



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

## Notice of Decision

Decision Date: August 1, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007333

[REDACTED]

Dear [REDACTED],

On July 20, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 7, 2014 eligibility determination 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 at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(b).

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## Decision

Decision Date: August 1, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007333

[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 Medicaid Managed Care plan began April 1, 2014?

## Procedural History

On January 28, 2014, you added your newborn child to your NYSOH account.

On January 29, 2014 and January 31, 2014, your application was updated.

Based on the applications submitted on January 28, January 29, and January 31, 2014 NYSOH was unable to make a determination based on the information you provided.

On February 1, 2014, NYSOH issued a letter that you, your spouse and child may be eligible for health insurance but more information was needed to make a determination.

On February 11, 2014, you uploaded a document regarding your employment status.

On February 24, 2014, NYSOH issued a letter that additional information was needed regarding your income.

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On February 25, 2014 NYSOH received your updated application for health insurance. That day, a preliminary eligibility determination was prepared stating that your child was eligible for Medicaid.

On March 6, 2014 you selected a Medicaid Managed Care plan for you, your spouse and your newborn child.

Also on March 7, 2014, NYSOH issued an eligibility determination notice stating that your child was eligible for Medicaid and confirming his enrollment in a Medicaid Managed Care plan. That notice stated that the Managed Medicaid Care plan for you, your spouse and your newborn child would begin April 1, 2014.

On February 23, 2016, you spoke to NYSOH's Account Review Unit and appealed the March 7, 2014 eligibility determination notice insofar as it began your newborn child's enrollment in his Medicaid Managed Care plan as of April 1, 2014 and not February 1, 2014.

On July 20, 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) The record indicates that a complaint was filed with NYSOH on March 5, 2014 requesting a retroactive effective date for your child's coverage but that complaint was closed that same day without resolving the complaint because the complaint that NYSOH opened was not in proper format.
- 2) The record indicates that a new complaint was opened on March 11, 2016 citing the prior incident as being invalid.
- 3) You are seeking insurance under a Medicaid Managed Care plan for your newborn child as of February 1, 2014.
- 4) The record indicates that on January 28, 2014 your NYSOH application was updated to indicate that your child was born on [REDACTED]
- 5) You testified that due to your newborn child's medical issues you stopped work to take care of your child. You further testified that your employer sponsored health insurance ended January 31, 2014.

- 6) You testified that your employer sponsored health plan covered you and your newborn child's medical bills for the month of January 2014.
- 7) You testified that your child had multiple doctor's visits during the month of February 2014. You were not aware at that time that your child's health provider did not accept Medicaid Fee for Service.
- 8) The record indicates that you became eligible for Medicaid through NYSOH effective March 1, 2014.
- 9) The enrollment history tab in your NYSOH application indicates that your newborn child's eligibility for Medicaid Fee for Service was made effective as of January 1, 2014.
- 10) The record indicates that you selected your newborn child's Medicaid Managed Care plan on March 6, 2014.

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

## **Applicable Law and Regulations**

### Timeliness of Appeal

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH (45 CFR § 155.520(b)(2); 18 NYCRR § 358-3.5(b)(1)).

### Medicaid for Children

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

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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**

In order for an appeal to have been valid on the issue of the start date of your child's Medicaid Managed Care plan as stated in the March 7, 2014 eligibility determination notice, an appeal should have been filed no later than June 6, 2014. However, a complaint was filed with NYSOH on March 5, 2014 requesting a retroactive effective date for your child's coverage. NYSOH closed the complaint that same day without resolving the complaint because the complaint that NYSOH opened was not in proper format. A new complaint was not opened until March 11, 2016 citing the prior incident as being invalid. Therefore, you properly filed a complaint on the issue of your child's Medicaid coverage start date as of March 5, 2014 and NYSOH failed to act on that complaint in a timely manner.

Therefore, the issue under review is whether NYSOH properly determined that your newborn child's Medicaid Managed Care plan was effective April 1, 2014.

The record indicates that on January 28, 2014, your NYSOH application was updated to indicate that you had given birth on [REDACTED].

You testified and the record reflects that you were in receipt of employer sponsored health insurance up until January 31, 2014. You were not eligible for Medicaid through NYSOH until March 1, 2014.

The record indicates that you uploaded documents regarding your employment status on February 11 and February 24, 2014. NYSOH verified those documents on March 6, 2014. On March 6, 2014 you selected a Medicaid Managed Care plan for you and your newborn child.

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. You were not receiving Medicaid at the time of your child's

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birth. You testified that you were covered by an employee sponsored health insurance plan at the time of your child's birth. Therefore, your newborn child is not mandated to receive coverage through a Medicaid Managed Care plan as of the date of birth because you were not covered under a Medicaid Managed Care plan at that time.

Generally, the date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment. Enrollments received before the fifteenth day of the month are effective the first day of the following month.

On March 6, 2014, you selected a Medicaid Managed Care plan for your newborn child, so it should have taken effect on the first day of the following month; that is, on April 1, 2014.

Therefore, the March 7, 2014 eligibility determination notice is AFFIRMED because it properly began your newborn child's coverage in a Medicaid Managed Care plan on April 1, 2014.

## **Decision**

The March 7, 2014 eligibility determination notice is AFFIRMED.

**Effective Date of this Decision:** August 1, 2016

## **How this Decision Affects Your Eligibility**

Your newborn child was eligible for Fee-For-Service Medicaid effective January 1, 2014.

Your newborn child's enrollment in his Medicaid Managed Care plan was effective as of April 1, 2014.

## **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 after the date 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 date 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):**

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- By fax: 1-855-900-5557

### **Summary**

The March 7, 2014 eligibility determination notice is **AFFIRMED**.

Your newborn child was eligible for Fee-For-Service Medicaid effective January 1, 2014.

Your newborn child's enrollment in his Medicaid Managed Care plan was effective as of April 1, 2014.

### **Legal Authority**

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

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**A Copy of this Decision Has Been Provided To:**

