



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

Notice of Decision

Decision Date: April 12, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006025

[REDACTED]

Dear [REDACTED],

On April 4, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 7, 2016 enrollment notice regarding your newborn child.

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).

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Decision

Decision Date: April 12, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006025

[REDACTED]

Issues

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

Did the Marketplace properly determine that your newborn child had Medicaid Fee-For-Service as of [REDACTED], his date of birth?

Did the Marketplace properly determine that your newborn child was enrolled in a Medicaid Managed Care plan as of February 1, 2016?

Procedural History

On November 24, 2015, the Marketplace issued a notice of eligibility determination that in part stated you were eligible for Medicaid, effective November 1, 2015.

On November 26, 2015, the Marketplace issued an enrollment notice that in part stated you were enrolled in Healthfirst, a Medicaid Managed Care (MMC) plan, effective January 1, 2016

On December 12, 2015, the Marketplace issued a notice of eligibility redetermination that in part stated your newborn child was conditionally eligible for Medicaid, effective December 1, 2015, and needed to pick a plan. The notice further stated that you needed to provide proof of your newborn child's citizenship status and his Social Security Number before March 10, 2016.

On December 13, 2015, the Marketplace issued an enrollment notice confirming that your newborn child was enrolled in Healthfirst, an MMC plan, with no monthly premium and an enrollment start date of January 1, 2016.

On December 18, 2015, the Marketplace issued another enrollment notice confirming that your newborn child was enrolled in a United Healthcare of New York, Inc., an MMC plan, with no monthly premium and an enrollment start date of January 1, 2016.

On December 28, 2015, you provided your newborn child's Social Security number and proof of citizenship and by notice, dated December 30, 2015, his eligibility for Medicaid was no longer conditional.

On December 30, 2015, the Marketplace issued a cancellation notice that stated your newborn child's coverage in UnitedHealthcare of New York, Inc. would end effective January 1, 2016. The notice further stated that "[i]f our records are not correct, please contact us right away."

Also on December 30, 2015, the Marketplace issued an enrollment notice that in part stated your newborn was Medicaid eligible and needed to pick a plan. This notice also stated that "[i]f any of the enrollment information listed below is not correct, please call us right away."

On January 6, 2016, you selected a MMC plan and the Marketplace enrolled your newborn child in United Healthcare of New York, Inc., an MMC plan, with no monthly premium and an enrollment start date of February 1, 2016.

Also on January 6, 2016, you spoke with the Marketplace's Account Review Unit and appealed the start date of your newborn child's MMC plan insofar as you wanted his coverage in the MMC plan to begin as of his date of birth.

On April 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

A review of the record support the following findings of fact:

- 1) You testified, and the record reflects, that you are appealing only your newborn child's eligibility, who was born on [REDACTED]
- 2) You testified that you contacted the Marketplace on December 10, 2015, to add your newborn child to your Marketplace and to enroll him in United Healthcare of New York, Inc., an MMC plan, as of his date of birth.

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- 3) You testified that the Marketplace system was down and your newborn child could only be given Medicaid Fee-For-Service.
- 4) You testified that you called back the next day and were told your newborn child was already enrolled and you didn't need to do anything else.
- 5) You thought that meant your child was enrolled in United Healthcare of New York, Inc., an MMC plan, as of his date of birth, but it turns out he only had Medicaid Fee-For-Service coverage in December 2015, which his pediatrician does not accept.
- 6) You testified that you had to pay out-of-pocket for two pediatric visits in December 2015, which cost you between \$100.00 and \$150.00 each.
- 7) You are seeking to have your newborn child's enrollment in United Healthcare of New York, Inc., an MMC plan, as of his date of birth, so that his two pediatric visits in December 2015 will be covered.
- 8) You further testified that you did not incur any medical expenses for your newborn child during January 2016, and did not need MMC coverage for him that month.

