



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

Notice of Decision

Decision Date: February 6, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023776

[REDACTED]

[REDACTED],

On January 8, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health’s August 31, 2017 and September 6, 2017 plan enrollment notices.

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

Decision Date: February 6, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023776

[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly enroll you in a Medicaid Managed Care (MMC) plan with an enrollment start date of October 1, 2017?

Did NYSOH properly enroll your newborn child in a MMC plan with an enrollment start date of October 1, 2017?

Procedural History

On January 12, 2017, NYSOH issued an eligibility determination notice stating that you were eligible for a tax credit up to \$162.00 per month, effective as of February 1, 2017.

Also on January 12, 2017, NYSOH issued a plan enrollment notice confirming that as of January 11, 2017, you were enrolled in a qualified health plan (QHP) with an enrollment start date of February 1, 2017.

On August 30, 2017, your NYSOH account was updated.

On August 31, 2017, NYSOH issued four notices:

- (1) An eligibility determination notice stating that you were eligible for Medicaid, effective as of August 1, 2017;

- (2) An eligibility determination notice stating that you were eligible for retroactive Medicaid benefits from May 1, 2017 through July 31, 2017;
- (3) A disenrollment notice stating that your QHP coverage would end as of August 31, 2017, because you were no longer eligible to enroll in that health plan;
- (4) A plan enrollment notice confirming that as of August 30, 2017, you were enrolled in a MMC plan with an enrollment start date of October 1, 2017.

On September 5, 2017, your newborn child was added to your NYSOH account and an application was filed on their behalf.

On September 6, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that your child was eligible for Medicaid, effective as of September 1, 2017.

Also on September 6, 2017, NYSOH issued a plan enrollment notice confirming that as of September 5, 2017, you were enrolled in a MMC plan with an enrollment start date of October 1, 2017.

On October 27, 2017, you contacted NYSOH and requested an appeal relative to the enrollment start date of your and your child's MMC plan.

On January 8, 2018, 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 to allow the Hearing Officer to request the recordings of your August 30, 2017 conversations with NYSOH's Customer Service Center.

On January 9, 2018, the NYSOH's Appeals Unit received the two recordings of your August 30, 2017 conversations with NYSOH's Customer Service Center. The first conversation occurred at 12:34 p.m. and will be referred to as "NYSOH Exhibit A," and the second conversation occurred at 2:16 p.m. and will be referred to as "NYSOH Exhibit B." The record is now complete and closed.

Findings of Fact

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

- 1) According to your NYSOH account, you were enrolled in a QHP, through EmblemHealth (Emblem) with an enrollment start date of February 1, 2017.
- 2) On August 30, 2017, you were transferred from Emblem to NYSOH's Customer Service Center (NYSOH Exhibit A). During that conversation:

- (a) You stated that you were pregnant and wanted more information on how to add your child to your health plan once they were born.
 - (b) The NYSOH representative stated that your health insurance application was “in progress” and needed to be completed.
 - (c) You attested that you were currently on maternity leave from your employer, [REDACTED], and had a year-to-date income of \$22,256.00.
- 3) According to your NYSOH account, on August 30, 2017, you were determined eligible for Medicaid and enrolled in an Emblem MMC plan.
- 4) On August 30, 2017, you had a conference call with representatives from NYSOH and Emblem (NYSOH Exhibit B). During that conversation:
- (a) You stated that you wanted to compare the coverage between the Emblem QHP and Emblem MMC plan.
 - (b) The NYSOH representative stated that you would have “regular Medicaid” as of August 1, 2017, and your Emblem MMC plan would be effective October 1, 2017.
 - (c) The NYSOH representative stated that until October 1, 2017, you needed to be certain that your medical providers accepted “regular Medicaid.”
 - (d) The NYSOH representative instructed you to contact NYSOH once your child was born to add them to your health plan.
- 5) According to your NYSOH account, your child was born on [REDACTED].
- 6) According to your NYSOH account, on September 5, 2017, you added your newborn child to your account and enrolled them in an Emblem MMC plan.
- 7) You testified that you were appealing the start date of your and your newborn child’s MMC coverage through Emblem. You want to have the enrollment start date for both of you to be changed to September 1, 2017, to cover medical expenses incurred that month.

