



## New babies uninsurable due to healthcare marketplace fumbles

February 20, 2015

Link: <http://www.kutv.com/news/features/top-stories/stories/New-babies-uninsurable-due-to-health-care-marketplace-fumbles-86986.shtml#.VOt7Wy6K3Fm>

KUTV) Maggie and Jason Long, Robin Williamson and Shawnsi Szerszen are all new parents. At a glance, the three new families might not appear to have a whole lot in common. They have never met, live scattered about the valley, each gave birth at different hospitals and each has a unique insurance policy.



But each new family has one very common frustration: They are finding it impossible to add their new babies to their health insurance policies.

The common denominator of this whole complicated problem is the healthcare marketplace set up through the Affordable Care Act. Maggie and John, Shawnsi and Robin each got paired with their own health insurance company thanks to the act and now, naturally, they want to add their children to their policies.

Federal law does not allow their insurance companies to add the kids directly. Each mother must go back to the healthcare marketplace to add their child.

All three families attempted to add their newborns within the 30-day window of the child being born, as is required, but each was denied.

"The marketplace said it was required we had to go through CHIP," Maggie said.

CHIP stands for the Children's Health Insurance Policy. It is a program offered by the state of

Utah to help insure kids whose parents can't afford it. But each of these families do fine for themselves financially so they don't qualify for CHIP.

Still, the healthcare marketplace insisted they apply for CHIP and be denied before they could apply through the marketplace.

"We knew we wouldn't qualify," Maggie said. "We didn't want to, but they said we had to."

In emails and phone calls, Maggie for one says she was assured that the enrollment window would be extended to allow for CHIP to consider her application.

Sure enough, CHIP denied her baby. Now when she turns to the marketplace to try and add her daughter, they turn her away.

"They denied us, saying we went over our time limit and there was no evidence we tried adding her to our insurance," Maggie said.

Maggie says she protested sending marketplace workers copies of their own emails promising to extend the window but it did no good.

Robin and Shawnsi have nearly identical stories. Now each family is trying to figure out how to pay their unexpected labor and delivery bills.

"We can't afford to pay \$3500 out of pocket with all the other medical bills we have to pay off right now," Robin said. "I just want him covered."

The frustration of these families is echoed by the insurance industry, says Arches Health Plan C.O.O. Shaun Greene.

"It's very frustrating, not just for them but for us because we would like to just add them. Insurance companies have been doing that for years. It's not difficult."

Greene says three families which contacted me are far from alone.

"I wouldn't say it's a widespread problem, because not everyone is having a baby, but for people that bought their insurance through the marketplace and have had a baby in the past year, they would be going through this process," he said.

Get Gephardt reached out to the people who run the healthcare marketplace, the US Health and Human Services Department, asking directly what new parents can do to make sure they have coverage for their newborns immediately and without hassle.

In a statement, a spokesperson said, "To avoid a delay in coverage, parents are encouraged to return to the marketplace to report a birth ... as soon as they can."

That answer frustrates Shawnsi who says she not only contacted the marketplace within the 30 day window, she contacted them while still in her hospital bed.

"I'm very frustrated with them," she said. "It's something that you have to have and you get the run around if you have a life change."

In the end, each of the families which contacted me received good news. Maggie and Jason and Shawnsi each report that after Get Gephardt's calls to HHS, they finally got word that their insurance companies have been given the green light to go ahead and insure their babies.

Robin says that after weeks of fighting, and facing collections from the hospital, she also finally heard from the marketplace that her baby was going to be added to her policy after all.

Below are questions posed to HHS by Get Gephardt and the response from HHS public relations department:

**Get Gephardt:** Why does it take so long to get these new babies covered from the time of birth?

**HHS:** Certain life events, such as a birth, enable consumers to enroll in health coverage on the Marketplace outside of the Open Enrollment Period. Parents and legal guardians have up to 60 days after a birth, adoption, placement for adoption, or placement in foster care to report it to the Marketplace to receive an eligibility assessment, to select a Qualified Health Plan (QHP), and to enroll the child in coverage on the Marketplace. Consumers always have the option for coverage to be effective back to the date of birth, adoption or foster care placement. Some states allow consumers the additional flexibility of choosing a coverage effective date of the first of the following month after reporting the birth, adoption, or foster care placement, if they choose.

To minimize the possibility of a delay, it is important to answer all the questions on the application, so that the child and family can receive a correct eligibility determination. Once this determination is made, it is also important to complete the steps of selecting and enrolling in a plan, so that information is sent to the health insurance company and coverage can begin.

**Get Gephardt:** What can new parents do to make sure they have that coverage immediately and without hassle?

**HHS:** To avoid a delay in coverage, parents are encouraged to return to the Marketplace to report a birth, adoption, or foster care placement as soon as they can. Consumers can report this event online at [HealthCare.gov](https://www.healthcare.gov) or by calling the Marketplace Call Center.

**Get Gephardt:** If they have to get a denial from their state's coverage first, what can they do to make sure there are not stumbling blocks in the way once that denial happens?

**HHS:** In the majority of cases, consumers do not need to receive a Medicaid or CHIP denial first in order to be determined eligible for enrollment in a QHP with APTC and CSRs, because the Marketplace is able to determine for which program the consumer is eligible. However, if a consumer is assessed eligible for coverage through Medicaid or the Children's Health Insurance Program (CHIP), their application may be sent to the state for a final eligibility determination. If it turns out that they are not, in fact, eligible for Medicaid or CHIP, their application will be transferred back to the Marketplace for them to enroll in coverage. Once the Marketplace receives their application, they will be sent an email inviting them to complete their application and enroll in coverage. The consumer can pick-up that application and continue on to receive an eligibility determination for enrollment in a QHP with APTC and CSRs. Alternatively, upon learning of being determined ineligible for Medicaid or CHIP, the consumer can return to the Marketplace right away and report that they have been denied Medicaid or CHIP to complete the steps to enrolling in coverage on the Marketplace.

---

*Edited by Dave Rowan*

**Copyright 2015 Sinclair Broadcast Group**