



STATE OF NEW YORK
DEPARTMENT OF HEALTH
PO Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: April 26, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029346



On April 16, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's February 22, 2018 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
PO 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(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

Decision Date: April 26, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029346



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 Medicaid Managed Care plan coverage start date was April 1, 2018?

Procedural History

On November 24, 2017, NYSOH received an update to your application for financial assistance with health insurance.

On November 25, 2017, NYSOH issued an eligibility determination notice stating that your family, except for your spouse, was found eligible for Medicaid, effective November 1, 2017. Your spouse, however, was found eligible to enroll in the Essential Plan with no monthly premiums, effective January 1, 2018.

On February 21, 2018, NYSOH received an update to your application for financial assistance with health insurance, in which you first included your newborn child, [REDACTED]

On February 22, 2018, NYSOH issued an eligibility determination notice stating that your newborn child was found conditionally eligible for Medicaid, effective February 1, 2018. The notice advised you to select a Medicaid Managed Care (MMC) plan for your newborn child's coverage. The notice also stated that your spouse remained eligible to enroll in the Essential Plan with no monthly premiums, effective April 1, 2018.

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Also on February 22, 2018, NYSOH issued an enrollment notice confirming your selection of an MMC plan for your newborn child's coverage as of February 21, 2018, with such coverage beginning, effective April 1, 2018.

On February 26, 2018, you contacted NYSOH's Account Review Unit and requested an appeal insofar as you were seeking for your newborn child's MMC plan coverage to begin as of February 1, 2018, rather than April 1, 2018.

On April 16, 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 support the following findings of fact:

- 1) You testified that you were seeking for your newborn child's MMC plan start date to be in effect as of the date of his birth or February 1, 2018.
- 2) Your child was born on [REDACTED]
- 3) You testified that your first contacted NYSOH on February 21, 2018 to include your newborn child in your health insurance account.
- 4) Based on the information contained in your February 21, 2018 application, your child was found condonably eligible for Medicaid fee-for-service, effective February 1, 2018. Your child was subsequently found eligible for Medicaid, without condition, effective February 1, 2018.
- 5) You selected an MMC plan for your newborn child's coverage on February 21, 2018.
- 6) Your spouse, since at least January 1, 2018, has been enrolled in an Essential Plan, and remained enrolled in that plan at the time of your child's birth on [REDACTED]
- 7) You testified that you were seeking for your child's MMC plan coverage to begin no later than the date of his birth since several s [REDACTED] before his MMC plan went into effect did not accept Medicaid fee-for-service, or "straight Medicaid" coverage. Accordingly, you have incurred significant medical bills during the period between [REDACTED] and March 31, 2018.

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

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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 newborn child's enrollment in his MMC plan was effective April 1, 2018.

Your child was born on [REDACTED]. You testified, and your NYSOH account reflects, that you contacted NYSOH on February 21, 2018 to add your newborn child to your NYSOH account. Your NYSOH account also reflects that you selected an MMC plan for him on February 21, 2018, and was given an MMC enrollment start date of April 1, 2018.

You testified that you are seeking for his MMC plan coverage to begin as of the date of his birth, [REDACTED], or the first day of that month.

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 an MMC, 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, your spouse was

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not enrolled in a MMC plan through NYSOH, but rather an Essential Plan. Therefore, your child was not mandated to receive coverage through a MMC plan as of his date of birth.

Since your child was not mandated to receive coverage through a MMC plan as of the day of his birth, under the law, he was determined eligible for fee-for-service 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 February 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 MMC plan, the date on which his MMC 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 February 21, 2018, his enrollment properly took effect on the first day of the second month following February 2018; that is April 1, 2018.

Therefore, the February 22, 2018 enrollment notice stating that your newborn child's enrollment in his MMC plan was effective April 1, 2018, is correct and must be AFFIRMED.

Decision

The February 22, 2018 enrollment notice is AFFIRMED.

Effective Date of this Decision: April 26, 2018

How this Decision Affects Your Eligibility

NYSOH properly found that your newborn child's MMC plan enrollment start date was April 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

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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 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):

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- By mail at:

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Summary

The February 22, 2018 enrollment notice is AFFIRMED.

NYSOH properly found that your newborn child's MMC plan enrollment start date was April 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، يرجى الاتصال بالرقم 1-855-355-5777. يمكننا 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. ye&btumi 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.