



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

Notice of Decision

Decision Date: October 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020593

[REDACTED]

Dear [REDACTED],

On October 4, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 8, 2017 enrollment notice and July 8, 2017 disenrollment 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.

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: October 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020593

[REDACTED]

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 the enrollment of your newborn child, [REDACTED], in his Medicaid Managed Care plan with Healthfirst was effective August 1, 2017?

Procedural History

On August 4, 2016, NYSOH issued an eligibility determination notice stating that you, your spouse, and your older child, [REDACTED], were each eligible for Medicaid, effective August 1, 2016.

On August 14, 2016, NYSOH issued an enrollment notice confirming your selection of Healthfirst as your family's Medicaid Managed Care (MMC) plan as of August 13, 2016, with such coverage to begin effective September 1, 2016.

On October 5, 2016, NYSOH issued a disenrollment notice confirming your request to end your spouse's MMC plan coverage with Healthfirst on October 4, 2016. The notice stated that your spouse's MMC plan coverage with Healthfirst would end effective October 31, 2016.

Also on October 5, 2016, NYSOH issued an enrollment notice confirming your selection of an MMC plan with Affinity Health Plan, Inc. (Affinity) for your spouse's coverage as of October 4, 2016. The notice stated that your spouse's MMC plan coverage with Affinity would begin effective November 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).

On June 3, 2017, NYSOH issued a renewal and eligibility determination notice stating, in part, that your spouse now qualified for health care coverage under the Essential Plan, effective August 1, 2017. The notice advised you to select a plan for her coverage between June 16, 2017 and July 15, 2017 for the next coverage year.

On June 18, 2017, NYSOH issued an enrollment notice confirming that your spouse's Essential Plan coverage with Affinity would begin effective August 1, 2017.

On July 7, 2017, you updated your application for financial assistance, in which you added your newborn child, [REDACTED], to your NYSOH account.

On July 8, 2017, NYSOH issued a notice of eligibility determination, based on your July 7, 2017 application, stating that your child was eligible for Medicaid, effective June 1, 2017.

Also on July 8, 2017, NYSOH issued an enrollment notice confirming that your child was enrolled in Healthfirst as his MMC plan because infants are enrolled in the same plan their mother had when they were born. The notice stated that his MMC plan coverage with Healthfirst would begin effective August 1, 2017.

Finally, on July 8, 2017, NYSOH issued a disenrollment notice stating that your newborn's MMC plan coverage with Affinity as his MMC would end effective August 1, 2017.

On July 18, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's MMC plan enrollment with Healthfirst, insofar as it did not begin June 1, 2017.

On October 4, 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 testified, and your NYSOH account reflects, that your newborn child was born on [REDACTED].
- 2) Your NYSOH account reflects that you updated your NYSOH account to include your newborn child on July 7, 2017. You testified, however, that you contacted NYSOH on or about June 2, 2017 to add your child to your

NYSOH account, and to request that he be enrolled in Healthfirst as his MMC plan.

- 3) You testified that you were unable to add your newborn child to your account on June 2, 2017 since you encountered a technical issue with accessing your NYSOH account. A defect confirmation ([REDACTED]) was created by NYSOH to reflect that there was technical issue in adding your newborn child to your account.
- 4) You testified, and the record reflects, that you selected your newborn child's MMC plan with Healthfirst June 7, 2017, and that his enrollment was effective on August 1, 2017.
- 5) You testified that at the time of your newborn child's birth, your spouse was enrolled in Medicaid, and coverage under Affinity as her MMC plan.
- 6) Your NYSOH account reflects that your newborn child's MMC plan coverage between June 1, 2017 and July 31, 2017 was under Affinity.
- 7) You testified that you wanted your newborn child's MMC plan with Healthfirst to begin on June 1, 2017, rather than August 1, 2017, because you incurred approximately \$875.00 in out-of-pocket costs as his physician did not accept Affinity as his MMC plan.

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

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).

