



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

Notice of Decision

Decision Date: January 22, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004885

[REDACTED]

Dear [REDACTED],

On December 22, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 28, 2014 eligibility determination.

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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Issues

The issues presented for review by the Appeals Unit of the NY State of Health are:

Was your newborn son eligible for Medicaid as of the date of birth and did the Marketplace properly determine that your newborn son was eligible to enroll through Child Health Plus with a \$15.00 premium per month as of November 1, 2014?

Procedural History

On May 20, 2014 the Marketplace issued an eligibility determination notice that your spouse is conditionally eligible for Medicaid. The notice directed you to provide proof of your spouse's citizenship by August 20, 2014. The notice also stated that your spouse's enrollment with New York Catholic Health Plan, Inc. will begin April 1, 2014.

On October 16, 2014 the Marketplace issued a disenrollment notice stating that your spouse's New York State Catholic Health, Inc. is terminated effective October 31, 2014.

On November 28, 2014 the Marketplace issued an eligibility determination notice that your household's eligibility was redetermined on October 15, 2014. The Marketplace found that your newborn son was eligible to enroll through Child Health Plus with a \$15.00 premium per month effective November 1, 2014.

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On October 7, 2015, you spoke to the Marketplace Account Review Unit and requested an appeal insofar as your newborn son's eligibility for Medicaid and eligibility to enroll in a Medicaid Managed Care plan during their month of birth.

On December 22, 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 facts:

1. According to your Marketplace account, your spouse was enrolled in Medicaid Fee-For-Service since January 1, 2014.
2. According to the Marketplace May 20, 2014 eligibility determination notice, your spouse was enrolled in New York Catholic Health Plan, Inc. since April 1, 2014.
3. According to your Marketplace account, your spouse gave birth to your newborn son on [REDACTED].
4. You applied for health insurance through the Marketplace for your newborn son on October 15, 2014.
5. According to the October 16, 2014 Marketplace disenrollment notice, your spouse's New York State Catholic Health, Inc. was terminated effective October 31, 2014.
6. You testified that you have outstanding medical bills for your newborn son for the month of September 2014.
7. You testified that you filed your initial complaint with the Marketplace in 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

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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)).

Newborn Enrollment: Medicaid Managed Care Organization (MMCO):

All newborn children, not excluded from enrollment in the MMCO program, shall be enrolled in the MMCO program in which the newborn's mother is an enrollee, effective from the first day of the child's month of birth (see Medicaid Managed Care Model Contract § 6.7, 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 issues under review whether your newborn son was eligible for Medicaid as of the date of birth and whether the Marketplace properly determined that your newborn son was eligible for Child Health Plus as of November 1, 2014.

According to the credible record, your spouse had been found by the Marketplace to be conditionally eligible for Medicaid Fee-For-Service since January 1, 2014 and enrolled in New York Catholic Health Plan, Inc. since April 1, 2014. Your spouse's New York State Catholic Health, Inc. was terminated effective October 31, 2014.

Your spouse gave birth to your infant son on [REDACTED], and you subsequently applied for health insurance for your son on October 15, 2014. The Marketplace determined your son to be eligible to enroll in Child Health Plus with a monthly premium of \$15.00 effective November 1, 2014.

When a child is born to a woman who has applied and been determined eligible for Medicaid on the date of the child's birth, the child 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 eligible for Medicaid and the child is a member of the woman's household.

Since your spouse was determined eligible for Medicaid at the time of your son's birth, your son should have been found eligible for Medicaid Fee-For-Service effective September 1, 2014.

All newborn children, who are not excluded from enrollment in the Medicaid Managed Care program, shall be enrolled in the same program in which the newborn's mother is an enrollee, effective from the first day of the child's month of birth.

According to the record, your spouse was enrolled in New York Catholic Health Plan from April 1, 2014 through October 31, 2014. Since your spouse was enrolled in New York Catholic Health Plan at the time of your son's birth, your son should have been found eligible to enroll in New York Catholic Health Plan effective September 1, 2014.

The newborn child remains eligible for one year so long as the woman remains eligible for Medicaid and the child is a member of the woman's household. Since your spouse's New York Catholic Health Plan, Inc. was terminated effective October 31, 2014, your newborn son should have only been eligible for Medicaid and enrolled in New York Catholic Health Plan, Inc. until October 31, 2014.

Accordingly, the November 28, 2014 eligibility is MODIFIED to state that your newborn son is eligible for Medicaid and enrolled in New York Catholic Health Plan, Inc. from September 1, 2014 through October 31, 2014, and is eligible to enroll in Child Health Plus with a \$15.00 premium per month effective November 1, 2014.

Decision

The November 28, 2014 eligibility is MODIFIED to state that your newborn son is eligible for Medicaid and enrolled in New York Catholic Health Plan, Inc. from September 1, 2014 through October 31, 2014, and is eligible to enroll in Child Health Plus with a \$15.00 premium per month effective November 1, 2014.

Effective Date of this Decision: January 22, 2016

How this Decision Affects Your Eligibility

Your newborn son is eligible for Fee-For-Service Medicaid from September 1, 2014 through October 31, 2014.

Your newborn son is enrolled in New York Catholic Health Plan, Inc. from September 1, 2014 through October 31, 2014.

Your newborn son remains eligible to enroll in Child Health Plus with a \$15.00 premium per month effective November 1, 2014.

If You Disagree with this Decision (Appeal Rights)

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).

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

Summary

The November 28, 2014 eligibility is MODIFIED to state that your newborn son is eligible for Medicaid and enrolled in New York Catholic Health Plan, Inc. from September 1, 2014 through October 31, 2014, and is eligible to enroll in Child Health Plus with a \$15.00 premium per month effective November 1, 2014.

Your newborn son is eligible for Fee-For-Service Medicaid from September 1, 2014 through October 31, 2014.

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Your newborn son is enrolled in New York Catholic Health Plan, Inc. from September 1, 2014 through October 31, 2014.

Your newborn son remains eligible to enroll in Child Health Plus with a \$15.00 premium per month effective November 1, 2014.

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:

