



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

Notice of Decision

Decision Date: August 25, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018883

[REDACTED]

Dear [REDACTED],

On August 17, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 2, 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).

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: August 25, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018883

[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 newborn child was enrolled in a Medicaid Managed Care (MMC) plan with a start date of May 1, 2017?

Whether the medical expenses incurred for your newborn child in April 2017 and May 2017 should have covered by your Essential Plan?

Procedural History

On May 1, 2017, your newborn child was added to your NYSOH account and an application for financial assistance was submitted on their behalf. That same day, NYSOH rendered a preliminary eligibility determination finding your child eligible for Medicaid.

On May 2, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that your newborn child was eligible for Medicaid, effective May 1, 2017.

Also on May 2, 2017, NYSOH issued a plan enrollment notice confirming that as of May 1, 2017, your newborn child was enrolled in a MMC plan with an enrollment start date of June 1, 2017.

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On May 11, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal relative to the plan enrollment start date of your newborn child's MMC.

On August 17, 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 until August 18, 2017 to allow you to submit documentation regarding your Essential Plan benefits.

On August 17, 2017, you faxed a one-page document to NYSOH's Appeals Unit. That documentation was made part of the record as "Appellant Exhibit A." The record is now closed.

Findings of Fact

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

- 1) According to your NYSOH account and testimony, your newborn child was born on [REDACTED].
- 2) According to your NYSOH account, your child was added to your account on May 1, 2017 and was determined eligible for Medicaid.
- 3) According to your NYSOH account, your child was enrolled in a MMC plan on May 1, 2017, with a June 1, 2017 enrollment start date.
- 4) According to your NYSOH account, you and your spouse were enrolled in an Essential Plan from March 1, 2017 through May 31, 2017.
- 5) You testified that you were under the impression that your Essential Plan would cover the birth-related expenses that were incurred.
- 6) You testified that you want your newborn child's MMC plan to begin on April 1, 2017, or want your Essential Plan to cover the medical expenses that were incurred for your newborn child in the months of April 2017 and May 2017.
- 7) You submitted a one-page document summarizing the cost-sharing of the Essential Plan. Under "Maternity and Newborn Care," it states: "Physician and Midwife Services for Delivery" and "Postnatal Care - Included in Physician and Midwife Services for Delivery Cost-Sharing" (Appellant Exhibit A).

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

Applicable Law and Regulations

Medicaid - 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 Health Administrative Directive 13 OHIP/ADM-04).

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 – Effective Date

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)).

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 the first day of the child's month of birth (Medicaid Managed Care Model Contract § 6.7(a), effective 3/1/2014 – 2/28/2019).

Appealable Issues

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) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (4) 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)).

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Legal Analysis

The first issue under review is whether NYSOH properly determined that your newborn child's MMC plan was effective June 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 an MMC plan, the child shall be enrolled in the mother's MMC, effective the first day of the child's month of birth.

The record reflects that your child was born on [REDACTED]. Your child was added to your NYSOH account and enrolled in an MMC plan on May 1, 2017. You and your spouse were enrolled in an Essential Plan on the date your newborn child's birth. Since you were not enrolled in an MMC plan on the date of your newborn's birth, your child was not eligible to be enrolled in an MMC plan as of their date of birth.

The date on which enrollment in 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.

On May 1, 2017, your newborn child was enrolled in an MMC plan, so their coverage in that plan should be effective on the first day of the following month; that is, on June 1, 2017.

Therefore, the May 2, 2017 plan enrollment notice is AFFIRMED insofar as it states that your newborn child was enrolled in an MMC plan effective June 1, 2017.

The second issue under review is whether the medical expenses incurred for your newborn child in April 2017 and May 2017 should have covered by your Essential Plan.

The record reflects that you and your spouse were enrolled in an Essential Plan from March 1, 2017 through May 31, 2017. You testified that you were under the impression that your Essential Plan would cover the birth-related expenses that were incurred. Further, you submitted a one-page document summarizing the cost-sharing of the Essential Plan. [REDACTED],” it states: [REDACTED] and [REDACTED] - Included in [REDACTED]” (Appellant Exhibit A).

This is a health plan billing issue, which is not an issue that the Appeals Unit of NYSOH is authorized to address. Therefore, that issue under appeal is **DISMISSED**.

However, your case is **RETURNED** to NYSOH's Plan Management to investigate the health insurance company and its Essential Plan coverage to ascertain whether the medical services related to your newborn child should have been covered by the health insurance plan during the month of April 2017.

In addition, since your issue concerns a health insurer and/or payment, reimbursement, coverage, benefits, rates and premiums, you can contact NY Department of Financial Services at their Consumer Hotline at (800) 342-3736 (Monday through Friday, 8:30 AM to 4:30 PM); or locally to (212) 480-6400; or you can file a complaint at <http://www.dfs.ny.gov/consumer/fileacomplaint.htm>

Decision

The May 2, 2017, enrollment notice is **AFFIRMED** insofar as it states that your newborn child was enrolled in their MMC plan effective June 1, 2017.

The issue regarding whether the medical expenses incurred for your newborn child should have been covered by your Essential Plan is **DISMISSED** as a non-appealable issue.

However, your case is **RETURNED** to NYSOH's Plan Management to investigate and ascertain whether the Essential Plan coverage provided by the health insurance company that was in place for you from March 1, 2017 through May 31, 2017, should have covered the medical services and treatment related to your newborn child during the month of April 2017.

Effective Date of this Decision: August 25, 2017

How this Decision Affects Your Eligibility

Your newborn child was Medicaid eligible as of May 1, 2017, and had Medicaid Fee-For-Service from May 1, 2017 through May 31, 2017.

Your newborn child's MMC plan enrollment start date is June 1, 2017.

Your case is being sent to NYSOH's Plan Management to investigate and ascertain whether the Essential Plan coverage provided by the health insurance company should have covered the medical services and treatment related to

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your newborn child during the month of April 2017. You will be notified of the outcome of that investigation.

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.

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

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- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The May 2, 2017, enrollment notice is **AFFIRMED** insofar as it states that your newborn child was enrolled in their MMC plan effective June 1, 2017.

The issue regarding whether the medical expenses incurred for your newborn child should have been covered by your Essential Plan is **DISMISSED** as a non-appealable issue.

However, your case is **RETURNED** to NYSOH's Plan Management to investigate and ascertain whether the Essential Plan coverage provided by the health insurance company that was in place for you from March 1, 2017 through May 31, 2017, should have covered the medical services and treatment related to your newborn child during the month of April 2017.

Your newborn child was Medicaid eligible as of May 1, 2017, and had Medicaid Fee-For-Service from May 1, 2017 through May 31, 2017.

Your newborn child's MMC plan enrollment start date is June 1, 2017.

Your case is being sent to NYSOH's Plan Management to investigate and ascertain whether the Essential Plan coverage provided by the health insurance company should have covered the medical services and treatment related to your newborn child during the month of April 2017. You will be notified of the outcome of that investigation.

Legal Authority

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

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.

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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।

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 srε wo, frε 1-855-355-5777. ye&εtumi ama wo obi a okyerε 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.

אַײַדיש (Yiddish)

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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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