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

Applicable Law and Regulations

Medicaid Managed Care - Enrollment Start 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), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

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 from 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).

Legal Analysis

The first issue under review is whether NYSOH properly enrolled you in a MMC plan, through Emblem, with an enrollment start date of October 1, 2017.

The record reflects that you were initially enrolled in a QHP, through Emblem, with an enrollment start date of February 1, 2017.

On August 30, 2017, you contacted Emblem because you were pregnant and wanted more information about adding your child to your health plan once they were born. The Emblem representative transferred you to the NYSOH Customer Service Center. The NYSOH representative stated that your health insurance application was "in progress" and needed to be completed. During the application process, you attested that you were currently on maternity leave from your employer and had a year-to-date income of \$22,256.00 (NYSOH Exhibit A).

The record reflects that based on that attestation, you were determined eligible for Medicaid and enrolled in an Emblem MMC plan on August 30, 2017.

Subsequently, on August 30, 2017, you had a conference call with representatives from NYSOH and Emblem. You wanted to compare the coverage between the Emblem QHP and Emblem MMC plan. The NYSOH representative stated that you would have "regular Medicaid" as of August 1, 2017, and your Emblem MMC plan would be effective October 1, 2017. The representative advised you to be certain that your medical providers accepted "regular Medicaid" until October 1, 2017 (Appellant Exhibit B).

The date on which 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 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 the Emblem MMC plan was selected on August 30, 2017, you were properly enrolled in that plan on the first day of the second following month; that is October 1, 2017.

Therefore, the August 31, 2017 plan enrollment notice is AFFIRMED.

The second issue under review is whether NYSOH properly determined that your newborn child's MMC was effective October 1, 2017.

Medicaid coverage must be provided to a child born to a woman who has been determined eligible for and is receiving Medicaid on the date of the child's birth. If a newborn child's mother is enrolled in a 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 on September 5, 2017, with an enrollment start date of October 1, 2017. As of September 1, 2017, your child's birth date, you were only enrolled in Medicaid Fee-For-Service.

Since you were not enrolled in a MMC plan on the date of your newborn's birth, your child is not eligible to be enrolled in a MMC effective their date of birth.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment. 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.

On September 5, 2017, your newborn child was enrolled in a MMC plan, so it should be effective on the first day of the second following month; that is, on October 1, 2017.

Therefore, the September 6, 2017 enrollment notice is AFFIRMED.

The record reflects that you and your newborn child were enrolled in Medicaid Fee-For-Service for the month of September 2017. Your case will be REFERRED to New York State Department of Health, Office of Health Insurance Programs, Stakeholder Relations and Exchange Support to facilitate the possible reimbursement for the medical expenses that were incurred in the month of September 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).

Decision

The August 31, 2017 plan enrollment notice is AFFIRMED.

The September 6, 2017 plan enrollment notice is AFFIRMED.

Your case will be REFERRED to New York State Department of Health, Office of Health Insurance Programs, Stakeholder Relations and Exchange Support to facilitate the possible reimbursement for the medical expenses that were incurred in the month of September 2017.

Effective Date of this Decision: February 6, 2018

How this Decision Affects Your Eligibility

You were properly enrolled in an Emblem MMC plan with an enrollment start date of October 1, 2017. You had Medicaid Fee-for-Service as of August 1, 2017.

Your child was properly enrolled in an Emblem MMC plan with an enrollment start date of October 1, 2017. Your child had Medicaid Fee-for-Service as of September 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

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).

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

Summary

The August 31, 2017 plan enrollment notice is AFFIRMED.

The September 6, 2017 plan enrollment notice is AFFIRMED.

Your case will be REFERRED to New York State Department of Health, Office of Health Insurance Programs, Stakeholder Relations and Exchange Support to facilitate the possible reimbursement for the medical expenses that were incurred in the month of September 2017.

You were properly enrolled in an Emblem MMC plan with an enrollment start date of October 1, 2017. You had Medicaid Fee-for-Service as of August 1, 2017.

Your child was properly enrolled in an Emblem MMC plan with an enrollment start date of October 1, 2017. Your child had Medicaid Fee-for-Service as of September 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).

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&etumi 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.

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).