



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

Notice of Decision

Decision Date: June 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010636

[REDACTED]

Dear [REDACTED],

On June 26, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 12, 2016 plan 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.

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NY State of Health Account ID: [REDACTED]
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[REDACTED]

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 spouse's enrollment in her Medicaid Managed Care plan was effective June 1, 2016?

Did NYSOH properly determine that your newborn child's eligibility for Medicaid was effective May 1, 2016?

Procedural History

On March 30, 2016, NYSOH issued an eligibility determination notice that in part stated your spouse remained conditionally eligible for Medicaid, effective May 1, 2016. The notice further stated that both you and your spouse needed to provide income documentation to prove your income before June 27, 2016 and your spouse's income by April 13, 2016.

On March 30, 2016 and again on April 5, 2016 and April 15, 2016, NYSOH issued a plan enrollment notice that in part stated your spouse needed to pick a health plan through Medicaid.

The April 15, 2016 plan enrollment notice also confirmed your enrollment in an Essential Plan, with a start date of May 1, 2016.

On April 16, 2016, NYSOH issued an eligibility determination notice that in part stated your spouse was conditionally eligible for Medicaid, effective May 1, 2016.

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The notice further stated that both you and your spouse needed to provide income documentation to prove your income before July 14, 2016 and your spouse's income by April 30, 2016.

On April 16, 2016 and again on April 23, 2016, May 1, 2016, and May 4, 2016, NYSOH issued plan enrollment notices that stated your spouse needed to pick a health plan through Medicaid.

On May 8, 2016, NYSOH issued an eligibility determination notice that in part stated your spouse remained conditionally eligible for Medicaid, effective May 1, 2016. The notice further stated your spouse needed to submit income documentation before May 22, 2016.

On May 12, 2016, NYSOH issued an eligibility determination notice that in part stated your spouse remained eligible for Medicaid without condition, effective May 1, 2016, and needed to pick a health plan.

Also on May 12, 2016, NYSOH issued a plan enrollment notice that stated your spouse needed to pick a health plan through Medicaid.

On May 14, 2016, NYSOH issued a plan enrollment notice confirming in part that your spouse was enrolled in a Medicaid Managed Care plan with Healthfirst, effective June 1, 2016.

On June 9, 2016, NYSOH issued an eligibility determination notice, based on your June 8, 2016 request for help with paying medical bills for your newborn child, that stated he was eligible for Medicaid from May 1, 2016 through May 31, 2016 based on a monthly household income of \$2,556.42, which was below the allowable monthly income limit of \$3,747.00. The notice further stated that "[i]f you have any unpaid medical bills for a month that [your child was] determined eligible for Medicaid, please give the provider (if a Medicaid provider) your Client Identification Number (CIN) and ask them to bill Medicaid for services that are covered by Medicaid."

Also on June 9, 2016, NYSOH issued a plan enrollment notice confirming in part that your child was enrolled in a Medicaid Managed Care plan as of June 1, 2016.

On July 1, 2016, NYSOH issued an appeal notice acknowledging your appeal of the start date of your spouse's Medicaid Managed care plan of June 1, 2016, insofar as it did not begin as of May 1, 2016, to cover the hospital/medical expenses related to your newborn child.

After two dismissals and grants of two motions to vacate, on June 26, 2017, you had a telephone hearing with a Hearing Office from NYSOH's Appeal Unit. The record was developed during the hearing and closed at the end of the hearing.

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Findings of Fact

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

- 1) According to your NYSOH account, your spouse was determined Medicaid eligible as of May 1, 2015, and had health insurance coverage in a Medicaid Managed Care plan with MetroPlus Health Plan, Inc. from June 1, 2015, that ended on April 30, 2016.
- 2) According to your NYSOH account, you selected health plans for yourself and your spouse on April 15, 2016 and both of your enrollments were updated as noted in the Events tab.
- 3) You testified that you believed you had selected plans for both of you at that time.
- 4) On April 16, 2016, NYSOH issued a plan enrollment notice with only your plan selection confirmed. The notice stated that your spouse still needed to pick a plan.
- 5) According to the April 16, 2016, April 23, 2016, May 1, 2016, and May 4, 2016 plan enrollment notices issued by NYSOH, you were informed that your spouse needed to pick a health plan through Medicaid.
- 6) According to your NYSOH account, your child was born on [REDACTED].
- 7) You testified that the billing department at [REDACTED], where your child was born, told you that the nursery costs for your child were not being covered. You testified that you do not know the amount of such costs.
- 8) You testified that the hospital's billing department told you they would hold off on billing you directly for the nursery charges until the appeal was resolved and you have not heard from them since.
- 9) According to your NYSOH account, your spouse was determined fully eligible for Medicaid as of May 12, 2016, effective May 1, 2016, and was enrolled in a Medicaid Managed Care plan with Healthfirst as of June 1, 2016.
- 10) According to your NYSOH account, your child was determined eligible for Medicaid Fee-For-Service from May 1, 2016 through May 31, 2016.
- 11) You testified that you are appealing to have your spouse's health insurance coverage through her Medicaid Managed Care plan backdated

to May 1, 2016, so that your child will have that same coverage for hospital/medical expenses related to his birth.

