



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

Notice of Decision

Decision Date: February 02, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023738

[REDACTED]

[REDACTED]

On December 19, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 26, 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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DEPARTMENT OF HEALTH
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Decision Date: February 02, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023738

[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 newborn child's Medicaid Managed Care plan (Healthfirst) began November 1, 2017?

Procedural History

In July 2017 NYSOH issued multiple eligibility determination notices, stating that you were conditionally eligible for Medicaid, effective July 1, 2017, and directing you to provide income documentation.

On July 13, 2017, NYSOH issued an eligibility determination notice, based on your July 12, 2017 application, stating that you were conditionally eligible for Medicaid, effective July 1, 2017.

Also on July 13, 2017, NYSOH issued an enrollment notice stating that the type of Medicaid coverage you were eligible for did not require or allow you to enroll in a health plan.

On July 24, 2017, your newborn child was added to your NYSOH account and an application for financial assistance was submitted on his behalf.

On July 27, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that your newborn child was conditionally eligible for Medicaid, effective July 1, 2017. The notice stated that you needed to provide proof of your

newborn child's citizenship status and Social Security number by October 22, 2017, to confirm his eligibility.

On July 28, 2017, NYSOH issued an enrollment notice stating in part, that the type of Medicaid coverage your newborn child was eligible for did not require or allow you to enroll him in a health plan.

On September 1, 2017, you uploaded to your NYSOH account a copy of your newborn child's Social Security card.

On September 2, 2017, NYSOH issued an eligibility determination stating, in part, that your newborn child remained eligible for Medicaid, effective September 1, 2017.

Also on September 2, 2017 and September 12, 2017, NYSOH issued enrollment notices stating in part, that the type of Medicaid coverage your newborn child was eligible for did not require or allow you to enroll him in a health plan.

On September 22, 2017, NYSOH issued an enrollment confirmation notice, based on your September 19, 2017 plan selection, stating in part, that your newborn son was enrolled in a Medicaid Managed Care plan with Healthfirst as of November 1, 2017.

On September 30, 2017, NYSOH issued an eligibility determination notice, based on a system update of September 19, 2017, stating in part, that your infant child was eligible for Medicaid, effective September 1, 2017. The notice further stated that you needed to pick a plan for your newborn child.

On October 26, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your newborn child's Medicaid Managed Care plan with Healthfirst insofar that it was effective November 1, 2017 and not September 1, 2017.

On December 19, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing you requested to amend your appeal to include your child [REDACTED] enrollment in a Medicaid Managed Care plan for the month of September 2017. 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) According to your NYSOH account, you were conditionally eligible for Medicaid effective July 1, 2017.

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- 2) According to your NYSOH account and your testimony, your child was born [REDACTED].
- 3) According to your NYSOH account, you were not enrolled in a Medicaid Managed Care plan on the date of your newborn's birth; no explanation was provided as to why neither you nor your child could be enrolled in a Medicaid Managed Care Plan.
- 4) According to your NYSOH account, your newborn child was added to your account on July 24, 2017 and was determined conditionally eligible for Medicaid effective July 1, 2017.
- 5) According to your NYSOH account and your testimony, on September 1, 2017, you uploaded a copy of your newborn child's Social Security card to you NYSOH account. That information was validated that day and the account was updated with his Social Security number.
- 6) According to your NYSOH account, on September 1, 2017, after the update of the Social Security number, your newborn child remained eligible for Medicaid but was still not eligible to enroll in a Medicaid Managed Care plan.
- 7) According to the September 2, 2017 and September 12, 2017 enrollment notices, your newborn child was not eligible to select a Medicaid Managed Care plan because the type of Medicaid coverage he was eligible for did not require or allow you to enroll him in a plan.
- 8) You testified that on September 19, 2017, you contacted NYSOH and asked why you could not select a Medicaid Managed Care plan for your newborn. You testified that at that time you were first told it was because your application showed that the newborn child's parent or stepparent was a public employee and could get family coverage through a state benefit plan. This was never stated on any notice.
- 9) According to your NYSOH account and testimony, on September 19, 2017, you corrected this information in your application and the account was updated.
- 10) On September 19, 2017 you were able to select a Medicaid Managed Care plan for your newborn child. At that time, you selected a plan with an enrollment start date of November 1, 2017.
- 11) You testified that you never advised NYSOH that your newborn child's parent or stepparent was a public employee and could get family coverage through a state benefit plan. You testified that it was a NYSOH customer

service representative's error that the July 24, 2017 application indicated that your newborn child could get family coverage through a state plan.

- 12) The record reflects that none of the applications for health insurance you submitted on behalf of your newborn child's older sibling, [REDACTED], either before or after July 24, 2017, indicate that a parent or stepparent was a public employee and that he could get family coverage through a state benefit plan.
- 13) According to your NYSOH account, your newborn child's older sibling, [REDACTED], has been enrolled in a Medicaid Managed Care plan continuously since October 1, 2016 and has not had any gaps in Medicaid Managed Care plan coverage.
- 14) You testified and the record reflects that you are an [REDACTED] providing [REDACTED] and are reimbursed a set fee based on the clients you see.
- 15) You testified that you want your newborn child's Medicaid Managed Care plan to begin on September 1, 2017 because he incurred medical costs in September 2017 and his doctor does not accept 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

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).

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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 Effective dates

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)).

