



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

Notice of Decision

Decision Date: January 02, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022873

[REDACTED]

[REDACTED]

[REDACTED] you appeared by telephone at a hearing on your appeal of NY State of Health's August 25, 2017 enrollment confirmation 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: January 02, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022873

[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 your child's enrollment in her Medicaid Managed Care (MMC) plan was effective October 1, 2017?

Procedural History

On August 14, 2017, you filed an application through NYSOH for financial assistance with health insurance on behalf of your newborn child.

On August 15, 2017, NYSOH issued a notice stating that the income information in your application did not match information NYSOH received from federal and state data sources, and that you needed to provide documentation of your household income by August 29, 2017.

On August 22, 2017, you updated your NYSOH account and uploaded documentation to your account as well.

On August 23, 2017, NYSOH issued a notice stating that the income information in your application did not match information NYSOH received from federal and state data sources, and that you needed to provide documentation of your household income by August 29, 2017.

On August 24, 2017, NYSOH reviewed the documentation you provided on August 22, 2017 and determined your child's eligibility.

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On August 25, 2017, NYSOH issued a notice of eligibility determination stating that your child was eligible for Medicaid, effective August 1, 2017.

Also on August 25, 2017, NYSOH issued a notice of enrollment confirmation, confirming your child's enrollment in an MMC plan beginning October 1, 2017.

On September 27, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's enrollment in her MMC plan, insofar as it did not begin August 1, 2017.

On December 18, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, [REDACTED] was sworn in as your Authorized Representative. 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 application reflects, that your child was born on [REDACTED]
- 2) You testified, and your NYSOH account confirms, that you filed an application for health insurance on behalf of your child on August 14, 2017.
- 3) You testified that, after you applied, you were told that you needed to submit income documentation, and that you tried to be proactive and submit the documentation as quickly as possible.
- 4) Your NYSOH account reflects that you uploaded income documentation to your account on August 22, 2017.
- 5) You testified that, at the time your child was born, you were covered by employer-sponsored health insurance through your parents.
- 6) You testified that you first called NYSOH about securing health insurance for your child in June 2017, prior to her birth, and informed NYSOH that you had coverage outside of NYSOH through your parents.
- 7) You testified that you were informed that you would have to call back to apply for coverage after your child was born.
- 8) You testified that you knew at that time that the pediatrician you were going to use did not accept "straight" Medicaid, so you were trying to get the issue resolved before there was a problem.

- 9) Your NYSOH account reflects that an MMC plan was selected for your newborn child on August 24, 2017, with coverage going into effect on October 1, 2017.
- 10) You testified that you called NYSOH to try to find out whether her MMC coverage could be backdate to August 1, 2017, and you were told that, if you had been on Medicaid with that MMC plan when you gave birth, they could have adjusted your newborn's MMC coverage to August 1, 2017; however, since you had coverage outside NYSOH, there was nothing that they could do.
- 11) You testified that you need your child's MMC plan to begin on August 1, 2017 because you have medical bills from your child's pediatrician that were not covered by fee-for service Medicaid.

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)).

MMC 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

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), NY Social Services Law § 366-g(3)). Additionally, MMC plans are contractually obligated to provide coverage to eligible newborns based on the transaction date of the enrollment of the newborn, or retroactively to the date of birth, if the newborn's mother was enrolled in an MMC plan (Medicaid Managed Care Model Contract (Appendix H-6 effective 3/1/2014 – 2/28/2019)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your child's enrollment in her MMC plan was effective October 1, 2017.

You testified, and the record reflects, that you applied for coverage through NYSOH on behalf of your child on August 14, 2017. Additionally, the record reflects that your child was found eligible for Medicaid by NYSOH on August 24, 2017, and an MMC plan was selected that same day.

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. The record reflects that on the date of your child's birth, you were not receiving Medicaid, nor were you enrolled in an MMC plan, as you had health insurance coverage outside of NYSOH. Therefore, your child was not mandated to receive coverage through an MMC plan as of her date of birth, and the start date of her coverage was dependent on the date she was enrolled into a plan.

The date on which an 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 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 August 24, 2017, an MMC plan was selected for enrollment on behalf of your child. Therefore, that enrollment properly took effect on the first day of the second month following August 2017: that is, on October 1, 2017.

Therefore, the August 25, 2017 enrollment confirmation notice stating that your child's enrollment in her MMC plan was effective October 1, 2017, was correct and must be AFFIRMED.

Decision

The August 25, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: January 02, 2018

How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

The effective date of your child's MMC plan is October 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 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):

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- 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 August 25, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not change your child's eligibility.

The effective date of your child's MMC plan is October 1, 2017.

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।

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).

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 דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.