



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

Notice of Decision

Decision Date: November 22, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009218

[REDACTED]

Dear [REDACTED],

On November 10, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's April 28, 2016 and June 1, 2016 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 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: November 22, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009218



Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly determine that your enrollment in your Medicaid Managed Care plan was effective June 1, 2016?

Did NYSOH properly determine that your child's enrollment in his Medicaid Managed Care plan was effective July 1, 2016?

Procedural History

On March 26, 2016, NYSOH issued an eligibility determination notice, based on your March 25, 2016 application, stating that you were conditionally eligible for Medicaid, effective March 1, 2016. This same notice directed you to pick a health plan. The March 26, 2016 eligibility determination notice also directed you to submit documentation of income and benefit information for third party health insurance by April 9, 2016.

On April 4, 2016, income and third party health insurance documentation was uploaded to your NYSOH account.

On April 11, 2016, NYSOH sent you a notice advising that additional income and third party health insurance documentation was needed.

On April 15, 2016, additional income and third party health insurance documentation was uploaded to your NYSOH account.

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).

On April 19, 2016, NYSOH verified the income and third party health insurance documentation you submitted and redetermined your household's eligibility for enrollment through NYSOH.

On April 20, 2016, NYSOH issued an eligibility redetermination notice, stating that you were eligible for Medicaid effective April 1, 2016 and directing you to pick a health plan.

On April 21, 2016, NYSOH issued a notice of enrollment in the plan you selected on April 20, 2016, stating that you were enrolled in a Medicaid Managed Care plan, and that your coverage would start on June 1, 2016.

On April 28, 2016, NYSOH issued a notice of enrollment noting you changed your selected plan on April 27, 2016, and that you were enrolled in the newly selected Medicaid Managed Care plan, effective June 1, 2016.

On April 27, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your Medicaid Managed Care plan, insofar as it did not begin April 1, 2016.

On [REDACTED] your child was born. On June 1, 2016, NYSOH issued an eligibility determination notice stating that your son was eligible for Medicaid effective May 1, 2016.

On June 4, 2016, NYSOH issued a notice of enrollment, confirming your child's enrollment in the Medicaid Managed Care plan you selected on May 31, 2016, which enrollment was effective July 1, 2016.

On November 10, 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) You submitted an application to NYSOH for financial assistance on March 25, 2016.
- 2) The record reflects, that you initially selected a Medicaid Managed Care Plan on April 20, 2016, and that your enrollment was effective on June 1, 2016.
- 3) The record reflects, and you confirmed, that you changed your Medicaid Managed Care plan on April 27, 2016.

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).

- 4) You testified that you did receive the March 26, 2016 eligibility determination notice advising you to pick a health plan.
- 5) You testified that you did not select a Medicaid Managed Care plan until late April because you were still determining which plan you wanted to enroll in. You testified that you also did not select a Medicaid Managed Care plan immediately as you were still gathering proof of income and had to wait several weeks until your husband had received sufficient paystubs.
- 6) You testified that you want your Medicaid Managed Care plan to begin on April 1, 2016 because you were pregnant and had frequent doctors' visits in April 2016 and May 2016 and your doctors do not accept Fee-For-Service Medicaid.
- 7) You testified that you want your child's Medicaid Managed Care plan to begin on May 1, 2016 as your child was born [REDACTED]
- 8) The record reflects that on May 31, 2016, you contacted NYSOH to update your account to include your child.

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

Applicable Law and Regulations

Medicaid

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)).

Medicaid for Newborns

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

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).

CFR § 435.117(a), N.Y. Soc. Serv. Law § 366-g(3)). Additionally, Medicaid Managed Care plans are contractually obligated to provide coverage to eligible newborns based on the transaction date of the enrollment of the newborn (Medicaid Managed Care Model Contract (Appendix H-6 effective 3/1/2014 – 2/28/2019)).

Legal Analysis

The first issue is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was effective June 1, 2016.

The record reflects that you contacted NYSOH on April 20, 2016 and enrolled into a Medicaid Managed Care plan. You testified, and the record reflects, that on April 27, 2016 you contacted NYSOH to enroll in a different Medicaid Managed Care plan.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan 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.

On April 20, 2016, you selected a Medicaid Managed Care plan, and on April 27, 2016 you changed Medicaid Managed Care plans. In either event your enrollment properly took effect on the first day of the second month following after April; that is, on June 1, 2016.

Therefore, the April 28, 2016 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan was effective June 1, 2016, was correct and must be AFFIRMED.

The second issue is whether NYSOH properly determined that your child's enrollment in his Medicaid Managed Care plan was effective July 1, 2016.

Your child was born on [REDACTED]. The record reflects that on May 31, 2016 you added your newborn child to your NYSOH account and enrolled him into a Medicaid Managed Care plan.

On June 1, 2016, NYSOH issued an eligibility determination notice stating that your newborn child was eligible for Medicaid effective May 1, 2016.

Thereafter, on June 4, 2016, NYSOH issued an enrollment notice confirming your child's enrollment in his Medicaid Managed Care plan effective July 1, 2016.

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).

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 receiving Fee-For-Service Medicaid on the date of your child's birth through NYSOH. Therefore, your newborn child was provided Fee-For-Service Medicaid effective May 1, 2016.

The record reflects that you were not yet enrolled in a Medicaid Managed Care Plan on the date of your child's birth. Therefore, your child was not mandated to receive coverage through a Medicaid Managed Care plan as of his date of birth.

As such, the date on which your child's Medicaid Managed Care plan can take effect depends on the day you selected the plan for enrollment.

On May 31, 2016, you selected a Medicaid Managed Care plan, so the Medicaid Managed Care plan properly took effect on the first day of the second month following after May; that is, on July 1, 2016.

Therefore, the June 4, 2016 enrollment confirmation notice stating that your child's enrollment in his Medicaid Managed Care plan was effective July 1, 2016, was correct and must be AFFIRMED.

Decision

The April 28, 2016 enrollment confirmation notice is AFFIRMED.

The June 4, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: November 22, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is June 1, 2016.

The effective date of your child's Medicaid Managed Care plan is July 1, 2016.

If You Disagree with this Decision (Appeal Rights)

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 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:

- 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 April 28, 2016 enrollment confirmation notice is AFFIRMED.

The June 4, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is June 1, 2016.

The effective date of your child's Medicaid Managed Care plan is July 1, 2016.

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).

Legal Authority

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

A Copy of this Decision Has Been Provided To:

