



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

Notice of Decision

Decision Date: September 19, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019727

[REDACTED]

Dear [REDACTED],

On September 11, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 7, 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: September 19, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019727

[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 child's enrollment in his Fidelis Medicaid Managed Care (MMC) plan began on May 1, 2017?

Procedural History

On December 22, 2016, you filed an application for financial assistance through NYSOH.

On December 23, 2016, NYSOH issued a notice of eligibility determination stating that you and your child were eligible for Medicaid, effective December 1, 2016.

Also on December 23, 2016, NYSOH issued a notice of enrollment confirmation, confirming that you and your child were enrolled in a Healthfirst MMC plan, beginning February 1, 2017.

On April 6, 2017, your NYSOH account was updated.

On April 7, 2017, NYSOH issued a disenrollment notice stating that your child's enrollment in his Healthfirst MMC plan was ending effective April 30, 2017 because you asked for this enrollment to end.

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That same day, NYSOH issued a notice of enrollment confirmation, confirming your child's enrollment in a Fidelis MMC plan, beginning May 1, 2017.

On June 13, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's enrollment in his Fidelis MMC plan, insofar as it did not begin April 1, 2017.

On September 11, 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 support the following findings of fact:

- 1) Your child was enrolled into a Healthfirst MMC plan, beginning February 1, 2017.
- 2) You testified that you discovered that your child's doctor did not accept Healthfirst, so you contacted NYSOH to change his enrollment to Fidelis.
- 3) You testified that you believe you contacted NYSOH sometime in March 2017 to change his enrollment.
- 4) The "Events" tab in your NYSOH account reflects that, on February 21, 2017, there was activity in your account that was initiated by a NYSOH representative.
- 5) Your NYSOH account reflects that, on April 6, 2017, your child's enrollment was changed to a Fidelis MMC plan, and the enrollment went into effect as of May 1, 2017.
- 6) NYSOH's system reflects that, also on April 6, 2017, an authorized representative named "██████████" contacted NYSOH to request the backdating of your child's Fidelis enrollment to April 1, 2017, on the basis that you had contacted NYSOH on February 21, 2017 to change his plan (Incident ██████████).
- 7) Notes entered into NYSOH's system in Incident ██████████ on April 10, 2017 state, "While NYSOH acknowledges that the NYSOH rep did not confirm and check out the plan NYSOH is not able to retro-disenroll consumer from MMC and due to consumer being a new enrollee with Fidelis NYSOH is not able to backdate the MMC plan."

- 8) Notes entered into NYSOH's system in Incident [REDACTED] on April 6, 2017 state, "Activity in account on 2/21/17 but no call record found."
- 9) You testified that you discovered your child's enrollment had not been changed to Fidelis when you took him to a doctor's appointment.
- 10) You testified that you contacted NYSOH, but were told that you would have to file an appeal to get your child's coverage backdated. You testified that no one at NYSOH told you why your child's enrollment did not begin as of April 1, 2017.
- 11) You testified that you want your child's enrollment in his Fidelis MMC to begin as of April 1, 2017 because you have bills for April 2017 from his doctor, who does not accept Healthfirst.
- 12) You testified that you are not sure if you otherwise used his Healthfirst MMC plan coverage in April 2017.

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 is whether NYSOH properly determined that your child's enrollment in his Fidelis MMC plan was effective May 1, 2017.

Your NYSOH account reflects that your child was initially enrolled into a Healthfirst MMC plan, which began on February 1, 2017. According to NYSOH's system, your child's enrollment was updated on April 6, 2017, when you asked NYSOH to change his enrollment to a Fidelis MMC plan.

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.

On April 6, 2017, you selected a Fidelis MMC plan, so, ordinarily, that plan selection would properly take effect on the first day of the month following after April; that is, on May 1, 2017.

However, you filed this appeal because you had attempted to change your child's MMC plan to Fidelis before April 2017. Notes in NYSOH's system indicate that an authorized representative called on behalf of you and your child on April 6, 2017 and reported that you were requesting the backdate of your child's Fidelis coverage to April 1, 2017 on the basis that you had attempted to enroll him in a Fidelis plan on February 21, 2017.

Your NYSOH account indicates that there was activity in your account initiated by a NYSOH representative on February 21, 2017. Additionally, NYSOH's own system notes state that NYSOH acknowledges that the NYSOH representative you spoke with on February 21, 2017 failed to "confirm and check out" your plan selection. However, despite recognizing their error, NYSOH declined to backdate your child's MMC coverage, claiming that NYSOH could not retroactively disenroll your son from other MMC coverage (Healthfirst), and cannot backdate a new enrollee's coverage.

These contentions are considered and rejected as having no merit. Had NYSOH correctly enrolled your child in his Fidelis MMC on February 21, 2017, when you asked them to, you would not have needed to request this backdate, as his plan would have gone into effect on April 1, 2017. Since NYSOH's error caused your son's enrollment not to take effect until May 1, 2017, NYSOH should have granted your request to backdate his Fidelis coverage.

Therefore, the April 7, 2017 enrollment confirmation notice, stating that your child's enrollment in his Fidelis MMC plan was effective May 1, 2017, is MODIFIED to state that his enrollment began on April 1, 2017.

Likewise, the April 7, 2017 disenrollment notice is MODIFIED to state that your child was disenrolled from his Healthfirst MMC plan as of March 31, 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).

Decision

The April 7, 2017 enrollment confirmation notice is MODIFIED to state that your child's enrollment in his Fidelis MMC plan began on April 1, 2017.

The April 7, 2017 disenrollment notice is MODIFIED to state that your child was disenrolled from his Healthfirst MMC plan as of March 31, 2017.

Your case is RETURNED to NYSOH to make these changes, and to assist you as necessary with submitting any medical bills from April 2017 to Fidelis.

Effective Date of this Decision: September 19, 2017

How this Decision Affects Your Eligibility

Your child's enrollment in his Fidelis MMC plan should have started on April 1, 2017.

Your child's disenrollment from his Healthfirst MMC plan should have been effective as of March 31, 2017.

Your case is being sent back to NYSOH to make these changes to your child's enrollment, and to assist you as necessary with submitting your child's medical bills from April 2017 to Fidelis.

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)).

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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 7, 2017 enrollment confirmation notice is MODIFIED to state that your child's enrollment in his Fidelis MMC plan began on April 1, 2017.

The April 7, 2017 disenrollment notice is MODIFIED to state that your child was disenrolled from his Healthfirst MMC plan as of March 31, 2017.

Your case is RETURNED to NYSOH to make these changes, and to assist you as necessary with submitting any medical bills from April 2017 to Fidelis.

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).

Your child's enrollment in his Fidelis MMC plan should have started on April 1, 2017.

Your child's disenrollment from his Healthfirst MMC plan should have been effective as of March 31, 2017.

Your case is being sent back to NYSOH to make these changes to your child's enrollment, and to assist you as necessary with submitting your child's medical bills from April 2017 to Fidelis.

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।

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 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&etumi ama wo obi a okyerε 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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