



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

## Notice of Decision

Decision Date: May 18, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000028872



Dear [REDACTED]

On April 10, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 27, 2018 eligibility determination notices and February 1, 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 at the top of this notice.

## Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR §155.545(b).

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

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NY State of Health Account ID: [REDACTED]  
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## Issues

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

Did NY State of Health (NYSOH) properly determine that your newborn child (Nochum) was eligible for Medicaid no earlier than January 1, 2018?

Did NYSOH properly determine that your newborn child's enrollment in a Medicaid Managed Care plan was effective March 1, 2018?

Did NYSOH properly determine that your newborn child was not eligible for retroactive Medicaid assistance during the month of December 2017?

## Procedural History

On January 8, 2018, your newborn child was added to your NYSOH account and an application for financial assistance was submitted on his behalf.

On January 9, 2018, NYSOH issued a notice stating that the income information in your application did not match information NYSOH received from state and federal sources. You were directed to provide proof of income by January 23, 2018 and your newborn's Social Security number by April 8, 2018.

On January 26, 2018 you uploaded your newborn's Social Security number and proof of income, which was verified that day.

On January 27, 2018, NYSOH issued an eligibility determination notice stating that your newborn child was eligible for Medicaid, effective January 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).

Also on January 27, 2018, NYSOH issued an eligibility determination notice stating that your newborn child was not eligible for retroactive Medicaid assistance for the month of December 2017. The notice stated that the monthly household income you provided of \$5,986.67 was over the allowable limit of \$4,572.00.

On February 1, 2018, NYSOH issued a plan enrollment notice confirming that your newborn child was enrolled in a Medicaid Managed Care plan with a start date of March 1, 2018.

On February 13, 2018, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as you are seeking Medicaid coverage for your child during the month of his birth, December 2017.

On April 10, 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) According to your NYSOH account and testimony, your child was born on [REDACTED]
- 2) According to your NYSOH account, your child was added to your account on January 8, 2018 and was determined eligible for Medicaid, effective January 1, 2018.
- 3) You testified that you selected a Medicaid Managed Care plan on January 31, 2018.
- 4) According to your NYSOH account, your child was enrolled in a MMC plan effective March 1, 2018.
- 5) According to your NYSOH account and testimony, you and your spouse were not enrolled in any health insurance through NYSOH on the date of your newborn child's birth; you and your spouse were, however, covered through employer sponsored insurance.
- 6) You uploaded income documentation to your NYSOH account on January 9, 2018 consisting of the following: a biweekly pay stub with a pay date of December 29, 2017 with a gross pay amount of \$2,362.50 for the period from December 11, 2017 to December 24, 2017. You testified that you were paid every other week.

- 7) You testified that you want your newborn child to have any coverage for the month of December 2017, because you have medical expenses that were incurred in that month.

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

## **Applicable Law and Regulations**

### Medicaid - Children

A child who is under one year of age is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 223% of the FPL for the applicable family size. (42 CFR § 435.118(c); New York Department of Health Administrative Directive 13 OHIP/ADM-03).

### Medicaid - Effective Date

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 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)).

### Medicaid Managed Care – Effective 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)).

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).

## Medicaid for Children

A child who is under one year of age is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 223% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

## Retroactive Medicaid

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of an initial application if the individual received medical services that would have been covered under Medicaid and the individual would have been eligible for Medicaid at the time he received the services if he had applied (42 USCA § 1396A(34); 42 CFR § 435.915(a)). The Department of Health may make eligibility effective for fee-for-service Medicaid on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

## **Legal Analysis**

The first issue under review is whether NYSOH properly determined that your newborn child was eligible for Medicaid effective January 1, 2018.

The record reflects that your child was born on [REDACTED] [REDACTED] [REDACTED]. Your child was added to your NYSOH account on January 8, 2018, and determined eligible for Medicaid effective January 1, 2018. Further, you testified that you and your spouse were not enrolled in any NYSOH health insurance plan on the date of your newborn child's birth because you were enrolled in employer-sponsored health insurance.