Notice

Any required notice issued by NYSOH must include an explanation of the action referenced in the notice, including the effective date of the action, and the factual and legal basis for such action (45 CFR § 155.230).

Legal Analysis

Initially it is noted that you requested to amend your appeal to include your child ██████ enrollment in a Medicaid Managed Care plan for the month of September 2017. The record reflects that Nathaniel has had continuous Medicaid Managed Care coverage in Healthfirst since October 1, 2106. As such, your request for the Hearing Officer to include this in your appeal is denied.

The issue under review is whether NYSOH properly determined that your newborn child's Medicaid Managed Care plan was effective November 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 Medicaid Managed Care plan, the child

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shall be enrolled in the mother's Medicaid Managed Care 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 July 24, 2017. You were not enrolled in a Medicaid Managed Care plan on the date of your newborn child's birth. Since you were not enrolled in a Medicaid Managed Care plan on the date of your newborn's birth, your child was purportedly not eligible to be enrolled in a Medicaid Managed Care plan effective as of date of birth.

The record reflects that following your July 24, 2017 application, your newborn child was determined conditionally eligible for Medicaid effective July 1, 2017. You were required to provide proof of citizenship and Social Security number by October 22, 2017. On September 1, 2017 you uploaded to your NYSOH account a copy of your newborn child's Social Security card. That information was validated that same day and your account was updated.

The record reflects that enrollment notices issued by NYSOH on September 2, 2017 and September 12, 2017 stated that the type of Medicaid coverage your newborn child was eligible for did not require or allow you to enroll him in a health plan, but they did not explain why.

On September 19, 2017 you contacted NYSOH and inquired as to why you could not enroll your newborn child into a Medicaid Managed Care plan. At that time, you were informed for the first time that the newborn child's July 24, 2017 application was showing that the question as to whether the child has a parent or stepparent who was a public employee and could get family coverage through a state benefit plan was answered "yes." You testified that you never made that statement and that the NYSOH customer service representative made an error in checking "yes" to the answer to that question.

The record reflects that you are a [REDACTED] providing [REDACTED] and are paid based on the number of clients you see. Further, your newborn child's older sibling, [REDACTED], has been enrolled in a Medicaid Managed Care plan continuously since October 1, 2106. None of the applications for [REDACTED] indicate a "yes" to that same question about having a parent or stepparent as a public employee and could get family coverage through a state benefit plan.

The Appeals Unit finds that your newborn child's July 24, 2017 application erroneously indicated, because of an error made by a NYSOH representative, that he had a parent or stepparent who was a public employee and could get family coverage through a state benefit plan. The Appeals Unit further finds that and that this error was preventing you from selecting a Medicaid Managed care plan, and that NYSOH never adequately explained to you the basis of its decision that he was not eligible to enroll in a Medicaid Managed Care plan.

You provided NYSOH with your newborn child's Social Security card on September 1, 2017 and his application was updated with this information. You should have been able to select a Medicaid Managed Care plan for your newborn child at least as early as this date, but because of the error in the July 24, 2017 application, you were prevented from doing so.

You testified and the record reflects that on September 19, 2017 you contacted NYSOH and that is when you learned about the erroneous information in your newborn child's application that was preventing your being able to make a plan selection. On September 19, 2017, the error was corrected and you were then able to make a plan selection, which resulted in a plan enrollment start date of November 1, 2017.

Generally, 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.

NYSOH is required to disclose the basis for its determinations, but it failed to timely disclose to you that the reason you were prevented from enrolling in a Medicaid Managed Care plan was because, first, a NYSOH representative entered inaccurate information on your application, and second, because NYSOH never disclosed the basis for your inability to enroll in a Medicaid Managed Care plan.

The Appeals Unit finds that if not for the error in the July 24, 2017 application, you would have been able to select a Medicaid Managed Care plan for your newborn child on September 1, 2017, and that plan would have become effective on the first day of the first month following September 2017; that is on October 1, 2017.

Therefore, the September 22, 2017 and September 26, 2017 enrollment confirmation notices are MODIFIED to state that your newborn child's enrollment in his Medicaid Managed Care plan with Healthfirst was effective October 1, 2017.

Your case is RETURNED to NYSOH to effectuate your newborn child's Medicaid Managed Care plan coverage with Healthfirst starting October 1, 2017, and to notify you accordingly.

Decision

The September 22, 2017 and September 26, 2017 enrollment confirmation notices are MODIFIED to state that your newborn child's enrollment in his Medicaid Managed Care plan with Healthfirst was effective October 1, 2017.

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 case is RETURNED to NYSOH to effectuate your newborn child's Medicaid Managed Care plan coverage with Healthfirst starting October 1, 2017, and to notify you accordingly.

Effective Date of this Decision: February 02, 2018

How this Decision Affects Your Eligibility

The effective date of your newborn child's Medicaid Managed Care plan with Healthfirst is October 1, 2017.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the 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:

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).

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 September 22, 2017 and September 26, 2017 enrollment confirmation notices are MODIFIED to state that your newborn child's enrollment in his Medicaid Managed Care plan with Healthfirst was effective October 1, 2017.

Your case is RETURNED to NYSOH to effectuate your newborn child's Medicaid Managed Care plan coverage with Healthfirst starting October 1, 2017, and to notify you accordingly.

The effective date of your newborn child's Medicaid Managed Care plan with Healthfirst is October 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&btumi 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.

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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