



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

Notice of Decision

Decision Date: October 31, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021222

[REDACTED]

Dear [REDACTED],

On October 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 17, 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: October 31, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021222



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 oldest child's enrollment in her Medicaid Managed Care plan with CDPHP was effective November 1, 2017?

Procedural History

On April 29, 2017, NYSOH issued a notice of eligibility determination, based on your April 28, 2017 application, stating that your oldest child was eligible for Medicaid, effective April 1, 2017.

On May 9, 2017 NYSOH issued a notice of enrollment in the plan you selected on May 8, 2017, stating that your oldest child was enrolled in a Medicaid Managed Care plan with WellCare, and that her coverage would start on June 1, 2017.

On August 7, 2017, you spoke to NYSOH's Account Review Unit and appealed your oldest child's enrollment in her Medicaid Managed Care plan with WellCare, insofar as you had requested that she be enrolled in CDPHP.

On September 17, 2017, NYSOH issued a notice of enrollment in the plan you selected on September 16, 2017, stating your oldest child was enrolled in a Medicaid Managed Care plan with CDPHP, and that her coverage would start on November 1, 2017.

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On October 18, 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) You submitted an application to NYSOH for your oldest child for financial assistance on April 28, 2017.
- 2) Your application counselor enrolled your oldest child in a Medicaid Managed Care plan with WellCare on May 8, 2017.
- 3) You testified you never authorized your application counselor to choose WellCare and that you wanted your child enrolled in CDPHP as you were.
- 4) You testified the first time you requested to change the start date for your child's enrollment directly to NYSOH was on May 8, 2017.
- 5) You testified you first appealed the start date of your child's Medicaid Managed Care plan with CDPHP in July 2017 as you believed you were told it was set to be changed for a June 1, 2017 start date by a NYSOH representative.
- 6) The record shows you first filed a complaint with NYSOH on July 27, 2017.
- 7) The record shows a NYSOH representative reviewed your complaint on July 27, 2017 as well as the call with an agent on May 8, 2017 finding that your request to change the Medicaid Managed Care plan occurred but was not finalized as the agent did not "confirm and checkout" your child, but that she now has a new start date of September 1, 2017 for CDPHP.
- 8) The record shows the first time an appeal was filed was on August 7, 2017
- 9) You testified, and the record reflects, that your child's enrollment in CDPHP was not updated and selected until September 16, 2017.
- 10) You testified that you want your child's Medicaid Managed Care plan with CDPHP to begin on June 1, 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)).

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 oldest child's enrollment in her Medicaid Managed Care plan was effective November 1, 2017.

You testified and the record supports your Application Counselor contacted NYSOH on May 8, 2017, and enrolled her into a Medicaid Managed Care plan with WellCare for a June 1, 2017 effective date.

You testified that you did not want your child enrolled in WellCare and contacted NYSOH on May 8, 2017 to request a change in enrollment to CDPHP, the same plan you had been enrolled in.

The record shows you then contacted a NYSOH representative on July 27, 2017 to file a formal complaint as you believed your child should have been enrolled in a Medicaid Managed Care plan with CDPHP and not WellCare as your Application Counselor had selected the wrong plan, and you had attempted to correct the issue by contacting NYSOH.

The result of the complaint shows a NYSOH representative reviewed your child's enrollment on May 8, 2017 and the fact you requested on May 8, 2017 to change the plan, however the agent assisting you did not "confirm and checkout."

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

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selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

On September 16, 2017, your child's Medicaid Managed Care plan was selected and changed to CDPHP so it would take effect the first day of the second month following September, that is on November 1, 2017.

However, based on the record and your credible testimony you attempted to correct the erroneous enrollment that was submitted by your application counselor on May 8, 2017, by contacting NYSOH. After a review of your complaint it was acknowledged by NYSOH representatives that you had attempted to make the change in enrollment to CDPHP Medicaid Managed Care plan, but the issue was not resolved, and no further corrective actions were taken by NYSOH or its instrumentalities.

Therefore, the September 17, 2017 enrollment confirmation notices stating that your oldest child's enrollment in her Medicaid Managed Care plan would be effective November 1, 2017 is [REDACTED] to state your child's enrollment with CDPHP began June 1, 2017.

Your case is [REDACTED] to NYSOH to enroll your child into her Medicaid Managed Care plan with CDPHP effective June 1, 2017.

Decision

The September 17, 2017 enrollment confirmation notices is [REDACTED] to state your child was eligible effective June 1, 2017.

Your case is RETURNED to NYSOH to enroll your child into her Medicaid Managed Care plan with CDPHP effective June 1, 2017.

Effective Date of this Decision: October 31, 2017

How this Decision Affects Your Eligibility

The effective date of your oldest child's Medicaid Managed Care plan with CDPHP is June 1, 2017.

If You Disagree with this Decision (Appeal Rights)

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).

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:
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 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

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- By fax: 1-855-900-5557

Summary

The September 17, 2017 enrollment confirmation notice is [REDACTED] to state your child was eligible effective June 1, 2017.

Your case is RETURNED to NYSOH to enroll your child into her Medicaid Managed Care plan with CDPHP effective June 1, 2017.

The effective date of your oldest child's Medicaid Managed Care plan with CDPHP is June 1, 2017.

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 مجانًا.

বাংলা (Bengali)

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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. yeb&etumi 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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