



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

Notice of Decision

Decision Date: April 22, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP00000005859

[REDACTED]

Dear [REDACTED] [REDACTED]

On March 23, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's October 28, 2015 enrollment confirmation notice.

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 Code of 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

Decision Date: April 22, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP00000005859

[REDACTED]

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's Medicaid Managed Care plan began December 1, 2015?

Procedural History

On September 25, 2015, your newborn child was added to your NY State of Health (NYSOH) account.

On September 26, 2015, NYSOH issued an eligibility determination notice stating that your newborn child was conditionally eligible for Medicaid effective September 1, 2015. This eligibility was based on the condition that you confirm her Citizenship Status and Social Security number by providing documentation before December 24, 2015.

On September 26, 2015, an enrollment confirmation notice was issued confirming your newborn child's enrollment in Medicaid, however an action was still required for you to pick a health plan for her.

On October 23, 2015 you updated your NYSOH account.

On October 28, 2015, an enrollment confirmation notice was issued confirming your newborn child's enrollment in a Medicaid Managed Care plan with a plan start date of December 1, 2015.

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On October 30, 2015, an eligibility determination was issued stating that your newborn child remains eligible for Medicaid effective as of December 1, 2015.

On December 30, 2015 you spoke to NYSOH's Account Review Unit and appealed the October 28, 2015 enrollment confirmation notice insofar as it began your newborn child's enrollment in her Medicaid Managed Care plan as of December 1, 2015 and not September 1, 2015.

On March 23, 2016, 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 are seeking insurance under a Medicaid Managed Care plan for your newborn child as of September 1, 2015.
- 2) Your child was born on [REDACTED].
- 3) You testified that you updated your NYSOH application and enrolled your newborn child into a Medicaid Managed Care plan on September 25, 2015.
- 4) The Events Tab in your NYSOH account indicates that on September 25, 2015 you added a plan enrollment for your newborn child.
- 5) The record reflects on October 23, 2015 you reconfirmed your newborn child's enrollment in her Medicaid Managed Care plan.
- 6) The record reflects that you were not receiving Medicaid through NYSOH on the date of your child's birth.

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

Applicable Law and Regulations

Medicaid for Children

A child who is under one year of age is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income

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that falls at or below 223% of the FPL for the applicable family size. (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13ADM-03).

Medicaid Managed Care Plan Effective Date

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 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; § 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 MMCs are contractually obligated to provide coverage to eligible newborns from the date of birth (Medicaid Managed Care Model Contract (Appendix H-3(a), effective 3/1/2014 – 2/28/2019)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your newborn child's Medicaid Managed Care plan was effective December 1, 2015.

Your child was born on [REDACTED]. You testified that on September 25, 2015 you added your newborn child to your NYSOH account and enrolled her into a Medicaid Managed Care plan. The record supports your testimony in that the Events Tab in your NYSOH account indicates that on September 25, 2015 you added a plan enrollment for your newborn child.

On September 26, 2015, an enrollment confirmation notice was issued stating that your newborn child was eligible for Medicaid, however an action was still required for you to pick a health plan for her.

The record indicates that on October 23, 2015 you confirmed a Medicaid Managed Care plan selection for your newborn child.

In New York State 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. The record reflects that you were not receiving Medicaid on the date of your child's birth through NYSOH. Therefore, your newborn child is not mandated to receive coverage through a Medicaid Managed Care plan as of the date of birth.

Generally, the date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment. Enrollments received after the fifteenth day of the month are effective the first day of the second following month.

On September 25, 2015, you selected a Medicaid Managed Care plan, so it should have properly took effect on the first day of the following month; that is, on November 1, 2015.

Therefore, October 28, 2015, enrollment confirmation notice, is MODIFIED to state that your newborn child's Medicaid Managed Care plan was effective November 1, 2015.

Your case is RETURNED to the Marketplace to effectuate this change.

Decision

The October 28, 2015 enrollment confirmation notice is MODIFIED to state that your newborn child's Medicaid Managed Care plan was effective November 1, 2015.

Your case is RETURNED to the Marketplace to enroll your newborn child into her Medicaid Managed Care plan as of November 1, 2015.

Effective Date of this Decision: April 22, 2016

How this Decision Affects Your Eligibility

Your newborn child is eligible for Fee-For-Service Medicaid effective September 1, 2015.

Your newborn child's enrollment in her Medicaid Managed Care plan should have been effective as of November 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:
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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The October 28, 2015 enrollment confirmation notice is MODIFIED to state that your newborn child's Medicaid Managed Care plan was effective November 1, 2015.

Your case is RETURNED to the Marketplace to enroll your newborn child into her Medicaid Managed Care plan as of November 1, 2015.

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Your newborn child is eligible for Fee-For-Service Medicaid effective September 1, 2015.

Your newborn child's enrollment in her Medicaid Managed Care plan should have been effective as of November 1, 2015.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

