



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

Notice of Decision

Decision Date: November 29, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000021300

[REDACTED]

[REDACTED]

On October 27, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 10, 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: November 29, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000021300

[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 you and your newborn child's enrollment in your Medicaid Managed Care plan with Fidelis Care was effective September 1, 2017?

Procedural History

On May 23, 2017, NYSOH issued a notice of eligibility determination, based on your May 22, 2017 application, stating that you were eligible for Medicaid, effective May 1, 2017.

On June 1, 2017, a Medicaid Managed Care plan was automatically assigned to you.

On June 2, 2017, NYSOH issued a notice of enrollment in the plan that was automatically selected on June 1, 2017, stating that you were enrolled in a Medicaid Managed Care plan with WellCare, effective July 1, 2017. The notice stated you were enrolled in this plan because you did not select a health plan.

On July 24, 2017, your newborn child was added to your NYSOH account.

On July 25, 2017, NYSOH issued a notice of eligibility stating you were no longer eligible for Medicaid, however your coverage would continue until April 30, 2018. The notice stated your newborn child was eligible for Medicaid, effective July 1, 2017.

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Also on July 25, 2017, NYSOH issued a notice of enrollment stating that you were enrolled in a Medicaid Managed Care plan with Well Care, effective July 1, 2017, and your newborn child was enrolled effective August 1, 2017.

Finally, on July 25, 2017, NYSOH issued an enrollment notice stating your child was enrolled in a Medicaid Managed Care plan with WellCare, effective July 1, 2017 through July 31, 2017. The notice stated that this was because infants are enrolled in the plan their mother had when they were born.

On August 9, 2017, you submitted a new enrollment to NYSOH to change your and your child's Medicaid Managed Care plan to Fidelis Care.

Also on August 9, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your and your newborn child's enrollment in your Medicaid Managed Care plan with Fidelis Care, insofar as it did not begin July 1, 2017.

On August 10, 2017, NYSOH issued a notice of enrollment in the plan you selected on August 9, 2017, stating that you and your newborn child were enrolled in a Medicaid Managed Care plan with Fidelis Care, effective September 1, 2017.

On August 10, 2017, NYSOH issued a cancellation notice stating you and your newborn child's enrollment in a Medicaid Managed Care plan with WellCare ends on August 31, 2017. The notice stated you asked to end your coverage on August 9, 2017.

On October 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) You submitted an application to NYSOH for financial assistance on May 22, 2017 with the assistance of an Application Counselor from Fidelis Care however no selection of a Medicaid Managed Care plan was made on this day.
- 2) A Medicaid Managed Care plan was automatically assigned to you and you were enrolled in WellCare on June 1, 2017.

- 3) You testified you met with the Application Counselor prior to your child's birth and believed a Medicaid Managed Care plan was going to be picked for yourself with Fidelis Care.
- 4) Your child was born on [REDACTED]
- 5) Your child was added to your application on July 24, 2017.
- 6) A Medicaid Managed Care plan was not selected with Fidelis Care until August 9, 2017, and you and your newborn child's enrollment was effective on September 1, 2017.
- 7) You testified you were not aware you and your child were not enrolled in a Fidelis Care Medicaid Managed Care plan until you contacted your Application Counselor again on August 9, 2017.
- 8) You testified your Application Counselor believed she had enrolled you in Fidelis Care on May 22, 2017.
- 9) You testified that you want you and your child's Medicaid Managed Care plan with Fidelis Care to begin on July 1, 2017 because there are [REDACTED] [REDACTED] expenses not covered by your child's Medicaid Managed Care plan with WellCare.
- 10) Your Application Counselor contacted NYSOH on August 9, 2017 to submit a request that you and your child be enrolled in Fidelis Care and that the incorrect health plan was chosen for you and your child.

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);

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18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13ADM-03(III)(F)).

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 Medicaid Managed Care plans are contractually obligated to provide coverage to eligible newborns from the date of birth (Medicaid Managed Care Model Contract (Appendix H-6 effective 3/1/2014 – 2/28/2019)).

Legal Analysis

The issue is whether NYSOH properly determined that your and your newborn's enrollment in your Medicaid Managed Care plan with Fidelis Care was effective September 1, 2017.

You testified that you went to an Application Counselor through Fidelis Care on May 22, 2017 and you believed you were going to be enrolled in a Medicaid Managed Care plan with Fidelis Care that day. As a result of this application, you were found eligible for Medicaid, however no Medicaid Managed Care plan was selected for you. On June 1, 2017, you were automatically enrolled in a Medicaid Managed Care plan with WellCare because no plan was selected for you on May 22, 2017. Notice was then issued to you on June 2, 2017.

On July 24, 2017, your newborn child was added to your NYSOH application. Your newborn child was subsequently enrolled in a Medicaid Managed Care plan through Wellcare, effective July 1, 2017. This was because Medicaid Managed Care plans are contractually obligated to provide coverage to eligible newborns from the date of birth in the same plan that their mother is enrolled in.

On August 9, 2017, you requested that you and your newborn be enrolled into a Medicaid Managed Care plan with Fidelis Care. You testified that you want you and your newborns enrollment in Fidelis Care to begin July 1, 2017 and not September 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.

Since on August 9, 2017, your Application Counselor selected a Medicaid Managed Care plan with Fidelis Care, it would properly take effect on the first day of the month after August; that is, on September 1, 2017.

However, your Application Counselor contacted NYSOH on August 9, 2017 to submit a request that you and your child be enrolled in Fidelis Care and that the incorrect health plan was chosen for you and your child. You further testified that it was your understanding that a plan selection was going to be made on May 22, 2017 with Fidelis Care. You further went to an Application Counselor employed by Fidelis Care to achieve this. However, through no fault of yours, your Application Counselor failed to submit your authorized selection of a Medicaid Managed Care plan through Fidelis Care on May 22, 2017.

Therefore, the August 10, 2017, enrollment confirmation notice stating that your and your newborn's enrollment in your Medicaid Managed Care plan with Fidelis Care would be effective September 1, 2017, is MODIFIED to state you and your child's enrollment in a Medicaid Managed Care plan with Fidelis Care is effective July 1, 2017.

Your case is RETURNED to NYSOH to enroll you and your newborn into a Medicaid Managed Care plan with Fidelis Care effective July 1, 2017, and to notify you accordingly.

Decision

The August 10, 2017, enrollment confirmation notice stating that your and your newborn's enrollment in your Medicaid Managed Care plan with Fidelis Care would be effective September 1, 2017, is MODIFIED to state you and your child's enrollment in a Medicaid Managed Care plan with Fidelis Care is effective July 1, 2017.

Your case is RETURNED to NYSOH to enroll you and your newborn into a Medicaid Managed Care plan with Fidelis Care effective July 1, 2017, and to notify you accordingly.

Effective Date of this Decision: November 29, 2017

How this Decision Affects Your Eligibility

The effective date of your and your newborn child's Medicaid Managed Care plan with Fidelis Care is July 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):

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

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- By fax: 1-855-900-5557

Summary

The August 10, 2017, enrollment confirmation notice stating that your and your newborn's enrollment in your Medicaid Managed Care plan with Fidelis Care would be effective September 1, 2017, is MODIFIED to state you and your child's enrollment in a Medicaid Managed Care plan with Fidelis Care is effective July 1, 2017.

Your case is RETURNED to NYSOH to enroll you and your newborn into a Medicaid Managed Care plan with Fidelis Care effective July 1, 2017, and to notify you accordingly.

The effective date of your and your newborn child's Medicaid Managed Care plan with Fidelis Care is July 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)

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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. 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.

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