



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

Notice of Decision

Decision Date: May 30, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027777



Dear [REDACTED]

On March 28, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 26, 2018 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).

This page intentionally left blank.



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

Decision

Decision Date: May 30, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027777



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 and your child's enrollment in a Medicaid Managed Care plan was effective March 1, 2018?

Procedural History

On December 4, 2017, NYSOH received your application for financial assistance with your health insurance in which you indicated you were pregnant with one child.

On December 5, 2017, NYSOH issued an eligibility determination notice stating that you were conditionally eligible for Medicaid coverage for all outpatient prenatal Medicaid services, effective December 1, 2017. The notice stated that you needed to provide proof of your current income by December 19, 2017.

On December 6, 2017, you uploaded income documentation to your NYSOH account.

On December 7, 2017, NYSOH issued a notice stating more information was needed to make a determination on your eligibility. The notice stated the income documentation you provided did not confirm the information in your application. You were asked to submit acceptable income documentation by January 3, 2018.

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).

No updates were received by January 3, 2018 and on January 14, 2018 NYSOH redetermined your eligibility for financial assistance with health insurance.

On January 15, 2018, NYSOH issued an eligibility determination notice stating that you were no longer eligible for health insurance through NYSOH, effective February 1, 2018. This was because you had not provided proof of your current household income within the required timeframe.

On January 24, 2018, NYSOH received your updated application for financial assistance with health insurance.

On January 25, 2018, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective February 1, 2018.

Also on January 25, 2018, you submitted an updated application for financial assistance with health insurance that included your newborn child.

Also on January 25, 2018, a Certified Application Counselor selected, on your behalf, a Medicaid Managed Care plan for you and your newborn child.

Also on January 25, 2018, a Certified Application Counselor contacted the NYSOH Account Review Unit on your behalf and requested an appeal of the start date of your and your newborn child's enrollment in a Medicaid Managed Care plan, requesting that it begin January 1, 2018.

On January 26, 2018, NYSOH issued an eligibility determination notice, based on the January 25, 2018 updated application, stating that you remained eligible for Medicaid, effective February 1, 2018. That notice also stated that your newborn child was conditionally eligible for Medicaid, effective January 1, 2018.

Also on January 26, 2018, NYSOH issued a plan enrollment notice confirming that you and your newborn child were enrolled in a Medicaid Managed Care plan, with a plan enrollment start date of March 1, 2018.

On March 28, 2018, 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 the record reflects, that you are appealing your enrollment start date of your and your newborn child's enrollment in a Medicaid Managed Care plan.

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).

- 2) According to your NYSOH account, on December 5, 2017, you were determined conditionally eligible for Medicaid coverage for all outpatient prenatal Medicaid services effective December 1, 2017.
- 3) Your NYSOH account reflects that you elected to receive notices from NYSOH by electronic alert.
- 4) You testified that you do receive the email alerts at the email address listed in your NYSOH account.
- 5) According to your NYSOH account, on December 6, 2017, you uploaded to your account a single earnings statement dated November 24, 2017. That day, NYSOH reviewed and invalidated your documentation.
- 6) According to your NYSOH account, on December 7, 2017, NYSOH issued a notice that the documentation you submitted did not confirm the information in your application. The notice stated you needed to submit acceptable income documentation by January 3, 2018.
- 7) The record reflects that no additional income documentation was submitted by the January 3, 2018 deadline.
- 8) The record reflects that your child was born on [REDACTED] [REDACTED] [REDACTED].
- 9) The record reflects that, at the time your child was born, you were enrolled in Medicaid fee-for-service coverage.
- 10) You testified and the record reflects that on January 25, 2018, with the assistance of a Certified Application Counselor, you updated your account and submitted an updated application for financial assistance for you and your newborn child.
- 11) According to your NYSOH account, you were determined eligible for Medicaid effective February 1, 2018 and your child was determined eligible for Medicaid effective January 1, 2018.
- 12) According to your NYSOH account and your testimony, your Certified Application Counselor selected a Medicaid Managed Care plan for you and your newborn child on January 25, 2018 with a plan enrollment start date of March 1, 2018.
- 13) You testified that you want your and your child's Medicaid Managed Care plan to begin on January 1, 2018.

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

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).

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

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, Medicaid Managed Care 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 Medicaid Managed Care plan (Medicaid Managed Care Model Contract (Appendix H-6 effective 3/1/2014 – 2/28/2019)).

Verification Process

For all individuals, whose income is needed to calculate the household's eligibility, NYSOH must request data from state and federal data sources that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i), 42 CFR § 435.945).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f) 42 CFR § 435.952).

Legal Analysis

The issue is whether NYSOH properly determined that your and your child's enrollment in the Medicaid Managed Care plan was effective March 1, 2018.

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).

The record reflects that on December 4, 2017, you updated your account and indicated that you were pregnant with one child. At that time, you were determined conditionally eligible for Medicaid pending proof of income. On December 6, 2017, you uploaded a single earnings statement as proof of income. That same day, NYSOH reviewed and invalidated this documentation as proof of income. On December 7, 2017, NYSOH issued a notice stating that the documentation you submitted was reviewed but did not confirm the information in your application. The notice stated you needed to submit acceptable proof of income by January 3, 2018. No income documentation was received by the January 3, 2018 deadline. On January 15, 2018, NYSOH issued an eligibility determination notice stating that you were no longer eligible for health insurance through NYSOH, effective February 1, 2018.

Therefore, the record reflects that at the time of your child's birth on [REDACTED] [REDACTED] you were enrolled in Medicaid fee-for-service coverage.

The record reflects that you updated your account on January 25, 2018 and applied for financial assistance with health insurance for you and your newborn child. Additionally, the record reflects that you were found eligible for Medicaid effective February 1, 2018 and your newborn child was found eligible for Medicaid effective January 1, 2018. The record further reflects that the Certified Application Counselor selected Medicaid Managed Care plan for you and your newborn child on January 25, 2018 with plan enrollment start date of March 1, 2018.

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 receiving Medicaid, but were not enrolled in a Medicaid Managed Care plan. Therefore, your child was not mandated to receive coverage through an Medicaid Managed Care plan as of his date of birth, and the start date of his coverage through an Medicaid Managed Care plan was dependent on the date a plan was selected.

The date on which a Medicaid Managed Care 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 January 25, 2018, the Certified Application Counselor selected on your behalf, a Medicaid Managed Care plan for you and your newborn child. Therefore, those enrollments properly took effect on the first day of the second month following January 2018: that is, on March 1, 2018.

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).

Therefore, the January 26, 2018 enrollment confirmation notice stating that your and your child's enrollment in your Medicaid Managed Care plan would be effective March 1, 2018, was correct and must be AFFIRMED.

Decision

The January 26, 2018 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: May 30, 2018

How this Decision Affects Your Eligibility

This decision does not affect your or your child's eligibility.

The effective date of your and your child's Medicaid Managed Care plan is March 1, 2018.

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 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 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:

- 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 January 26, 2018 enrollment confirmation notice is **AFFIRMED**.

This decision does not affect your or your child's eligibility.

The effective date of your and your child's Medicaid Managed Care plan is March 1, 2018.

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.

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।

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 bεtumi 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.

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).