



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

Notice of Decision

Decision Date: February 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013205

[REDACTED]

Dear [REDACTED],

On February 21, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 28, 2016 enrollment confirmation notice regarding your infant child's enrollment in a Medicaid Managed Care plan.

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).

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Decision

Decision Date: February 28, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013205

[REDACTED]

Issue

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

Was your appeal of the NY State of Health's (NYSOH) July 28, 2016 enrollment confirmation notice timely?

Did NYSOH properly determine that your newborn child's Medicaid Managed Care plan began August 1, 2016?

Procedural History

On July 12, 2016, you submitted an application for financial assistance to NYSOH. That application indicated that you were pregnant and expecting to deliver one child. The child's expected due date was [REDACTED].

On July 13, 2016, NYSOH issued a notice of eligibility determination, based on your July 12, 2016 application, stating in part that you were eligible for Medicaid, effective July 1, 2016.

Also on July 13, 2016, NYSOH issued an enrollment confirmation notice of the plan you selected on July 12, 2016, stating in part that you were enrolled in a Medicaid Managed Care plan, and that your coverage would start on August 1, 2016.

On July 27, 2016, your newborn child was added to your account and an updated application for financial assistance was submitted.

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On July 28, 2016, an eligibility determination was issued based on your updated July 27, 2016 application. The determination found you remained eligible for Medicaid effective July 1, 2016, and your newborn child was eligible for Medicaid effective July 1, 2016.

Also on July 28, 2016, NYSOH issued an enrollment confirmation notice stating in part that your newborn child was enrolled in a Medicaid Managed Care plan, effective August 1, 2016.

On November 11, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's enrollment in his Medicaid Managed Care plan insofar as it did not begin July 1, 2016.

On February 21, 2017, 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 July 12, 2016, were determined eligible for Medicaid, effective July 1, 2016, and were in Medicaid Fee-For-Service from July 1, 2016 to July 31, 2016.
- 2) According to your NYSOH account and your testimony, you selected your Medicaid Managed Care Plan on July 12, 2016, and your enrollment in that plan was effective August 1, 2016.
- 3) You testified that your child arrived early and was born [REDACTED].
- 4) According to your NYSOH account, you added your newborn child to the account on July 27, 2016.
- 5) You testified that when you went to the hospital in labor, you had no choice on what doctors treated you and the newborn.
- 6) You testified that several months after the birth of your child, you started receiving bills from the doctors that treated your child at the hospital. That is when you learned that these doctors did not take Medicaid Fee-For-Service.
- 7) You testified that you contacted the hospital to dispute the doctors' bills and the hospital told you there was nothing it could do and told you to contact the doctors.

- 8) The doctors told you there was nothing they could do as they do not accept Medicaid Fee-For-Service.
- 9) According to your NYSOH account, you first requested your newborn child's Medicaid Managed Care plan be backdated was on September 29, 2016.
- 10) You testified that NYSOH did not advise you of its decision not to backdate your newborn child's Medicaid Managed Care plan until November 11, 2016 at which time you filed an appeal [REDACTED].
- 11) You testified you incurred approximately \$30,000.00 in medical costs for treatment of your infant child which was billed by the doctors that do not accept Medicaid Fee-For-Service.
- 12) You testified that you want your child's Medicaid Managed Care plan to begin on July 1, 2016 because the doctors that treated your child do not take Medicaid Fee-For-Service.

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

Applicable Law and Regulations

Valid Appeal Requests

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

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)). Notice is considered received 5 days after the date on the notice, unless the applicant demonstrates that he or she did not receive the notice within the 5-day period (45 CFR § 155.315(c)(3), (f)(2)(i)).

Medicaid Newborn Child

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).

NYSOH must provide Medicaid eligibility to a child born to a woman who has applied for, has been determined eligible for, and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains (or would remain if pregnant) eligible and the child is a member of the woman's household (42 CFR § 435.117(a); NY Social Services Law § 366-g(3)). An annual redetermination of eligibility must be completed on behalf of the child at which time documentary evidence of citizenship and Social Security number is required (42 CFR § 435.117(d), § 435.920).

Medicaid Managed Care plans operating in the NYSOH exchange have agreed to enroll and provide coverage for eligible newborn children effective from the time of birth. NYSOH shall update demographic data for the newborn and enroll the newborn in the mother's Medicaid Managed Care plan if the newborn is not already enrolled and send the Medicaid Managed care plan an 834 electronic enrollment file (Medicaid Managed Care Model Contract (Appendix H-6(3)(a)-(d), 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 initial issue under review is whether your appeal of NYSOH's July 28, 2016 enrollment confirmation notice for your child's Medicaid Managed Care plan was timely.

The record reflects that you first contacted NYSOH to file a complaint about the start date of your child's Medicaid Managed Care plan on September 29, 2016. The record indicates that a formal appeal was filed on November 11, 2016.

In this case, the enrollment notice confirming your newborn child's Medicaid Managed Care plan was dated July 28, 2016. Therefore, the notice regarding your newborn child's Medicaid Managed Care enrollment would be considered received five days later; that is, as of August 2, 2016. You contacted NYSOH on September 29, 2016 and it was not until November 11, 2016 that NYSOH denied your request to backdate your child's Medicaid Managed Care plan start date. On November 11, 2016, you formally requested an appeal. However, since you initially filed your complaint on September 29, 2016, this would be within the 60-day period to file an appeal. Therefore, your appeal was filed timely.

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

You testified that you submitted an application for health insurance with NYSOH on July 12, 2016 and enrolled into a Medicaid Managed Care plan on that date.

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 July 12, 2016, you selected a Medicaid Managed Care plan, so it properly took effect on the first day of the month following after July 2016; that is, on August 1, 2016.

Your child was born [REDACTED]. The record indicates that he was added to your NYSOH account on July 27, 2016. As of that date, your Medicaid Managed Care plan had not yet started. You were still in Medicaid Fee-For-Service up until July 31, 2016. Newborn children are automatically enrolled in the Medicaid coverage their mother has at the time of their birth. In this case, you were still in Medicaid Fee-For-Service coverage and, therefore, your child would also be enrolled in Medicaid Fee-For-Service upon his birth. Your newborn child's

Medicaid Managed Care plan would not take effect until your plan started which was August 1, 2016.

Therefore, the July 28, 2016 enrollment confirmation notice stating that your newborn child's Medicaid Managed Care plan would take effect on August 1, 2016, was correct and must be AFFIRMED.

Decision

The July 28, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: February 28, 2017

How this Decision Affects Your Eligibility

This decision does not change your newborn child's eligibility.

Your newborn child had coverage through Medicaid Fee-For-Service in July 2016.

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

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 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 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:
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The July 28, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your newborn child's eligibility.

Your newborn child had coverage through Medicaid Fee-For-Service in July 2016.

The effective date of your newborn child's Medicaid Managed Care plan is August 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:

