



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

## Notice of Decision

Decision Date: August 25, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017871

[REDACTED]

Dear [REDACTED],

On July 27, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 4, 2017 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: August 25, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017871



## 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 youngest child's enrollment in his Medicaid Managed Care plan through Fidelis Care was effective May 1, 2017?

## Procedural History

On February 3, 2017, NYSOH issued a renewal notice, stating that your youngest child was eligible for Medicaid, and re-enrolled into his health plan, effective April 1, 2017. The notice further stated that any changes to his eligibility or enrollment needed to be made to your account between February 16, 2017 and March 15, 2017.

On February 4, 2017, NYSOH issued a notice of enrollment, stating that your youngest child was enrolled in a Medicaid Managed Care plan through MetroPlus, and that his coverage would start on April 1, 2016.

On April 4, 2017, NYSOH issued a disenrollment notice, stating that your youngest child was no longer enrolled in his Medicaid Managed Care plan through MetroPlus, effective April 30, 2017.

Also on April 4, 2017, NYSOH issued an enrollment confirmation notice, stating that your youngest child was enrolled in a Medicaid Managed Care plan through Fidelis Care, effective May 1, 2017.

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 April 7, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your youngest child's enrollment in his Medicaid Managed Care plan through Fidelis Care insofar as it did not begin April 1, 2017.

On July 27, 2017, 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) Your youngest child's coverage was automatically renewed and he was re-enrolled into the same Medicaid Managed Care plan through MetroPlus as the year before.
- 2) On April 3, 2017, your youngest child was enrolled into a Medicaid Managed Care plan through Fidelis Care, and that his enrollment was effective on May 1, 2017.
- 3) You testified that you first contacted NYSOH and attempted to change the plan in early March 2017, but that the NYSOH representative did not complete the transaction.
- 4) Incident [REDACTED] confirms that a call placed on March 6, 2017 was reviewed. In relevant part, the description states "due to an error by agent the plan was never confirmed or checked out. Call pull results confirmed this error."
- 5) You testified that you want your youngest child's Medicaid Managed Care plan through Fidelis Care to begin on April 1, 2017 because his doctors do not accept the prior Medicaid Managed Care plan.

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)).

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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 youngest child's enrollment in his Medicaid Managed Care plan through Fidelis Care was effective May 1, 2017.

On February 3, 2017, your youngest child's coverage was automatically renewed for the upcoming coverage year and he was re-enrolled into the same Medicaid Managed Care plan through MetroPlus as the year before.

On April 3, 2017, your youngest child was enrolled into a Medicaid Managed Care plan through Fidelis Care, and that his enrollment was effective on May 1, 2017. You are seeking this enrollment to begin as of April 1, 2017.

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.

Although your youngest child's enrollment in Fidelis Care was not official until April 3, 2017, you credibly testified and the record supports that you called on March 6, 2017 and requested that his enrollment be changed from MetroPlus to Fidelis Care. Incident [REDACTED] confirms that a call placed on March 6, 2017 was reviewed. In relevant part, the description of that incident states that "due to an error by agent the plan was never confirmed or checked out. Call pull results confirmed this error." Therefore, your plan selection in Fidelis Care for your youngest child should have been made on March 6, 2017.

If your youngest child's Medicaid Managed Care plan selection had been properly completed on March 6, 2017, it would have taken effect on the first day of the following after March 2017; that is, on April 1, 2017.

Therefore, the April 4, 2017 enrollment confirmation notice stating that your youngest child's enrollment in his Medicaid Managed Care plan through Fidelis Care would be effective May 1, 2017, is MODIFIED to state that his enrollment is effective April 1, 2017.

Your case is RETURNED to NYSOH to enroll your youngest child in his Fidelis Care Medicaid Managed Care plan as of April 1, 2017.

## **Decision**

The April 4, 2017 enrollment confirmation notice stating that your youngest child's enrollment in his Medicaid Managed Care plan through Fidelis Care would be effective May 1, 2017, is MODIFIED to state that his enrollment is effective April 1, 2017.

Your case is RETURNED to NYSOH to enroll your youngest child in his Fidelis Care Medicaid Managed Care plan as of April 1, 2017.

**Effective Date of this Decision:** August 25, 2017

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

The effective date of your youngest child's Medicaid Managed Care plan through Fidelis Care is April 1, 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 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).

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 April 4, 2017 enrollment confirmation notice stating that your youngest child's enrollment in his Medicaid Managed Care plan through Fidelis Care would be effective May 1, 2017, is MODIFIED to state that his enrollment is effective April 1, 2017.

Your case is RETURNED to NYSOH to enroll your youngest child in his Fidelis Care Medicaid Managed Care plan as of April 1, 2017.

The effective date of your youngest child's Medicaid Managed Care plan through Fidelis Care is April 1, 2017.

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).

## **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。我们可以为您免费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)

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).

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।

### **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 bɛtumi ama wo obi a okyerɛ 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 דאלמענטשער 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).

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