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

Notice of Decision

Decision Date: April 3, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000027828

[redacted]

[redacted]

On March 12, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 17, 2018 plan enrollment 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

Decision Date: April 3, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000027828

[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 enrollment in his Medicaid Managed Care plan was effective March 1, 2018?

Procedural History

On January 17, 2018, NYSOH issued an eligibility determination notice, based on your January 16, 2018 application, stating that your newborn child (child) was conditionally eligible for Medicaid, effective January 1, 2018. You were directed to produce his Social Security number by April 16, 2018.

Also on January 17, 2018, NYSOH issued a plan enrollment notice, based on the plan you selected for your newborn on January 16, 2018, confirming your child's enrollment in a Medicaid Managed Care plan, as of March 1, 2018.

On January 25, 2018 you spoke to NYSOH's Account Review Unit and appealed the start date of your child's enrollment in his Medicaid Managed Care plan, insofar as it did not begin on [redacted] his date of birth.

On March 12, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open to allow the Hearing Officer time to review telephone recordings. Multiple calls were reviewed and the record was closed.

Findings of Fact

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

1) You testified that you are disputing your child's enrollment start date in his Medicaid Managed Care plan.

2) Your child was born on [redacted].

3) You testified that you called NYSOH on the Friday afternoon following your child's birth, [redacted] on [redacted]. You testified that a NYSOH representative advised you to call back on Monday, January 15, 2018 to submit an application.

4) There is no telephone call record for either date.

5) You placed a call to NYSOH on January 16, 2018. During that call, you added your child to your account. You advised the NYSOH representative that you wanted your child to have the same coverage as your oldest child.

6) According to your NYSOH account, you added your child to your account and submitted an application to NYSOH for financial assistance on January 16, 2018.

7) Your NYSOH account does not indicate that you contacted NYSOH prior to January 16, 2018, regarding coverage for your child.

8) Your child was determined eligible for Medicaid as of January 1, 2018, and his enrollment in a Medicaid Managed Care plan began on March 1, 2018.

9) You placed a call to NYSOH on January 25, 2018. During that call, a NYSOH representative confirmed that your child's Medicaid Managed Care plan was effective March 1, 2018. You filed a formal appeal requesting an earlier start date.

10) According to your NYSOH account, you selected a Medicaid Managed Care Plan for your child on January 16, 2018, and his enrollment was effective on March 1, 2018.

11) On the date of child's birth, [redacted], you did not have health insurance coverage for yourself through NYSOH.

12) You testified that you want your child's Medicaid Managed Care plan to begin on [redacted], or in the alternative, February 1, 2018, because you have outstanding bills for medical services rendered.

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)).

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), 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).

Legal Analysis

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

Your child was born on [redacted]. You testified that you contacted NYSOH on [redacted] to add him to your account. There is no record to support your testimony. The record does reflect that, on January 16, 2018, you added your newborn to your NYSOH account and enrolled him into a Medicaid Managed Care plan with an enrollment start date of March 1, 2018.

You testified that you are seeking for his Medicaid Managed Care start as of the date of his birth, or the first day of the next month, February 1, 2018.

In New York State, Medicaid coverage must be provided to a newborn child born to a woman who has been determined eligible for, and is receiving, Medicaid on the date of the child's birth. If the mother has coverage through Medicaid Managed Care, the health plan would be obligated to provide coverage to the newborn child in that plan. The record reflects that, on the date of your child's birth, you were not enrolled in any coverage through NYSOH. Therefore, your child was not mandated to receive coverage through a Medicaid Managed Care plan as of his date of birth.

Since your child was not mandated to receive coverage through a Medicaid Managed Care Plan as of the day of his birth, under the law, he was determined eligible for straight Medicaid as of the first day of the month of his birth. Since your child was born on [redacted], NYSOH correctly determined him to be eligible for Medicaid as of January 1, 2018, and he had coverage through Medicaid Fee-For-Service as of that date.

As to your child's enrollment start date in the Medicaid Managed Care plan, the date on which his Medicaid Managed Care plan takes effect depends on the day you selected a 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 credible evidence of record supports that you selected a plan for your child's enrollment on January 16, 2018, his enrollment properly took effect on the first day of the second month following January; that is March 1, 2018.

Therefore, the January 17, 2018 plan enrollment notice stating that your child's enrollment in his Medicaid Managed Care plan was effective March 1, 2018, is correct and must be AFFIRMED.

Decision

The January 17, 2018 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: April 3, 2018

How this Decision Affects Your Eligibility

NYSOH properly found that your child's Medicaid Managed Care plan enrollment start date was effective March 1, 2018.

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:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:

  NY State of Health Appeals
  P.O. Box 11729

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).

Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The January 17, 2018 plan enrollment notice is AFFIRMED.

NYSOH properly found that your child's Medicaid Managed Care plan enrollment start date was effective March 1, 2018.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

[redacted]

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).

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 مجانًا.

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 महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई नि:शुल्क 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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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