



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: AP000000012547

[REDACTED]

Dear [REDACTED]

On February 17, 2017, your spouse, acting as your Authorized Representative, appeared by telephone at a hearing on your appeal of NY State of Health's October 8, 2016 enrollment 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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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 child's enrollment in his Medicaid Managed Care plan was effective November 1, 2016, and not the date of his birth?

Procedural History

On February 17, 2016, NYSOH issued an eligibility determination stating that you were eligible for Medicaid, effective March 1, 2016. The notice also stated that you were not eligible to enroll in a Medicaid Managed Care (MMC) plan since NYSOH records reflected that you were enrolled in other health insurance.

On October 7, 2016, your newborn child was added to your NYSOH account and an application was submitted on his behalf.

On October 8, 2016, NYSOH issued an enrollment notice confirming your selection of an MMC for your child's coverage as of October 7, 2016. The notice stated that his MMC plan coverage would begin effective November 1, 2016.

On October 11, 2016, NYSOH issued an eligibility determination notice, based on your October 7, 2016 application, stating that your child was eligible for Medicaid, effective September 1, 2016.

On October 14, 2016 you spoke to NYSOH's Account Review Unit and appealed the start date of your child's enrollment in an MMC plan insofar as it did not begin as of the date of his birth, rather than November 1, 2016.

On January 13, 2017, NYSOH received a completed Authorized Representative Designation Form, dated December 15, 2016, stating that you wanted your spouse, [REDACTED] to act on your behalf for all matters related to your NYSOH account, including your hearing.

On February 17, 2017, your spouse, acting as your Authorized Representative, 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 an MMC plan for your newborn child as of the date of his birth.
- 2) The record indicates that on February 16, 2016 your NYSOH application was updated to indicate that you were pregnant with one child.
- 3) Your spouse testified, and the record reflects, that at the time you became eligible for Medicaid, you could not enroll in an MMC plan because you were already enrolled in a health insurance policy offered through your employer.
- 4) Your child was born on [REDACTED]
- 5) The record indicates that your newborn child was eligible for Medicaid Fee-For-Service coverage effective September 1, 2016.
- 6) The record indicates that your newborn child was enrolled into an MMC plan on October 7, 2016.

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

Applicable Law and Regulations

Medicaid for Children

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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).

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 MMC plan was effective November 1, 2016.

The record indicates that on February 16, 2016, your NYSOH application was updated to indicate that you were pregnant with one child. As a result, you were found eligible for Medicaid as of March 1, 2016. An eligibility determination notice was issued on February 17, 2016 stating that while you were eligible for Medicaid as of March 1, 2016, you were not eligible to enroll in an MMC plan since NYSOH records reflected that you were enrolled in other health insurance.

Your child was born on [REDACTED]. The record indicates that he was added to your NYSOH account on October 7, 2016, and as a result he was eligible for Medicaid Fee-For-Service as of September 1, 2016. However, you are seeking insurance under a Medicaid Managed Care plan for your newborn child as of the date of his birth, [REDACTED].

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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 enrolled in an MMC plan at the time of your child's birth. Therefore, your newborn child is not mandated to receive coverage through an MMC plan as of the date of birth.

Generally, the date on which an MMC plan can take effect depends on the day a person selects the plan for enrollment. Enrollments received before the sixteenth day of the month are effective the first day of the following month.

On October 7, 2016, you selected an MMC plan for your newborn child, so it should have taken effect on the first day of the following month; that is, on November 1, 2016.

Therefore, the October 8, 2016 enrollment notice is AFFIRMED because it properly began your newborn child's coverage in an MMC plan on November 1, 2016.

Decision

The October 8, 2016 enrollment notice is AFFIRMED.

Effective Date of this Decision: February 23, 2017

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

Your child remains eligible for Medicaid Fee-For-Service coverage beginning September 1, 2016.

The effective date of your child's MMC plan is 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

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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 October 8, 2016 enrollment notice is AFFIRMED.

This decision does not change your child's eligibility.

Your child remains eligible for Medicaid Fee-For-Service coverage beginning September 1, 2016.

The effective date of your child's MMC plan is November 1, 2016.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