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.

Since you were not receiving Medicaid coverage on the date of your newborn's birth, your child is not eligible for Medicaid coverage effective their date of birth. 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.

Since your newborn was determined eligible for Medicaid on January 26, 2018, NYSOH correctly determined that his Medicaid coverage was effective on the first day of that month; January 1, 2018.

Therefore, January 27, 2018 eligibility determination notice is **AFFIRMED**.

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

You testified that you contacted NYSOH on January 31, 2018 and enrolled your newborn child into a Medicaid Managed Care 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.

On January 31, 2018, you selected a Medicaid Managed Care plan for your newborn child, so it properly took effect on the first day of the second following month; that is, on March 1, 2018.

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

The third issue under review is did NYSOH properly determine that your newborn child was not eligible for retroactive Medicaid during the month of December 2017.

Your newborn child is in a four-person household; you file your taxes with a tax filing status of married and claim two dependents on your tax return.

You testified that you submitted an application for financial assistance on January 8, 2018 and requested help, for your newborn child, in paying for medical bills for December 2017.

When an individual files an initial application for Medicaid, his or her eligibility for retroactive Medicaid depends on the date of application. To this end, it does not matter whether that initial application resulted in Medicaid going forward. Instead, an individual, who has filed an initial application for Medicaid through NYSOH, has the right to be evaluated for Medicaid for the three months before the month of his or her application.

Medicaid coverage can be made effective retroactively for up to three months prior to an individual's initial application if the individual received medical services that would have been covered under Medicaid and if they would have been eligible for Medicaid in those three months had they applied.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

To be eligible for Medicaid in December 2017, your child would have needed to meet the non-financial criteria and have an income no greater than 223% of the FPL, which is \$4,572.00 per month. There is no indication in the record that your newborn child would have been ineligible for Medicaid based on non-financial criteria during December 2017.

You uploaded a biweekly paystub dated December 29, 2017 with a gross pay amount of \$2,362.50 for the period from December 11, 2017 to December 24, 2017. You did not provide any other paystubs that would document the remainder of your earnings in December 2017.

Based on a biweekly paycheck, it is noted that you would have additionally received a paycheck on December 1, 2017 and December 15, 2017. Even if, for purposes of this analysis, your biweekly gross pay amount of \$2,362.50 was assumed to be equal to other pay checks you received in December 2017, even two paychecks would equal \$4,725.00 ( $\$2,362.50 \times 2$ ), which exceeds the limit of \$4,572.00.

Since your monthly income in December 2017 has not been adequately documented, and it appears that it was more than the \$4,572.00 monthly Medicaid limit for December 2017, NYSOH properly determined that your newborn child was not eligible for Medicaid coverage during that month. Therefore, the January 27, 2018 eligibility determination stating that your newborn child was not eligible for retroactive Medicaid assistance in the month of December 2017, is correct and is AFFIRMED.

## **Decision**

The January 27, 2018 eligibility determination notices are AFFIRMED.

The February 1, 2018 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** May 18, 2018

## **How this Decision Affects Your Eligibility**

NYSOH correctly determined that your newborn child had coverage through Medicaid Fee-For-Service beginning January 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).



NYSOH correctly determined that the start date for your newborn child's Medicaid Managed Care plan was March 1, 2018.

NYSOH correctly determined that your newborn child was not eligible for retroactive Medicaid during the month of December 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
- 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 27, 2018 eligibility determination notices are AFFIRMED.

The February 1, 2018 enrollment confirmation notice is AFFIRMED.

NYSOH correctly determined that your newborn child had coverage through Medicaid Fee-For-Service beginning January 1, 2018.

NYSOH correctly determined that the start date for your newborn child's Medicaid Managed Care plan was March 1, 2018.

NYSOH correctly determined that your newborn child was not eligible for retroactive Medicaid during the month of December 2017.

## **Legal Authority**

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

**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 मदद 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. y&b&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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