



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

Notice of Decision

Decision Date: December 20, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009968

[REDACTED]

[REDACTED],

On November 8, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's May 28, 2016 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 and the Account ID 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.

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: December 20, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009968

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that your newborn child's enrollment in his Medicaid Managed Care plan with Affinity Health Plan was effective July 1, 2016?

Procedural History

On December 31, 2015, NYSOH issued a notice of eligibility determination, based on your December 30, 2015 application, stating that you were conditionally eligible for Medicaid, effective December 1, 2015. You were requested to pick a health plan.

On January 6, 2016, NYSOH issued a notice of eligibility determination, based on your January 5, 2016 updated application, stating that you remained conditionally eligible for Medicaid, effective January 1, 2016. You were again requested to pick a health plan.

On March 5, 2016, NYSOH issued a notice of eligibility determination, based on your March 4, 2016 updated application, stating that you remained eligible for Medicaid, effective March 1, 2016. You were once again requested to pick a health plan.

On April 5, 2016, NYSOH issued an enrollment notice confirming the plan you selected on March 22, 2016. The notice stated that you were enrolled in a

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Medicaid Managed Care plan with MetroPlus Health Plan, and that your coverage would start on May 1, 2016.

On May 17, 2016, a disenrollment notice was issued stating your May 16, 2016 request to end your insurance coverage with MetroPlus Health Plan would be effective June 30, 2016.

On May 27, 2016, your newborn child was added to your account and an updated application for financial assistance was submitted on his behalf.

Also on May 27, 2016, NYSOH prepared a preliminary eligibility redetermination indicating that you were no longer eligible to enroll in Medicaid; however, your Medicaid coverage would continue for twelve continuous months from the date that you were determined eligible. This eligibility was effective as of July 1, 2016. Further, that preliminary eligibility determination indicated that your newborn child was eligible for Medicaid effective May 1, 2016.

Also on May 27, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your newborn child's enrollment in his Medicaid Managed Care plan with Affinity Health Plan, insofar as it began July 1, 2016 and not as of May 1, 2016.

On May 28, 2016, NYSOH issued an eligibility redetermination notice that stated you were no longer eligible for Medicaid; however your Medicaid coverage would continue until February 1, 2017. This eligibility was effective as of July 1, 2016. Further, that eligibility redetermination notice stated that your newborn child was eligible for Medicaid effective May 1, 2016.

Also on May 28, 2016, NYSOH issued a notice of enrollment in the new plan you selected for yourself and your newborn child on May 27, 2016, stating you and your child were enrolled in a Medicaid Managed Care plan with Affinity Health Plan with a plan enrollment start date of July 1, 2016.

On November 8, 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 submitted an application to NYSOH for financial assistance on December 30, 2015.

- 2) Your application states you were pregnant at the time with an expected due date of [REDACTED].
- 3) According to your NYSOH account, your newborn child was born on [REDACTED].
- 4) According to your NYSOH account, at the time of your child's birth, you were enrolled in a Medicaid Managed Care plan through MetroPlus Health Plan.
- 5) According to your NYSOH account and your testimony, you changed your and your child's Medicaid Managed Care plan on May 27, 2016, to Affinity Health Plan, with an effective date of July 1, 2016.
- 6) You testified that you want your child's Medicaid Managed Care plan with Affinity Health Plan to begin on May 1, 2016, because the clinic, hospital and doctors that were treating your newborn child did not accept MetroPlus Health Plan.
- 7) You testified that there is no gap in coverage in your child's health plans and that there are no outstanding medical bills because MetroPlus Health Plan paid for your child's treatment.

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

Applicable Law and Regulations

Medicaid Newborn Child

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 § 435.118(c); New York Department of Social Services Administrative Directive 13ADM-03).

NYSOH must provide Medicaid eligibility to a child born to a woman who has applied for, has been determined eligible for, 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 (42 CFR § 435.117(a); NY Social Services Law § 366-g(3)). An annual redetermination of eligibility must be completed on behalf of the child at which time documentary evidence of citizenship and Social Security number is required (42 CFR § 435.117(d), § 435.920).

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Medicaid Managed Care plans operating in the NYSOH Exchange have agreed to enroll and provide coverage for eligible newborn children effective from the time of birth. NYSOH shall update demographic data for the newborn and enroll the newborn in the mother's Medicaid Managed Care plan if the newborn is not already enrolled and send the Medicaid Managed Care plan an 834 electronic enrollment file (Medicaid Managed Care Model Contract (Appendix H-6(3)(a)-(d), effective 3/1/2014 – 2/28/2019).

Medicaid Effective dates

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 Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

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), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your child's enrollment in his Medicaid Managed Care plan with Affinity Health Plan was effective July 1, 2016.

You submitted an application to NYSOH for financial assistance on December 30, 2015. That application stated that you were pregnant with an expected due date of [REDACTED]. Your newborn child was born on [REDACTED].

According to your NYSOH account and your testimony, you were first enrolled in Medicaid effective December 1, 2015. You enrolled in a Medicaid Managed Care plan through MetroPlus Health Plan on March 22, 2016, with a plan start date of May 1, 2016.

Medicaid Managed Care plans operating in NYSOH have agreed to enroll and provide coverage for eligible newborn children effective from the time of birth. This includes enrolling them into the Medicaid Managed Care plan in which the mother is enrolled in during the time of birth.

In all other enrollments in Medicaid Managed Care plans for individuals applying with NYSOH, the date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment.

According to your NYSOH account and your testimony, your application was updated on May 27, 2016 and your newborn child was added to your account. Also on that date, you selected a different Medicaid Managed Care plan, Affinity Health Plan, for both you and your newborn child.

A plan that is selected from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

Since you selected Affinity Health Plan Medicaid Managed Care plan for yourself and your newborn child on May 27, 2016, it would properly take effect on the first day of the second month following May 2016; that is, on July 1, 2016.

Therefore, the May 28, 2016 enrollment confirmation notice stating that your and your newborn child's enrollment in a Medicaid Managed Care plan through Affinity Health Plan would be effective July 1, 2016, was correct and must be AFFIRMED.

Decision

The May 28, 2016 notice of enrollment is AFFIRMED.

Effective Date of this Decision: December 20, 2016

How this Decision Affects Your Eligibility

This decision does not change your or your newborn child's eligibility.

The effective dates of your and your newborn child's Medicaid Managed Care plan with MetroPlus Health Plan is May 1, 2016 through June 30, 2016.

The effective date of your and your newborn child's Medicaid Managed Care plan with Affinity Health Plan is July 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 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 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 May 28, 2016 notice of enrollment is **AFFIRMED**.

This decision does not change your or your newborn child's eligibility.

The effective dates of your and your newborn child's Medicaid Managed Care plan with MetroPlus Health Plan is May 1, 2016 through June 30, 2016.

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The effective date of your and your newborn child's Medicaid Managed Care plan with Affinity Health Plan is July 1, 2016.

Legal Authority

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A Copy of this Decision Has Been Provided To:

