



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

Notice of Decision

Decision Date: December 01, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023743

[REDACTED]

[REDACTED]

On November 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health’s September 28, 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: December 01, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023743



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 enrollment in a Medicaid Managed Care plan was effective November 1, 2017?

Procedural History

On March 22, 2017, you submitted an application for health insurance to NYSOH. That application indicated that you were pregnant and expecting one child.

On March 23, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective March 1, 2017.

Also on March 23, 2017, NYSOH issued a notice of enrollment confirming your enrollment in a Medicaid Managed Care plan, with a plan enrollment start date of May 1, 2017.

On May 20, 2017, NYSOH issued an eligibility determination notice stating that you remained eligible for Medicaid, effective June 1, 2017. This notice stated that the type of Medicaid coverage you were eligible for does not require or allow you to enroll into a health plan. This was because you have other full benefit health insurance.

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Also on May 20, 2017, NYSOH issued a notice of enrollment stating that the type of Medicaid coverage you are eligible for does not require or allow you to enroll in a health plan.

On August 8, 2017, you uploaded a letter from your prior insurance plan through your father showing that your coverage was cancelled as of May 1, 2017.

On August 11, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective August 1, 2017. This notice advised you that you needed to pick a health plan.

Also on August 11, 2017, NYSOH issued a notice of enrollment advising you that action was required and that you needed to pick a health plan now.

On August 16, 2017, NYSOH issued a notice of enrollment confirming your enrollment in a Medicaid Managed Care plan, with a plan enrollment start date of September 1, 2017.

On September 27, 2017, your newborn child was added to your NYSOH account. That day, a preliminary eligibility determination was prepared stating that your newborn child was eligible for Medicaid and you enrolled your child into your Medicaid Managed Care plan.

On September 28, 2017, NYSOH issued a notice of enrollment stating that your child was enrolled into a Medicaid Managed Care plan, effective November 1, 2017.

On October 1, 2017, NYSOH issued an eligibility determination notice, based on your September 27, 2017 application, stating that your newborn child was eligible for Medicaid effective August 1, 2017.

On October 26, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your newborn child's enrollment in a Medicaid Managed Care plan, insofar as the enrollment did not begin as of August 1, 2017.

On November 28, 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 that you are only appealing the start date of your newborn child's Medicaid Managed Care plan.

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- 2) You testified, and your account confirms, that you were determined eligible for Medicaid effective March 1, 2017.
- 3) You were enrolled into a Medicaid Managed Care plan what was to be effective May 1, 2017.
- 4) You testified, and your account confirms, that effective June 1, 2017 you were disenrolled from your Medicaid Managed Care plan because the system determined that you had active third-party health insurance.
- 5) The record does not contain a disenrollment notice from NYSOH confirming your disenrollment as of June 1, 2017.
- 6) You testified that you had insurance through your father's employer sponsored coverage until May 1, 2017.
- 7) On August 8, 2017, you uploaded a letter from EmblemHealth stating that you had coverage through them from December 1, 2016 through May 1, 2017.
- 8) The record indicates that the third-party health insurance was removed from the system on August 10, 2017.
- 9) The record does not contain any information from NYSOH regarding where they obtained the information that you were enrolled in third party health insurance.
- 10)The record indicates that you were reenrolled into a Medicaid Managed Care plan on August 14, 2017. This plan was effective as of September 1, 2017.
- 11) You testified that your child was born on [REDACTED]
- 12) You testified that you thought your child would be enrolled into the same Medicaid Managed Care plan that you were in.
- 13)On September 27, 2017, you added your child to your NYSOH account and enrolled him into a Medicaid Managed Care plan.

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

Applicable Law and Regulations

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Medicaid

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if that individual was eligible at 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 18 NYCRR § 360-10.3(h),; Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13 ADM-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), N.Y. Soc. Serv. Law § 366-g(3)). Additionally, Medicaid Managed Care plans are contractually obligated to provide coverage to eligible newborns based on the transaction date of the enrollment of the newborn (Medicaid Managed Care Model Contract (Appendix H-6 effective 3/1/2014 – 2/28/2019)).

Continuous Coverage

Most applicants determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage offered through Medicaid Managed Care, even if the adult loses Medicaid eligibility because of any changes or updates they make to their Marketplace account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a 12-month period. This 12-month period is referred to as "continuous coverage," and is set based on the start date of the original Medicaid eligibility determination or the date of any subsequent Medicaid eligibility determination based on modified adjusted gross income (see 42 CFR § 435.916; NY Social Services Law (NY SSL) § 366(4)(c)).

Third Party Health Insurance

A person who has primary medical or health care coverage available from or under a third-party insurance provider is not permitted to enroll into a Medicaid Managed Care plan (NY SSL § 364-j(3)(e)(xx); Medicaid Managed Care Model Contract (Appendix H-6), effective 3/1/2014 – 2/28/2019). However, they will remain eligible for fee-for-service Medicaid with limited exceptions, including entering prison or another facility that provides medical care, lack of state

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residence, or failing to provide a valid social security number (NY SSL § 366(4)(c)).

Legal Analysis

The issue for review is whether NYSOH properly determined that your newborn child's enrollment in a Medicaid Managed Care plan was effective November 1, 2017.

You testified that you are only appealing the start date of your newborn child's Medicaid Managed Care plan. However, in New York State a Medicaid eligible newborn is mandated to receive the same coverage as their mother as of the newborn child's date of birth. Therefore, we must review your eligibility for a Medicaid Managed Care plan as of your child's date of birth.

In the March 23, 2017 notice of eligibility determination, you were found eligible for Medicaid, effective March 1, 2017. On March 22, 2017, you selected a Medicaid Managed Care plan, effective May 1, 2017, as is documented by the March 23, 2017 notice of enrollment confirmation.

Generally, when an individual is eligible for Medicaid through NYSOH they are required to enroll in a Medicaid Managed Care plan. Applicants determined eligible will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, or failing to provide a valid Social Security number.

The record does not contain a disenrollment notice from NYSOH confirming your disenrollment your Medicaid Managed Care plan. However, you testified, and your account confirms, that effective June 1, 2017 you were disenrolled from your Medicaid Managed Care plan because the system determined that you had active third-party health insurance.

When NYSOH determines that a person has active coverage in a health insurance plan outside of NYSOH, that person is not eligible to enroll or remain enrolled in a Medicaid Managed Care plan.

However, you credibly testified that your coverage under your father's employer-sponsored health insurance ended on May 1, 2017 and submitted documentation from your father's employer-sponsored health insurance confirming that your coverage ended May 1, 2017.

Therefore, when NYSOH cancelled your coverage in a Medicaid Managed Care plan due to your having third party health insurance, you did not, in fact, have third party health insurance and the information relied upon by NYSOH in making

the determination to terminate your coverage under your Medicaid Managed Care plan as of June 1, 2017 was incorrect.

The record indicates that you were reenrolled into a Medicaid Managed Care plan on August 14, 2017. This plan was effective as of September 1, 2017.

Your child was born on [REDACTED] and on September 27, 2017, you added your child to your NYSOH account and enrolled him into a Medicaid Managed Care plan. Since on the date of your child's birth, you were eligible for Medicaid, but not enrolled into a Medicaid Managed Care plan because the system determined that you had third-party health insurance, your child was not mandated to receive coverage through a Medicaid Managed Care plan as of his date of birth.

However, as discussed above, your Medicaid Managed Care plan was improperly terminated as of June 1, 2017. Since you should have been enrolled into a Medicaid Managed Care plan for the months of June, July, and August 2017, your newborn child would have also been enrolled into the same Medicaid Managed Care plan as of his date of birth.

Therefore, the September 28, 2017 enrollment confirmation notice is MODIFIED to state that your enrollment in a Medicaid Managed Care plan was effective as of May 1, 2017 and that your newborn child's enrollment in a Medicaid Managed Care plan is effective as of August 1, 2017.

Decision

The September 28, 2017 enrollment confirmation notice is MODIFIED to state that your enrollment in a Medicaid Managed Care plan was effective as of May 1, 2017 and that your newborn child's enrollment in a Medicaid Managed Care plan is effective as of August 1, 2017.

Your case is RETURNED to NYSOH to reinstate your Medicaid Managed Care plan for the months of June, July, and August 2017 and backdate your newborn child's coverage in the Medicaid Managed Care plan to August 1, 2017.

Effective Date of this Decision: December 01, 2017

How this Decision Affects Your Eligibility

NYSOH improperly disenrolled you from your Medicaid Managed Care plan and as a result your newborn child was not enrolled into the same Medicaid Managed Care plan as of his date of birth.

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 being sent back to reinstate your Medicaid Managed Care plan for June, July, and August 2017 and to backdate your child's enrollment to his date of birth.

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:

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- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The September 28, 2017 enrollment confirmation notice is MODIFIED to state that your enrollment in a Medicaid Managed Care plan was effective as of May 1, 2017 and that your newborn child's enrollment in a Medicaid Managed Care plan is effective as of August 1, 2017.

NYSOH improperly disenrolled you from your Medicaid Managed Care plan and as a result your newborn child was not enrolled into the same Medicaid Managed Care plan as of his date of birth.

Your case is RETURNED to NYSOH to reinstate your Medicaid Managed Care plan effective May 1, 2017 and backdate your newborn child's coverage in the Medicaid Managed Care plan as of August 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.

(Bengali)

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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. yeb&tumi ama wo obi a okyer& 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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