



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

## Notice of Decision

Decision Date: May 7, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000029240



Dear [REDACTED]

On April 25, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 16, 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).

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## **Decision**

Decision Date: May 7, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000029240



## **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's enrollment in his Medicaid Managed Care (MMC) plan began on February 1, 2018?

## **Procedural History**

On December 15, 2017, you updated your NYSOH account and added your newborn child to your application for health insurance.

On December 16, 2017, NYSOH issued a notice stating more information was needed to determine your newborn child's eligibility. The notice explained the income information you provided in your application did not match the information NYSOH obtained from state and federal data sources. You were asked to submit income documentation by December 30, 2017, and documentation of your newborn's citizenship status and Social Security number by March 15, 2018.

On January 5, 2018, NYSOH received your updated application for health insurance. Also on this date you uploaded income documentation to your NYSOH account.

That same day, NYSOH verified the income documentation you uploaded, and your newborn's eligibility was redetermined.

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On January 6, 2018, NYSOH issued an eligibility determination notice stating your newborn child was conditionally eligible for Medicaid, effective January 1, 2018. The notice further stated you needed to provide proof of his citizenship and Social Security number by March 15, 2018. The notice also directed you to select an MMC plan on your child's behalf.

On January 12, 2018, you uploaded further documentation to your NYSOH account, and your child's eligibility was redetermined.

On January 13, 2018, NYSOH issued a notice of eligibility determination stating your newborn child was eligible for Medicaid, effective January 1, 2018.

Also on January 13, 2018, NYSOH issued a notice stating your newborn child was eligible for retroactive Medicaid for the month of December 2017.

On January 15, 2018, you selected an MMC plan on behalf of your newborn child.

On January 16, 2018, an enrollment confirmation notice was issued confirming your selection of an MMC plan on January 15, 2018. The notice confirmed your newborn child's enrollment in his MMC plan would begin on February 1, 2018.

On February 22, 2018, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your newborn child's MMC plan enrollment, requesting that it begin on December 1, 2017.

On April 25, 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 newborn child's MMC plan enrollment start date.
- 2) According to your NYSOH account, your child was born on [REDACTED] and you applied for health insurance on his behalf on December 15, 2017.
- 3) Your NYSOH account reflects your newborn child was ultimately found eligible for Medicaid effective January 1, 2018, and was also granted retroactive fee-for-service Medicaid for the month of December 2017.

- 4) The record reflects that you selected an MMC plan on behalf of your newborn child on January 15, 2018.
- 5) You testified someone from Fidelis came to your house [REDACTED] and helped you apply for health insurance for your child.
- 6) You testified the Fidelis representative did the application online, and told you they would let you know your child's eligibility.
- 7) You testified you recall asking about whether your child's coverage would be backdated because the doctor's office where you take both of your children advised you to ask about this.
- 8) You testified you received a call at some point from the Fidelis representative and were told you were all set, but you could not recall if you were informed what coverage your newborn was eligible for.
- 9) You testified you were told your newborn would be added to the same plan your older child has, and that you should just submit any bills you had from December and January to the insurance company when you received them.
- 10) Your NYSOH account reflects your older child was enrolled in a Fidelis Child Health Plus plan at the time you applied for coverage for your newborn child.
- 11) You testified you took your newborn child to the same doctor you take your older child to, and this doctor does not accept fee-for-service Medicaid.
- 12) You testified you now have unpaid medical bills from the months of December 2017 and January 2018.
- 13) You testified that you want your newborn's MMC plan to begin on December 1, 2017 so that these bills can be paid.

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)).

MMC 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 issue under review is whether NYSOH properly determined that your newborn child's enrollment in his MMC plan was effective February 1, 2018.

You first added your newborn child to your NYSOH application on December 15, 2017. However, an eligibility determination could not be made at that time, and further documentation was requested. You updated the application again on January 5, 2018 and submitted requested income documentation, and your child was found eligible for Medicaid, effective January 1, 2018. On January 15, 2018, an MMC plan was selected for enrollment on behalf of your newborn child.

The date on which an 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 an MMC plan was selected on behalf of your child on January 15, 2018, your child's enrolment in that plan properly took effect on the first day of the month following January: February 1, 2018.

Though you testified you were under the impression your child would be enrolled into the same coverage your older child had, your older child was enrolled in a Child Health Plus plan through Fidelis, and not an MMC plan. As your newborn was not eligible for Child Health Plus, he would not have been eligible to enroll in that plan. You further testified you were told any bills your child had for December and January could be submitted for coverage because his coverage would be retroactive. Your child was found eligible for retroactive Medicaid coverage for the month of December 2017, and he did have Medicaid coverage for January 2018, however this was fee-for-service Medicaid, not coverage in an MMC plan. As enrollment in an MMC plan is based on the date the plan is

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selected, your child was not eligible for MMC plan coverage in December 2017 or January 2018.

Therefore, the January 16, 2018 enrollment confirmation notice, stating that your newborn child's enrollment in his MMC plan was effective February 1, 2018, was correct and must be AFFIRMED.

## **Decision**

The January 16, 2018 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** May 7, 2018

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

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

Your newborn child's enrollment in his MMC plan began on 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:

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).

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 16, 2018 enrollment confirmation notice is **AFFIRMED**.

Your newborn child's enrollment in his MMC plan began on February 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:**



## 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।

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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 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. 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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