Legal Analysis

The issue under review is whether NYSOH properly determine that your newborn child's enrollment in his MMC plan with Healthfirst was effective August 1, 2017.

The record reflects that your spouse was found eligible for Medicaid, effective August 1, 2016.

The record further reflects that you updated your NYSOH application on October 4, 2016 to select Affinity as your spouse's MMC plan. On October 5, 2017, NYSOH issued an enrollment notice confirming that your spouse's MMC plan coverage would begin effective November 1, 2016.

You updated your NYSOH account on July 7, 2017 to reflect that your newborn son was born on [REDACTED], and added him to your account.

Medicaid Managed Care plans operating in NYSOH have agreed to enroll and provide coverage for eligible newborn children effective from the time of birth. This includes enrolling them into the MMC plan in which the mother is enrolled in during the time of birth.

Therefore, your newborn would have been enrolled in an MMC plan with Affinity as of the date of his birth since that is the MMC plan your spouse was enrolled in.

In all other enrollments in MMC plans for individuals applying with NYSOH, the date on which a MMC plan can take effect depends on the day a person selects the plan for enrollment.

Your NYSOH account reflects that you contacted NYSOH on or about June 2, 2017 to add your newborn child to your account, however you were unable to do so due to a technical error in the system. You were in contact with NYSOH several more times between June 2, 2017 and June 15, 2017 to see if the technical error had been resolved.

The record reflects that when you contacted NYSOH on July 7, 2017, the technical error had been resolved and you could add your newborn son to your account. You also enrolled your newborn son into a MMC plan with Healthfirst on July 7, 2017.

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.

Since we may reasonably infer that, if not for the technical error, you would have selected an MMC plan with Healthfirst for your newborn son when you first contacted NYSOH on June 2, 2017, your newborn son's MMC plan coverage through Healthfirst should have taken effect on the first day of the first month following June 2017; that is, July 1, 2017.

Therefore, the July 8, 2017 enrollment notice is MODIFIED to state that your newborn son's enrollment in his MMC plan with Healthfirst was effective July 1, 2017, and the July 8, 2017 disenrollment notice confirming that your newborn child's enrollment with Affinity as his MMC is also MODIFIED to reflect that his enrollment with Affinity ended effective June 30, 2017.

Your case is RETURNED to NYSOH to enroll your child into his Healthfirst MMC as of July 1, 2017 and to disenroll your child from his Affinity MMC as of June 30, 2017.

Decision

The July 8, 2017 disenrollment notice is MODIFIED to state that your newborn son's disenrollment in his MMC plan with Affinity was effective June 30, 2017

The July 8, 2017 enrollment notice is MODIFIED to state that your newborn son's enrollment in his MMC plan with Healthfirst was effective July 1, 2017.

Your case is RETURNED to NYSOH to enroll your child into his Healthfirst MMC as of July 1, 2017 and to disenroll your child from his Affinity MMC as of June 30, 2017.

Effective Date of this Decision: October 13, 2017

How this Decision Affects Your Eligibility

The effective dates of your newborn son's MMC plan with Affinity is June 1, 2017 to June 30, 2017.

The effective date of your newborn son's MMC plan with Healthfirst is July 1, 2017.

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

Summary

The July 8, 2017 disenrollment notice is MODIFIED to state that your newborn son's disenrollment in his MMC plan with Affinity was effective June 30, 2017

The July 8, 2017 enrollment notice is MODIFIED to state that your newborn son's enrollment in his MMC plan with Healthfirst was effective July 1, 2017.

Your case is RETURNED to NYSOH to enroll your child into his Healthfirst MMC as of July 1, 2017 and to disenroll your child from his Affinity MMC as of June 30, 2017.

The effective dates of your newborn son's MMC plan with Affinity is June 1, 2017 to June 30, 2017.

The effective date of your newborn son's MMC plan with Healthfirst is July 1, 2017.

Legal Authority

We are issuing this determination in accordance with 45 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).

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 مجاناً.

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 bɛtumi ama wo obi a okyerɛ 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.

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).