- 12) According to NYS Department of Health's Office of Health Insurance Programs, [REDACTED] was paid for the delivery [REDACTED] back in June 2016. A few of the professional claims for newborn hospital care were denied, mainly due to duplicate billings.

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

Applicable Law and Regulations

Medicaid - 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 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-6 effective 3/1/2014 – 2/28/2019)).

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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your spouse and child had Medicaid Fee-For-Service from May 1, 2016 through May 31, 2016, with coverage in Medicaid Managed Care starting effective June 1, 2016.

You updated your NYSOH application on April 15, 2016 and your spouse was redetermined eligible for Medicaid conditionally as of May 1, 2016, pending proof of income. This type of Medicaid coverage is known as “presumptive Medicaid,” through which certain labor and delivery costs are not covered. However, your spouse was later determined to be full eligible for Medicaid as of May 1, 2016, as stated in the May 12, 2016 eligibility determination notice.

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.

Your child was born on [REDACTED]. You testified that on June 1, 2016, you added your newborn child to your NYSOH account and requested help paying for his medical bills related to his birth. According to the June 9, 2016 eligibility determination notice, your child was determined Medicaid eligible as of [REDACTED] 2016, his birth month.

Therefore the May 12, 2016 and June 9, 2016 eligibility determination notices regarding your spouse and child’s eligibility for full Medicaid as of May 1, 2016, were correct and are AFFIRMED.

Since your spouse and your child were both fully Medicaid eligible as of May 1, 2016, the claims for hospital/nursery costs associated with your child’s birth should have been covered by Medicaid Fee-For-Service. In fact, NYS Department of Health’s Office of Health Insurance Programs confirmed that most claims, except for duplicate ones, were paid in June 2016.

The record further indicates that, on May 11, 2016, you confirmed a Medicaid Managed Care plan selection for your spouse with a June 1, 2016 enrollment start date. Your child’s enrollment was confirmed on June 8, 2016.

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 May 11, 2016, you selected a Medicaid Managed Care plan for your spouse, so it properly took effect on the first day of the first month after May 2016; that is, on June 1, 2016. Similarly, on June 8, 2016, you selected a Medicaid Managed Care plan for your child, so it properly took effect on the first day of the first month after May 2016; that is, on June 1, 2016.

Therefore, the May 12, 2016 and June 9, 2016 plan enrollment notices stating respectively that your spouse's enrollment in her Medicaid Managed Care plan and your child's enrollment in his Medicaid Managed Care plan would be effective June 1, 2016, were correct and must be AFFIRMED.

You testified you did not know if there were any hospital bills related to your child's birth that are still outstanding. As stated in the June 9, 2016 eligibility determination notice, if you have any unpaid medical bills for a month that your child was determined eligible for Medicaid, please give the provider (if a Medicaid provider) your Client Identification Number (CIN) and ask them to bill Medicaid for services that are covered by Medicaid. If the hospital has any outstanding claims related to your child's birth or needs more information on pending claims, they need to call the Medicaid Pended Claims Unit at 1-800-342-3005, Option 3.

Decision

The May 12, 2016 and June 9, 2016 eligibility determination notices are AFFIRMED.

The May 12, 2016 and June 9, 2016 plan enrollment notices are AFFIRMED.

Effective Date of this Decision: June 28, 2017

How this Decision Affects Your Eligibility

This decision does not change your spouse or child's eligibility for Medicaid or enrollment in their Medicaid Managed Care plan.

Both your spouse and child were fully eligible for Medicaid and had coverage with Medicaid Fee-For-Service from May 1, 2016 through May 31, 2016.

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

If You Disagree with this Decision (Appeal Rights)

This 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

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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 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 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
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- By fax: 1-855-900-5557

Summary

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).

The May 12, 2016 and June 9, 2016 eligibility determination notices are AFFIRMED.

The May 12, 2016 and June 9, 2016 plan enrollment notices are AFFIRMED.

This decision does not change your spouse or child's eligibility for Medicaid or enrollment in their Medicaid Managed Care plan.

Both your spouse and child were fully eligible for Medicaid and had coverage with Medicaid Fee-For-Service from May 1, 2016 through May 31, 2016.

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

Legal Authority

We are issuing this determination 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。我们可以为您免费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 مجانًا.

বাংলা (Bengali)

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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।

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 महत्वपूर्ण 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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