



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

Notice of Decision

Decision Date: December 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022390

[REDACTED]

[REDACTED]

On December 4, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 26, 2017 plan enrollment 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: December 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022390

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health (NYSOH) properly enroll you, your spouse, and children in a Medicaid Managed Care (MMC) plan, through Fidelis Care, with an enrollment start date of October 1, 2017?

Procedural History

On June 27, 2017, an application for financial assistance was submitted through NYSOH.

On June 28, 2017, NYSOH issued an eligibility determination notice stating that you were conditionally eligible for Medicaid, effective as of August 1, 2017. The notice directed you to provide proof of your household's income by July 12, 2017, to confirm your eligibility. Further, the notice instructed you to select an MMC plan.

Also on June 28, 2017, NYSOH issued a notice stating that your spouse and children's application for health insurance had been reviewed. The information in that application did not match what NYSOH received from state and federal data sources. The notice instructed you to provide proof of your household income by July 12, 2017, to confirm your spouse and children's eligibility.

On July 5, 2017, and July 13, 2017, documentation that was faxed to NYSOH was uploaded to your NYSOH account (see Documents [REDACTED])

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On July 7, 2017 and July 15, 2017, NYSOH issued notices stating that the documentation reviewed did not confirm the information in your application. The notices instructed you to submit additional income documentation by July 27, 2017 and August 11, 2017, to confirm your spouse and children's eligibility for financial assistance.

On August 3, 2017, the documentation that was faxed to NYSOH was uploaded to your account ([REDACTED])

On August 4, 2017, NYSOH issued an eligibility determination notice stating, in relevant part, that your spouse and children were eligible for Medicaid as of June 1, 2017. Further, the notice instructed your spouse and children to select an MMC plan.

On August 14, 2017, NYSOH issued a plan enrollment notice confirming that as of August 13, 2017, your spouse and children were enrolled in an MMC plan, through WellCare, with an enrollment start date of September 1, 2017. The notice specified that they had been enrolled into that plan because a health plan had not been selected. Further, the notice instructed you to select an MMC plan.

On August 26, 2017, NYSOH issued a plan enrollment notice confirming that as of August 24, 2017, you and your family were enrolled in an MMC plan, through Fidelis Care, with an enrollment start date of October 1, 2017.

Also on August 26, 2017, NYSOH issued a disenrollment notice stating that your spouse and children's MMC coverage, through WellCare, would end as of September 30, 2017.

On September 13, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as the enrollment start date of your and your family's MMC plan, through Fidelis Care, was not earlier than October 1, 2017.

On December 4, 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) According to your NYSOH account, you were applying for health insurance for yourself, your spouse, and your nine eldest children.

- 2) You testified that you were appealing the start date of your family's coverage through Fidelis Care.
- 3) According to the application submitted on June 27, 2017, your spouse's expected yearly income was \$53,750.07, and that was your household's only source of income.
- 4) On June 28, 2017, NYSOH issued you a notice instructing you to select a health plan ([REDACTED]).
- 5) You testified that you do not recall if you received the June 28, 2017, notice from NYSOH.
- 6) According to your NYSOH account and testimony, you receive notices from NYSOH by U.S. mail.
- 7) According to your NYSOH account, none of the notices that have been issued by NYSOH have been returned as undeliverable.
- 8) On July 5, 2017 and July 13, 2017, documentation that was faxed to NYSOH was uploaded to your NYSOH account. That documentation did not contain any income information [REDACTED] [REDACTED] [REDACTED].
- 9) According to your NYSOH account, on July 6, 2017 and July 14, 2017, NYSOH invalidated the documentation that was submitted.
- 10) On August 3, 2017, documentation that was faxed to NYSOH was uploaded to your NYSOH account. You faxed two biweekly paystubs from your spouse's employer [REDACTED] [REDACTED] [REDACTED].
- 11) According to your NYSOH account, your entire family was enrolled in a MMC plan, through Fidelis Care, on August 24, 2017.
- 12) You testified that your family has outstanding medical expenses for the months of August 2017 and September 2017. You want the Fidelis Care MMC plan to be backdated to August 1, 2017, to cover those medical expenses.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Medicaid - Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR § 155.320(c)(1)(i), 42 CFR § 435.945).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f); 42 CFR § 435.952).

MMC Enrollment Start Date

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 under review is whether NYSOH properly enrolled you, your spouse, and children in an MMC plan, through Fidelis Care, with an enrollment start date of October 1, 2017.

The record reflects that your household applied for health insurance on June 27, 2017. Based on that application, NYSOH issued an eligibility determination notice stating that you were conditionally eligible for Medicaid and instructed you to select a MMC plan.

You testified that you did not recall receiving any notice from NYSOH instructing you to select MMC plan. The record reflects that you receive your notices from NYSOH by U.S. Mail, and none of the notices that were issued by NYSOH have been returned as undeliverable. Therefore, it is concluded that NYSOH provide you with adequate notice to select an MMC plan.

According to the application submitted on June 27, 2017, your spouse's expected yearly income was \$53,750.07, and that was your household's only source of income. Based on the June 27, 2017, application, your spouse and child were directed to provide income documentation to confirm their eligibility for financial assistance.

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For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income. If NYSOH cannot verify the income information required to determine eligibility, they must attempt to resolve the inconsistency by giving the applicant the opportunity to submit satisfactory documentary evidence.

On July 5, 2017 and July 13, 2017, the documentation that was faxed to NYSOH was uploaded to your NYSOH account. That documentation did not contain any information to confirm your spouse's income [REDACTED];

[REDACTED] On July 6, 2017 and July 14, 2017, NYSOH invalidated the documentation that was submitted because it did not contain any information to document your spouse's income.

On August 3, 2017, documentation that was faxed to NYSOH was uploaded to your NYSOH account. You faxed two biweekly paystubs from your spouse's employer [REDACTED]. Based on the submission of that documentation, NYSOH issued an eligibility determination notice stating, in relevant part, that your spouse and children were eligible for Medicaid as of June 1, 2017. Further, the notice instructed your spouse and children to select an MMC plan.

On August 14, 2017, NYSOH issued a plan enrollment notice confirming that as of August 13, 2017, your spouse and children were enrolled by NYSOH in an MMC plan, through WellCare, with an enrollment start date of September 1, 2017, because a health plan was not selected.

The record indicates that on August 24, 2017, you contacted NYSOH and enrolled your entire family in an MMC plan through Fidelis Care.

The date on which a 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.

Since the Fidelis Care MMC plan was selected on August 24, 2017, you, your spouse, and children were properly enrolled in that plan on the first day of the second following month; that is, as of October 1, 2017.

Therefore, the August 26, 2017 plan enrollment notice is AFFIRMED.

Decision

The August 26, 2017 plan enrollment notice is AFFIRMED.

Effective Date of this Decision: December 11, 2017

How this Decision Affects Your Eligibility

You, your spouse, and eldest nine children were properly enrolled in an MMC plan, through Fidelis Care, with an enrollment start date of October 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 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 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 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 August 26, 2017 plan enrollment notice is AFFIRMED.

You, your spouse, and eldest nine children were properly enrolled in an MMC plan, through Fidelis Care, with an enrollment start date of October 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 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. 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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