



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

Notice of Decision

Decision Date: April 17, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028448

[REDACTED]

[REDACTED]

On April 5, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 9, 2018 notice of retroactive enrollment coverage, and the January 9, 2018 and January 19, 2018 enrollment confirmation 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).

This page intentionally left blank.



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

Decision

Decision Date: April 17, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028448

[REDACTED]

Issue

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

Did New York State of Health (NYSOH) properly determine that your newborn child was enrolled in a Medicaid Managed Care plan issued by United Healthcare, effective January 1, 2018?

Did NYSOH properly determine that your newborn child was enrolled in a Medicaid Managed Care plan issued by Healthfirst, effective March 1, 2018?

Procedural History

On September 3, 2017, you updated your NYSOH application to indicate that you were pregnant and expecting to deliver one child on [REDACTED]

On September 4, 2017, NYSOH issued a notice of eligibility determination, based on your September 3, 2017 application, stating that you remained eligible for Medicaid effective September 1, 2017.

Also on September 4, 2017, NYSOH issued a notice of enrollment stating that you were enrolled in a Medicaid Managed Care plan issued by United Healthcare, and that your coverage start date was November 1, 2016.

On January 8, 2018, you updated your NYSOH account and added your newborn child. That day, an application was submitted on your newborn child's behalf.

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).

On January 9, 2018, NYSOH issued a notice of eligibility determination, based on your application of January 8, 2018, stating that your newborn child was eligible for Medicaid effective January 1, 2018. This notice stated that infants are enrolled in the same health plan their mother had when they were born.

Also on January 9, 2018, NYSOH issued a notice of retroactive enrollment for your child in your Medicaid Managed Care plan issued by United Healthcare. That enrollment was effective for the period January 1, 2018 through January 31, 2018. This was because infants are enrolled in the plan their mother had when they were born.

Also on January 9, 2018, NYSOH issued a notice of enrollment for your child in a Medicaid Managed Care plan issued by United Healthcare with a February 1, 2018 coverage start date. This was because infants are enrolled in the same plan their mother had when they were born.

On January 18, 2018, NYSOH received your updated application for financial assistance as well as a request to change your newborn child's Medicaid Managed Care plan enrollment.

On January 19, 2018, NYSOH issued a notice of enrollment for your child in a Medicaid Managed Care plan issued by Healthfirst with a March 1, 2018 coverage start date.

Also on January 19, 2018, NYSOH issued a notice of disenrollment for your child in the Medicaid Managed Care plan issued by United Healthcare, effective February 28, 2018.

On February 5, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's enrollment in the Medicaid Managed Care plan issued by Healthfirst, insofar as it did not begin on February 1, 2018.

On April 5, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you clarified that you were looking to have your child's Medicaid Managed Care plan through Healthfirst begin as of the date of his birth in January 2018. 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) 1) You submitted an application for financial assistance with obtaining health insurance to NYSOH on September 3, 2017 in which you indicated that you were pregnant.

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) You testified and the record reflects that you selected a Medicaid Managed Care Plan issued by United Healthcare for yourself.
- 3) You testified and the record reflects that you gave birth to your child on [REDACTED]
- 4) On January 8, 2018, you contacted NYSOH by telephone to add your newborn child to your account and request a determination of his eligibility for coverage. You testified at that time you requested that your child be enrolled into a Medicaid Managed Care plan through Healthfirst.
- 5) During your hearing, you gave the Hearing Officer permission to listen to recordings of the phone calls you placed to NYSOH in regard to your child's coverage.
- 6) A review of the phone call you placed to NYSOH on January 8, 2018 indicates that a NYSOH representative told you your child would be enrolled in your Medicaid Managed Care plan, issued by United Healthcare, back to the first day of the month of his birth. You were also informed that you had the option to change his plan going forward within 90 days of his enrollment date.
- 7) You testified that your child's pediatrician does not accept insurance issued by United Healthcare. Review of your January 8, 2018 phone call to NYSOH indicates that you also reported that information to NYSOH, and requested a change in your child's enrollment to a Medicaid Managed Care plan issued by Healthfirst. You were told that his new Medicaid Managed Care coverage would begin February 1, 2018.
- 8) On January 18, 2018, you placed another call to NYSOH. A review of that call indicates that a NYSOH representative informed you that your child was enrolled in a Medicaid Managed Care plan issued by United Healthcare. At that time, you again requested that his enrollment be changed to a Medicaid Managed Care plan issued by Healthfirst.
- 9) You testified that you want your child's Medicaid Managed Care coverage with Healthfirst to begin on January 1, 2018 because his doctor does not accept insurance issued by United Healthcare and he has outstanding medical bills for the months of January and February 2018.

