



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

Notice of Decision

Decision Date: June 16, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006751

[REDACTED]

Dear [REDACTED],

On June 14, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 12, 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: June 16, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006751

[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 January 1, 2016?

Procedural History

On November 2, 2015, your NY State of Health (NYSOH) account was updated to indicate that your spouse was pregnant and expecting to deliver one child.

On November 3, 2015, NYSOH issued an eligibility determination notice stating that your spouse was conditionally eligible for Medicaid, effective November 1, 2015. The notice further advised you to pick a health plan for your spouse.

On November 7, 2015, NYSOH issued an enrollment confirmation notice stating that your spouse was enrolled in Medicaid but that action was required for her to pick a health plan.

On November 16, 2015, your NYSOH account was updated and your newborn daughter was added to the account.

On December 10, 2015, NYSOH issued an eligibility determination notice stating that your newborn daughter was eligible for Medicaid, effective December 1, 2015.

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On December 12, 2015, NYSOH issued an enrollment confirmation notice stating that your newborn daughter was enrolled in a Medicaid Managed Care plan as of January 1, 2016.

On February 2, 2016, you spoke to NYSOH's Account Review Unit and appealed the December 12, 2015 enrollment confirmation notice insofar as it began your newborn child's enrollment in her Medicaid Managed Care plan as of January 1, 2016 and not November 1, 2015.

On June 14, 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 November 1, 2015.
- 2) The record indicates that on November 2, 2015 your NYSOH application was updated to indicate that your spouse was pregnant with one child.
- 3) You testified that at the time your spouse became eligible for Medicaid she did not enroll into a Medicaid Managed Care plan.
- 4) Your child was born on [REDACTED].
- 5) The record indicates that your newborn child was eligible for Medicaid Fee For Service as of November 1, 2015.
- 6) The record indicates that your newborn child was enrolled into a Medicaid Managed Care Plan on December 11, 2015.

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 that falls at or below 223% of the FPL for the applicable family size. (42 CFR §

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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 January 1, 2016.

The record indicates that on November 2, 2015, your NYSOH application was updated to indicate that your spouse was pregnant with one child. As a result, your spouse was found eligible for Medicaid as of November 1, 2015. Notices were sent indicating that she needed to pick a health plan. You testified that at the time your spouse became eligible for Medicaid she did not enroll into a Medicaid Managed Care plan.

Your child was born on [REDACTED]. The record indicates that she was added to your NYSOH account on November 16, 2015 and as a result she was eligible for Medicaid Fee For Service as of November 1, 2015. However, you are seeking insurance under a Medicaid Managed Care plan for your newborn child as of November 1, 2015.

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 your spouse was not enrolled in a Medicaid Managed Care plan at the time of your child's birth. 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 before the fifteenth day of the month are effective the first day of the following month.

On December 11, 2015, you selected a Medicaid Managed Care plan for your newborn child, so it should have taken effect on the first day of the following month; that is, on January 1, 2016.

Therefore, the December 12, 2015 enrollment confirmation notice is AFFIRMED because it properly began your newborn child's coverage in a Medicaid Managed Care plan on January 1, 2016.

Decision

The December 12, 2015 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: June 16, 2016

How this Decision Affects Your Eligibility

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

Your newborn child's enrollment in her Medicaid Managed Care plan is effective as of January 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.

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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 December 12, 2015 enrollment confirmation notice is **AFFIRMED**.

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

Your newborn child's enrollment in her Medicaid Managed Care plan is effective as of January 1, 2016.

Legal Authority

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A Copy of this Decision Has Been Provided To:

