



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

Notice of Decision

Decision Date: March 30, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026928

[REDACTED]

Dear [REDACTED],

On March 6, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 14, 2017 and January 9, 2018 enrollment confirmation notices.

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 NY State of Health 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).

This page intentionally left blank.



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

Decision

Decision Date: March 30, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026928

[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 your newborn child's enrollment in a Medicaid Managed Care plan became effective no earlier than January 1, 2018?

Procedural History

On December 13, 2017, NYSOH received an application for financial assistance with health insurance submitted on behalf of your newborn child.

On December 14, 2017, NYSOH issued an eligibility determination stating your child was conditionally eligible for Medicaid, effective December 1, 2017. The notice directed you to provide proof of your child's citizenship status and Social Security number by March 13, 2017 to confirm your child's eligibility or he might lose his insurance or receive less help paying for his coverage.

Also on December 14, 2017, NYSOH issued an enrollment notice, based on your December 13, 2017 plan selection, confirming your child was enrolled in a Medicaid Managed Care plan, effective January 1, 2018.

On January 8, 2018 your child's eligibility was systematically redetermined. That day a preliminary eligibility determination was prepared finding your child fully eligible for Medicaid, effective January 1, 2018.

Also on January 8, 2018, you spoke to NYSOH Accounts Review Unit and appealed insofar as your child's Medicaid Managed Care plan enrollment did not become effective as of the date of his birth.

On January 9, 2018, NYSOH issued an eligibility determination, based on the January 8, 2017 systematic eligibility redetermination, stating your child was eligible for Medicaid, effective January 1, 2018.

Also on January 9, 2018, NYSOH issued an enrollment notice confirming your child was enrolled in a Medicaid Managed Care plan, effective January 1, 2018.

On March 6, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed thereafter.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) You testified, and your account indicates, your child's date of birth is [REDACTED].
- 2) You testified that at the time of your child's birth you were enrolled in health coverage through your employer outside of NYSOH.
- 3) According to your account, the first application received by NYSOH on behalf of your child was on [REDACTED].
- 4) Your child was determined conditionally eligible for Medicaid, effective December 1, 2017, pending receipt of his birth certificate and Social Security card.
- 5) You testified, and your account confirms, you selected a Medicaid Managed Care plan for your child on [REDACTED]. Coverage through that plan became effective on January 1, 2018.
- 6) You testified you are seeking to backdate your child's Medicaid Managed Care plan coverage to his date of birth, because the hospital in which he was born and his pediatrician do not accept fee-for-service Medicaid, so you have outstanding bills from [REDACTED] related to the birth of your child.
- 7) On January 7, 2018, a copy of your child's Social Security card and birth certificate were uploaded to your NYSOH account. Your child was

subsequently determined fully eligible for Medicaid, effective January 1, 2018.

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

Applicable Law and Regulations

Medicaid - Effective Dates of Coverage

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 2010,13 ADM-03(III)(F)).

Medicaid Managed Care (MMC) 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; NY Social Services Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13 ADM-03(III)(F)).

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; provided, however, that the mother herself must have been enrolled in the MMC at the time of birth (Medicaid Managed Care Model Contract (Appendix H-3, effective 3/1/2014 – 2/28/2019)).

Legal Analysis

The issue under review is whether NYSOH properly determined your newborn child's enrollment in a Medicaid Managed Care plan became effective no earlier than January 1, 2018.

You testified, and your account indicates, your child was born on [REDACTED]. You testified that at the time of your child's birth you were enrolled in health coverage through your employer outside of NYSOH. According to your account, the first application received by NYSOH on behalf of your child was on December 13, 2017. Subsequently, your child was determined conditionally

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).

eligible for fee-for-service Medicaid, effective December 1, 2017, pending receipt of his birth certificate and Social Security card.

You testified, and your account confirms, you selected a Medicaid Managed Care plan for your child on December 13, 2017. Coverage through that plan became effective on January 1, 2018. You appealed the effective date of your child's Medicaid Managed Care plan coverage insofar as it was not effective as of the date of his birth, because your child has outstanding bills from [REDACTED] due to the hospital and his pediatrician not accepting fee-for-service Medicaid.

Pursuant to the above cited regulations, the date on which an MMC plan can take effect depends on the day a plan is selected for enrollment. 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.

It is noted that there is an exception to the 15th of the month rule for children born to women who are enrolled in a Medicaid Managed Care plan at the time of the child's birth. In those cases, the Medicaid Managed Care plan coverage for the newborn will "mirror" that of its mother, thus, the newborn's Medicaid Managed Care plan coverage will become effective as of the date of the child's birth.

However, you testified that you were enrolled in health coverage through your employer outside of NYSOH at the time of your child's birth. Since there is no evidence that you were enrolled in a Medicaid Managed Care plan at the time of your child's birth, there is no legal basis to back date your child's Medicaid Managed Care plan coverage to the date of his birth.

Since you were not enrolled in a Medicaid Managed care plan at the time of your child's birth, the effective date of your child's Medicaid Managed Care plan is determined by the date in which the plan was selected. Your account confirms you selected a Medicaid Managed Care plan for your child on December 13, 2017. Since the plan selection occurred before the fifteenth day of the month that plan properly became effective on the first day of the next following month; that is, on January 1, 2018.

Therefore, the December 14, 2017 and January 9, 2018 enrollment notices confirming your child was enrolled in a Medicaid Managed Care plan, effective January 1, 2018, were correct and are AFFIRMED.

Decision

The December 14, 2017 and January 9, 2018 enrollment confirmation notices are AFFIRMED.

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).

Effective Date of this Decision: March 30, 2018

How this Decision Affects Your Eligibility

Your child's Medicaid Managed Care plan coverage became effective January 1, 2018.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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).

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 14, 2017 and January 9, 2018 enrollment confirmation notices are AFFIRMED.

Your child's Medicaid Managed Care plan coverage became effective January 1, 2018.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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).

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&btumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.