



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

Notice of Decision

Decision Date: June 14, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP0000000015955

[REDACTED]

Dear [REDACTED],

On May 23, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 26, 2017 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 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: June 14, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015955



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 (MMC) plan enrollment start date was March 1, 2017?

Procedural History

On January 9, 2017, your newborn child was added to your NYSOH account and an application for financial assistance was submitted on their behalf.

On January 10, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that your newborn child was conditionally eligible for Medicaid, effective as of January 1, 2017. The notice stated that you needed to provide proof of your newborn child's citizenship status and Social Security number by April 9, 2017, to confirm their eligibility.

Also on January 10, 2017, NYSOH issued an enrollment notice stating that you needed to pick a health plan for your newborn child.

On January 13, 2017, your NYSOH account was updated.

On January 14, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that your newborn child was conditionally eligible for Medicaid, effective as of January 1, 2017. The notice stated that you needed to provide

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proof of your newborn child's citizenship status and Social Security number by April 9, 2017, to confirm their eligibility.

Also on January 14, 2017, NYSOH issued a plan enrollment notice stating that you needed to pick a health plan for your newborn child.

On January 25, 2016, your NYSOH account was updated.

On January 26, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that your newborn child was conditionally eligible for Medicaid, effective as of January 1, 2017. The notice stated that you needed to provide proof of your newborn child's citizenship status and Social Security number by April 9, 2017, to confirm their eligibility.

Also on January 26, 2017, NYSOH issued a plan enrollment notice confirming that, as of January 25, 2017, your newborn child was enrolled in a MMC plan with an enrollment start date of March 1, 2017.

On February 18, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as the enrollment start date of your newborn child's MMC plan did not begin February 1, 2017.

On May 23, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was left open to allow the Hearing Officer to request the recording of the January 13, 2017, conversation you had with NYSOH's customer service.

On May 24, 2017, the Hearing Officer received the recording of the January 13, 2017, conversation you had with NYSOH. That recording has been made part of the record as "Appellant Exhibit A." The record is complete and closed.

Findings of Fact

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

- 1) According to your NYSOH account and testimony, your child was born on [REDACTED]
- 2) According to your NYSOH account, your child was added to your account on January 9, 2017 and was determined conditionally eligible for Medicaid.
- 3) According to your NYSOH account and testimony, you were not enrolled in a MMC plan on the date of your newborn's birth.

- 4) On January 13, 2017, you contacted NYSOH to enroll your newborn child in a MMC plan. During your conversation with a NYSOH representative, it was confirmed that your newborn was enrolled in a MMC plan with an enrollment start date of February 1, 2017 (Appellant Exhibit A).
- 5) You testified that subsequent to the January 13, 2017 conversation, you were informed by a NYSOH representative that your newborn child was not enrolled in a MMC plan on January 13, 2017.
- 6) According to your NYSOH account, your newborn child's MMC plan enrollment was processed on January 25, 2017.
- 7) You testified that you want your newborn child's MMC plan to begin effective February 1, 2017, to cover any medical bills that were incurred in the month of February 2017.

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

Applicable Law and Regulations

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. Newborn children not excluded from enrolling in a MMC plan shall be enrolled in the MMC in which the newborn's mother is an enrollee, effective from the first of the child's month of birth (Medicaid Managed Care Model Contract § 6.7(a), effective 3/1/2014 – 2/28/2019).

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Medicaid - 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 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)).

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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your newborn child's MMC was effective March 1, 2017.

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. If a newborn child's mother is enrolled in Medicaid Fee-For-Service, the child shall be enrolled in the same coverage as of the first day the month of birth. If the newborn child's mother is enrolled in a MMC plan, the child shall be enrolled in the mother's MMC plan, effective the first day of the child's month of birth.

The record reflects that your child was born on [REDACTED], and added to your NYSOH account on January 9, 2017. You were not enrolled in a MMC plan on the date of your newborn child's birth. Since you were not enrolled in a MMC plan on the date of your newborn's birth, your child is not eligible to be enrolled in a MMC plan effective as of their date of birth.

The date on which a MMC 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 goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

The record supports that you contacted NYSOH on January 13, 2017, to enroll your newborn child in a MMC. During your conversation with a NYSOH representative, it was confirmed that your newborn was enrolled in a MMC plan

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with an enrollment start date of February 1, 2017. However, you were subsequently informed by a NYSOH representative that your newborn child was not enrolled in a MMC plan on January 13, 2017.

Since you took the necessary action to enroll your newborn child in a MMC plan on January 13, 2017, that MMC plan should be effective on the first of the following month; that is as of February 1, 2017.

Therefore, January 26, 2017 plan enrollment notice is MODIFIED to state that your newborn child's MMC plan shall be effective February 1, 2017.

The case is RETUNED to NYSOH to effectuate your newborn child's MMC plan coverage for the month of February 2017, and to notify you accordingly.

Decision

The January 26, 2017 plan enrollment notice is MODIFIED to state that your newborn child's MMC plan shall be effective February 1, 2017.

The case is RETUNED to NYSOH to effectuate your newborn child's MMC plan coverage for the month of February 2017, and to notify you accordingly.

Effective Date of this Decision: June 14, 2017

How this Decision Affects Your Eligibility

Your newborn child's MMC plan enrollment start date is February 1, 2017. NYSOH will notify you once this start date is corrected.

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 must be done within four months of the Decision Date, which appears on the first page of this Decision.

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

Summary

The January 26, 2017 plan enrollment notice is MODIFIED to state that your newborn child's MMC plan shall be effective February 1, 2017.

The case is RETUNED to NYSOH to effectuate your newborn child's MMC plan coverage for the month of February 2017, and to notify you accordingly.

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).

Your newborn child's MMC plan enrollment start date is February 1, 2017.
NYSOH will notify you once this start date is corrected.

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:



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।

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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&etumi 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.

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