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

Applicable Law and Regulations

Medicaid

Medicaid can be provided through the Marketplace to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

In New York, a pregnant woman is eligible for Medicaid at a household income of 223% of the federal poverty level (FPL) (42 CFR §435.116 (c)(2); NY Department of Social Services Administrative Directive 13ADM-03).

“Family size” means the number of persons counted as members of an individual's household. The household of a taxpayer who expects to file a return,

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and does not expect to be claimed as a tax dependent by anyone else, consists of the taxpayer plus all people the taxpayer expects to claim as tax dependents (42 CFR § 435.603(f)(1)).

For purposes of Medicaid eligibility, the family size of a pregnant woman includes the pregnant woman and the number of children she expects to deliver (42 CFR § 435.603(b); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

Generally, Medicaid coverage begins on the first day of the month in which the applicant was found eligible (42 CFR § 435.915(b)).

Newborn Child – Effective Date of Coverage for Medicaid

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

Medicaid – Effective Date of Coverage for Medicaid and Medicaid Managed Care

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)).

Legal Analysis

The issue is whether the Marketplace properly determined that your newborn child was eligible for Medicaid Fee-For-Services as of his date of birth and his enrollment in United Healthcare of New York, Inc., an MMC plan, was effective February 1, 2016.

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You testified that you contacted the Marketplace on December 10, 2015 and December 11, 2015, to enroll your infant child into an MMC plan as of his date of birth.

Initially, 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 child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains eligible and the child is a member of the woman's household. The record reflects that your newborn child was born on [REDACTED], at which time you had health insurance through Medicaid Fee-For-Service. Therefore, your newborn child was deemed to have Medicaid Fee-For-Service as of the date of his birth, [REDACTED].

Under the Medicaid start date rules, the Marketplace effectuated his eligibility for Medicaid as of December 1, 2015 and he had health insurance coverage through Medicaid Fee-For-Service as of that date.

Next, the date on which an MMC plan can take effect depends on the day a person selects the plan for enrollment.

An MMC 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 (emphasis added). However, NY State of Health extended the December 15, 2015 deadline for plan selection during open enrollment for a January 1, 2016 start date to December 20, 2015.

Initially on December 11, 2015, you selected Healthfirst, an MMC plan, for your newborn child with an enrollment start date of January 1, 2016. On December 17, 2015, you changed the MMC plan selection for him to United Healthcare of New York, Inc., also with an effective date of January 1, 2016. Since your selections were made before the extended deadline of December 20, 2015 for a January 1, 2016 enrollment start date, your newborn child's coverage in his MMC plan properly took effect on the first day of the following month; that is, on January 1, 2016.

The record reflects that you next selected United Healthcare of New York, Inc. on January 6, 2016. This resulted in the Marketplace effectuating his MMC coverage as of February 1, 2016. Since this selection was made before the fifteenth of the month, the Marketplace properly made his enrollment start date effective the first day of the following month; that is, on February 1, 2016.

Ordinarily in these circumstances, the January 1, 2016 start date in his MMC would be honored, but you testified that you did not incur any medical expenses for your newborn child during January 2016, and did not need MMC coverage for him that month. Therefore, no further action is required.

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Therefore, the January 7, 2016 enrollment notice confirming your newborn child's enrollment in United Healthcare of New York, Inc., an MMC plan, was effective February 1, 2016, is correct and must be AFFIRMED.

Decision

The January 7, 2016 enrollment notice as it relates to your newborn child is AFFIRMED.

Effective Date of this Decision: April 12, 2016

How this Decision Affects Your Eligibility

Your child was eligible for Medicaid Fee-For-Service as of December 1, 2015.

The start date of your newborn child's enrollment in his MMC plan remains effective February 1, 2016.

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.

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If You Have Questions about this Decision (Customer Service Resources):

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Summary

The January 7, 2016 enrollment notice as it relates to your newborn child is **AFFIRMED**.

Your child was eligible for Medicaid Fee-For-Service as of December 1, 2015.

The start date of your newborn child's enrollment in his MMC plan remains effective February 1, 2016.

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:

