health plan as of your August 28, 2015 application, you were not eligible to select an MMC plan for your son immediately. Instead, your newborn son received the same Medicaid fee-for-service coverage for which you were eligible at the time of his birth. Since you were covered under Medicaid fee-for-service, your newborn son was not eligible for enrollment in Fidelis Care as of the date of his birth.

On August 28, 2015, you selected Fidelis Care MMC plan for your son's coverage, so it properly took effect on the first day of the second month after August 28, 2015; that is, on October 1, 2015.

Therefore, the August 29, 2015 enrollment confirmation notice stating that your newborn son's Medicaid Managed Care coverage would take effect on October 1, 2015 is correct and must be AFFIRMED.

## **Decision**

The August 29, 2015 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** February 2, 2016

## **How this Decision Affects Your Eligibility**

This decision does not change your newborn son's eligibility.

The effective date of his Medicaid Managed Care plan is October 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.

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).

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  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The August 29, 2015 enrollment confirmation notice is AFFIRMED.

This decision does not change your newborn son's eligibility.

The effective date of his Medicaid Managed Care plan is October 1, 2015.

### **Legal Authority**

We are sending you this notice in accordance with 45 CFR § 155.545.

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**A Copy of this Decision Has Been Provided To:**



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