



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

Notice of Decision

Decision Date: February 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012572

[REDACTED]

Dear [REDACTED]

On February 3, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 28, 2016 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: February 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012572

[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 four-year old son's ([REDACTED]) enrollment in his Medicaid Managed Care plan through CDPHP was effective November 1, 2016?

Procedural History

On June 28, 2016, NYSOH issued a notice of eligibility determination, based on your June 27, 2016 application, stating that your four-year old son was eligible for Medicaid, effective July 1, 2016.

Also on June 28, 2016, NYSOH issued a notice of enrollment, stating that your four-year old son was enrolled in a Medicaid Managed Care plan through WellCare, and that his coverage would start on August 1, 2016.

On September 28, 2016, NYSOH issued a disenrollment notice, stating that your four-year old son's enrollment through WellCare would end, effective October 31, 2016.

Also on September 28, 2016, NYSOH issued a notice of enrollment, based upon your September 27, 2016 plan selection, stating that your four-year old son was enrolled in a Medicaid Managed Care plan through CDPHP, and that his coverage would start on November 1, 2016.

On October 14, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your four-year old son's enrollment in his Medicaid Managed Care plan through CDPHP, insofar as it did not begin August 1, 2016.

On February 2, 2017, you were scheduled for a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. You requested that day that the hearing be adjourned to a later date.

On February 3, 2017, you had an adjourned telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Under oath, you waived your right to formal notice of the hearing. 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 submitted an application to NYSOH for financial assistance for your household on June 27, 2016.
- 2) The record reflects that as a result of that June 27, 2016 application, NYSOH issued an eligibility determination dated June 28, 2016. As a result of that June 27, 2016 application, yourself and five members of your household were found eligible for Medicaid.
- 3) The record reflects that on June 27, 2016 you enrolled yourself and five members of your household into Medicaid Managed Care plans.
- 4) The June 28, 2016 enrollment confirmation notice indicates that you and four other members of your household were enrolled into a Medicaid Managed Care plan through CDPHP. In that same enrollment confirmation notice, your four-year old son was the only member of your household enrolled into a Medicaid Managed Care plan through WellCare.
- 5) You testified that you realized your four-year old son had been enrolled into WellCare rather than CDPHP when you took your four-year old son to a doctor's appointment. You further testified that your four-year old son's primary physician does not accept WellCare or Fee-For Service Medicaid.
- 6) You testified that your four-year old son has outstanding medical bills for the time period during which he had WellCare rather than CDPHP.
- 7) During the hearing, you gave permission for the Hearing Officer to listen to recordings of phone calls you had with NYSOH representatives.

- 8) On June 13, 2016, you placed a phone call to NYSOH. A review of the recording of that phone call reveals that you were calling in order to have your household enrolled through NYSOH. During the phone call you indicated that some of your children were enrolled through NYSOH and some were still enrolled through the Local Department of Social Services. During this phone call, the NYSOH representative advised you that the system was showing that some of your children would continue to have coverage through the Local Department of Social Services until July 31, 2016. The representative advised you that you would need to call NYSOH back between June 16, 2016 and July 15, 2016 in order to update your account and prevent your children from having a lapse in coverage.
- 9) NYSOH could not locate the recording of the June 27, 2016 phone call with NYSOH.
- 10) The events tab within your NYSOH account indicates that you spoke with an NYSOH representative on June 27, 2016 to update your household's application for financial assistance with health insurance.
- 11) You testified that when you updated your household's application for financial assistance, you requested that your entire household be enrolled in a Medicaid Managed Care plan through CDPHP.
- 12) You testified that when your four-year old son had Medicaid through the Local Department of Social Services, he was enrolled in a Medicaid Managed Care plan through CDPHP.
- 13) You testified that there was no reason for you to select WellCare for your four-year old son, that your son's medical providers accepted CDPHP, and that you were unable to locate medical providers within your region that accepted WellCare.
- 14) The record reflects that on September 27, 2016 you contacted NYSOH regarding the issue with your four-year old son's Medicaid Managed Care plan selection.
- 15) You testified that you want your four-year old son's enrollment in a Medicaid Managed Care plan through CDPHP to begin on August 1, 2016.

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)).

Legal Analysis

The issue is whether NYSOH properly determined that your four-year old son's ([REDACTED]) enrollment in a Medicaid Managed Care plan through CDPHP was effective November 1, 2016.

The record reflects that on June 27, 2016 you contacted NYSOH and enrolled your four-year old son into a Medicaid Managed Care plan.

You credibly testified that when you contacted NYSOH on June 27, 2016 to updated your household's application for financial assistance, you requested that your household be enrolled into Medicaid Managed Care plans through CDPHP.

The record reflects that on June 27, 2016, all the members of your household who were applying for financial assistance with health insurance, were enrolled into a Medicaid Managed Care plan through CDPHP, except for your four-year old son.

NYSOH was unable to produce the recording of the June 27, 2016 phone call.

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.

As you credibly testified that on June 27, 2016 you requested to enroll all the members of your household who were applying for financial assistance with health insurance in Medicaid Managed Care plans through CDPHP, NYSOH was unable to produce the recording of the June 27, 2016 phone call, and the record reflects that the other five members of your household who were seeking to be enrolled in a Medicaid Managed Care plan were enrolled through CDPHP on June 27, 2016, we must assume that NYSOH mistakenly enrolled your four-year old son through WellCare.

The credible evidence in the record reflects that on June 27, 2016 you selected a Medicaid Managed Care plan through CDPHP for your four-year old son, so it should have taken effect on the first day of the second month following after June 2016; that is, on August 1, 2016.

Therefore, the September 28, 2016 enrollment confirmation notice is MODIFIED to state that your four-year old son's ([REDACTED]) enrollment in his Medicaid Managed Care plan through CDPHP was effective August 1, 2016.

The case is RETURNED to NYSOH to enroll your four-year old son ([REDACTED]) in his Medicaid Managed Care plan through CDPHP as of August 1, 2016.

Decision

The September 28, 2016 enrollment confirmation notice is MODIFIED to state that your four-year old son's ([REDACTED]) enrollment in his Medicaid Managed Care plan through CDPHP was effective August 1, 2016.

The case is RETURNED to NYSOH to enroll your four-year old son ([REDACTED]) in his Medicaid Managed Care plan through CDPHP as of August 1, 2016.

Effective Date of this Decision: February 21, 2017

How this Decision Affects Your Eligibility

The effective date of your four-year old son's Medicaid Managed Care plan through CDPHP is August 1, 2016.

Your case is being sent back to NYSOH to enroll your four-year old son into a Medicaid Managed Care plan through CDPHP as of August 1, 2016.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. 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 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 September 28, 2016 enrollment confirmation notice is MODIFIED to state that your four-year old son's ([REDACTED]) enrollment in his Medicaid Managed Care plan through CDPHP was effective August 1, 2016.

The effective date of your four-year old son's Medicaid Managed Care plan through CDPHP is August 1, 2016.

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).

The case is RETURNED to NYSOH to enroll your four-year old son ([REDACTED]) in his Medicaid Managed Care plan through CDPHP as of August 1, 2016.

Your case is being sent back to NYSOH to enroll your four-year old son into a Medicaid Managed Care plan through CDPHP as of August 1, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