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

Applicable Law and Regulations

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 from the date of birth. Where coverage in the mother's Medicaid Managed Care plan is also available to the child, the child will be enrolled in that plan (Medicaid Managed Care Model Contract (Appendix H-6 effective 3/1/2014 – 2/28/2019)).

Medicaid Eligibility and Plan Selection

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)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that your newborn child was enrolled in a Medicaid Managed Care plan issued by United Healthcare, effective January 1, 2018.

On September 3, 2017, you updated your NYSOH application to indicate that you were pregnant and expecting to deliver one child on [REDACTED]. As a result of this application, NYSOH determined that you remained eligible for Medicaid and confirmed your enrollment in a Medicaid Managed Care plan through United Healthcare.

Your child was born on [REDACTED]. The record reflects that you contacted NYSOH on January 8, 2018 and added your child to your account as an applicant for coverage.

On January 9, 2018, an enrollment confirmation notice was issued stating that your newborn child was enrolled in your Medicaid Managed Care plan, issued by United Healthcare, for the period from January 1, 2018 to January 31, 2018. This was because infants are enrolled in the plan their mother had when they were born.

You testified that you want your child's Medicaid Managed Care coverage with Healthfirst to begin on January 1, 2018 because his doctor does not accept insurance issued by United Healthcare and he has outstanding medical bills for the months of January and February 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 coverage on the date of the child's birth. Where the woman is enrolled in a Medicaid Managed Care plan which is also available to the child, the child will be enrolled in that plan as of the date of their birth.

The record reflects that you were enrolled through NYSOH in a Medicaid Managed Care plan issued by United Healthcare on the date of your child's birth

Since you were enrolled in a Medicaid Managed Care Plan through United Healthcare at the time of your child's birth on [REDACTED]; your newborn child should have been enrolled into that same plan as of the month of his birth.

Therefore, the January 9, 2018 notice of retroactive enrollment coverage stating that your newborn child would be enrolled in your Medicaid Managed Care plan issued by United Healthcare for the period January 1, 2018 through January 31, 2018 was correct and must be AFFIRMED.

The second issue under review is whether NYSOH properly determined that your newborn child's enrollment in a Medicaid Managed Care plan issued by Healthfirst was effective March 1, 2018.

You testified that when you called NYSOH on January 8, 2018 to add your newborn child to your NYSOH account, you requested to enroll your newborn child into a Medicaid Managed Care plan issued by Healthfirst. However, NYSOH issued a notice of enrollment on January 9, 2018 stating that your child was enrolled in a plan issued by United Healthcare beginning February 1, 2018.

On January 18, 2018, you called NYSOH and again requested to enroll your newborn child into a Healthfirst plan.

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.

A review of your January 8, 2018 phone call to NYSOH indicates that you requested on that day that your newborn child be enrolled into a Medicaid Managed Care plan issued by Healthfirst. Had your plan selection been properly recorded by NYSOH, his enrollment with Healthfirst would have been effective on the first day of the following month after January, which was February 1, 2018.

Therefore, the January 9, 2018 enrollment confirmation notice stating that your child was enrolled in a Medicaid Managed Care plan issued by United Healthcare as of February 1, 2018 was incorrect and is RESCINDED.

The January 19, 2018 enrollment confirmation notice stating that your child was enrolled in a Medicaid Managed Care plan issued by Healthfirst as of March 1, 2018 is also incorrect as to his coverage start date, and is MODIFIED to reflect a February 1, 2018 coverage start date.

Your case is RETURNED to NYSOH to backdate your child's Medicaid Managed Care plan enrollment with Healthfirst to February 1, 2018.

Decision

The January 9, 2018 notice of retroactive enrollment is AFFIRMED.

The January 9, 2018 enrollment confirmation notice is RESCINDED.

The January 19, 2018 enrollment confirmation notice stating that your child would be enrolled in a Medicaid Managed Care plan issued by Healthfirst as of March 1, 2018 is MODIFIED to reflect a February 1, 2018 enrollment date.

Your case is RETURNED to NYSOH to backdate your child's Medicaid Managed Care coverage with Healthfirst to February 1, 2018.

Effective Date of this Decision: April 17, 2018

How this Decision Affects Your Eligibility

This decision does not change your child's Medicaid Managed Care through United Healthcare for the month of January 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).

This decision changes your child's Medicaid Managed Care through Healthfirst as of February 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

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

Summary

The January 9, 2018 notice of retroactive enrollment is **AFFIRMED**.

The January 9, 2018 enrollment confirmation notice is **RESCINDED**.

The January 19, 2018 enrollment confirmation notice stating that your child's coverage with Healthfirst would begin on March 1, 2018 is **MODIFIED** to reflect a February 1, 2018 coverage start date.

Your child's February 1, 2018 enrollment in Medicaid Managed Care coverage will change to accurately reflect the Healthfirst plan you selected on January 8, 2018.

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 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।

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&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.

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).