



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

Notice of Decision

Decision Date: February 23, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012539

[REDACTED]

Dear [REDACTED]

On January 25, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 12, 2016 eligibility determination 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 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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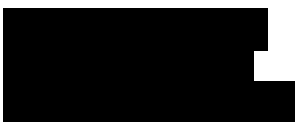


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Decision

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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 was enrolled in your Medicaid Managed Care plan effective September 1, 2016?

Procedural History

On October 11, 2016, NYSOH issued an enrollment notice confirming your newborn child (child) was enrolled in a Medicaid Managed Care (MMC) plan through United Healthcare Community Plan, effective September 1, 2016.

On October 12, 2016, NYSOH issued an eligibility redetermination notice stating in part that your child was eligible for Medicaid, effective September 1, 2016, and you did not need to pick a health plan for her. The notice further states this is because infants are automatically added to the same plan their mother has when they were born.

On October 14, 2016, you attempted to change your child's enrollment to a Fidelis Care MMC plan as of her date of birth because her pediatrician does not participate in United Healthcare Community Plan.

Also on October 14, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's Fidelis Care MMC plan in that it began November 1, 2016 and not as of her date of birth

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On October 15, 2016, NYSOH issued another enrollment notice confirming that your child was enrolled in a Fidelis Care MMC plan, effective November 1, 2016.

On January 25, 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) According to your NYSOH account, as of July 1, 2016, you were determined eligible for Medicaid and were enrolled in United Healthcare of New York, Inc., an MMC plan.
- 2) You testified that, when you pre-registered your unborn child, you requested on the pre-registration form that she be covered under Fidelis Care MMC plan.
- 3) You testified that, when you contacted NYSOH to get your unborn child's CIN, you were not told that she would be covered under your MMC plan from birth and you could only select a different plan after her birth.
- 4) According to your NYSOH account, your child was born on [REDACTED]
[REDACTED]
- 5) You testified that you incurred \$700.00 for medical services provided by your child's pediatrician, who does not participate in your MMC plan.
- 6) You testified that you feel it is your right to choose your child's pediatrician and her MMC plan, not that of the state.
- 7) You are seeking to have your child's coverage in her Fidelis Care MMC plan made effective as of her date of birth.
- 8) According to your NYSOH and after your child's birth, on [REDACTED]
[REDACTED], you selected an MMC plan for your child with Fidelis Care

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

Applicable Law and Regulations

Newborn Child – Effective Date of Coverage for Medicaid

NYSOH 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)).

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).

Medicaid Start 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 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 first issue under review is whether NYSOH properly enrolled your child in your MMC plan as of September 1, 2016.

According to your NYSOH account, you were determined eligible for Medicaid and enrolled in an MMC plan with United Healthcare of New York, Inc., as of July 1, 2016, which is not in dispute

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

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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 child was born on September 20, 2016, at which time you were enrolled in an MMC plan. When the mother has Medicaid in the month in which the child is born, the child is also deemed to have had Medicaid as of the first day of their birth month. Since your child's date of birth is [REDACTED] and you were enrolled in an MMC plan that month, she was properly determined to be eligible for Medicaid as of September 1, 2016.

In addition, and under the current Medicaid rules and the Medicaid Managed Care Model Contract, the newborn child is automatically eligible for and enrolled in the same Medicaid coverage the mother has as of their date of birth. The record reflects you had coverage in an MMC plan with United Healthcare of New York, Inc., on the date your child was born. Therefore, NYSOH properly determined that your child had coverage through your MMC plan.

You assert that it is your right to choose your child's pediatrician and the MMC plan she is to be enrolled in as of birth. You also credibly testified that you pre-registered and selected the MCC plan you wanted your child enrolled in as of her birth. However, at present, there is no mechanism in the law that affords you the right to choose your newborn child's Medicaid coverage as of the date of birth.

Therefore, the October 12, 2016 eligibility redetermination and enrollment notices as they relate to your newborn child were correct and must be AFFIRMED.

The second issue under review is whether NYSOH properly enrolled your newborn child in the MMC plan you selected for her with a start date of November 1, 2016.

The record reflects that on October 14, 2016, you selected a health plan for and your child was enrolled into an MMC plan with Fidelis Care.

In New York State, if an MMC plan is selected on or before the 15th of the month, benefits are provided on the first day of the next month. If an MMC plan is selected through NYSOH after the 15th of the month, health plan benefits are provided on the first day of the second subsequent month.

Since you selected an MMC plan for your newborn child and she was enrolled in a Fidelis Care MMC plan on October 14, 2016, her enrollment start date must be the first day of the next following October 2016; that is, November 1, 2016.

Therefore, the October 15, 2016, enrollment notice is AFFIRMED.

Decision

The October 12, 2016 eligibility redetermination and enrollment notices regarding your newborn child are AFFIRMED.

The October 15, 2016, enrollment notice is AFFIRMED.

Effective Date of this Decision: February 23, 2017

How this Decision Affects Your Eligibility

Your child was eligible for Medicaid as of September 1, 2016, and was enrolled in your MMC plan with United Healthcare of New York, Inc. as of that date.

Your child's enrollment in her Fidelis Care MMC plan began November 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:

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Summary

The October 12, 2016 eligibility redetermination and enrollment notices regarding your newborn child are AFFIRMED.

The October 15, 2016, enrollment notice is AFFIRMED.

Your child was eligible for Medicaid as of September 1, 2016, and was enrolled in your MMC plan with United Healthcare of New York, Inc. as of that date.

Your child's enrollment in her Fidelis Care MMC plan began November 1, 2016.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

