



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

Notice of Decision

Decision Date: April 04, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027059

[REDACTED]

[REDACTED]

On March 22, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 19, 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: April 04, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027059

[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 children's enrollment in their Medicaid Managed Care (MMC) plan was effective November 1, 2017?

Procedural History

On September 11, 2017, you updated your NYSOH account, including updating your address from [REDACTED] to [REDACTED].

On September 12, 2017, NYSOH issued a notice of eligibility determination, based on your September 11, 2017 application, stating that your children were eligible for Medicaid, effective September 1, 2017. The notice also directed you to select an MMC plan on their behalf.

Also on September 12, 2017, NYSOH issued a disenrollment notice, stating that your children's enrollment in their Healthfirst MMC plan was ending, effective September 30, 2017, because you moved to another county. The notice also directed you to select a health plan for your children, or one would be chosen for them.

On September 23, 2017, NYSOH issued a notice stating that your children were enrolled in a WellCare MMC plan, beginning November 1, 2017. The notice also stated that your children had been enrolled into this plan because you did not select a health plan.

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 September 27, 2017, NYSOH issued a notice of enrollment confirming your children's enrollment in a WellCare MMC plan, beginning November 1, 2017.

On October 31, 2017, NYSOH's system redetermined your household's eligibility.

On November 1, 2017, NYSOH issued a notice of eligibility determination stating that your children remained eligible for Medicaid, effective October 1, 2017.

Also on November 1, 2017, NYSOH issued a notice of enrollment confirmation, confirming your children's enrollment in a WellCare MMC plan, beginning November 1, 2017.

On November 17, 2017, NYSOH's system again redetermined your household's eligibility.

On November 18, 2017, NYSOH issued a notice of eligibility determination, stating that your children remained eligible for Medicaid, effective November 1, 2017.

On November 19, 2017, NYSOH issued a notice of enrollment confirmation, confirming your children's enrollment in a WellCare MMC plan, beginning November 1, 2017.

On January 10, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's enrollment in their MMC plan, insofar as it did not begin October 1, 2017.

On March 22, 2018, 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) You testified that your children moved from [REDACTED] in mid-September 2017.
- 2) You testified that you had notified NYSOH in July 2017 that your children would be relocating to [REDACTED] in mid-September 2017.
- 3) Your NYSOH account reflects that you updated your NYSOH application on September 11, 2017, and changed your address to reflect that you had moved from [REDACTED] to [REDACTED].

- 4) You testified that you picked a WellCare MMC Plan for your children.
- 5) Your NYSOH account reflects that your children were automatically enrolled in a WellCare MMC plan, effective November 1, 2017, because you had not selected an MMC plan on their behalf.
- 6) You testified that one of your children became ill in September 2017, and that you took the child to [REDACTED].
- 7) You testified that Healthfirst told you they would not cover the bill because it was from out of the area, and was not an emergency room visit.
- 8) You testified that you did not know your children's coverage would change when they moved upstate, and you did not think that it would be a problem to use their Healthfirst coverage.
- 9) After the hearing, the Hearing Officer listened to a recording of your phone call with NYSOH on September 11, 2017, the date on which you updated your application and address. During the call, you updated your address with the NYSOH representative, and she redetermined your household's eligibility. The NYSOH representative informed you that your children were still eligible for Medicaid, but did not prompt you to select a new MMC 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)).

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 determined that your children's enrollment in their MMC plan was effective November 1, 2017.

Your NYSOH account reflects that you updated your application for financial assistance and changed your address from [REDACTED] to [REDACTED] on September 11, 2017. No MMC plan was selected on that date. On September 22, 2017, NYSOH issued an enrollment confirmation notice indicating that your children were automatically enrolled into a WellCare MMC plan, beginning November 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.

On September 21, 2017, NYSOH auto-enrolled your children into an MMC plan, so it took effect on the first day of the second month following after September; that is, on November 1, 2017.

However, a review of the recording of your phone call with NYSOH on September 11, 2017 indicates that the NYSOH representative never asked you to select a new MMC plan for your children, nor did she advise you that you needed to do so. Had she assisted you in enrolling your children in a new MMC plan on September 11, 2017, their coverage would have taken effect on October 1, 2017.

Therefore, since the delay in your children's enrollment in an MMC plan was due to an omission on the part of a NYSOH representative, the September 22, 2017 and November 19, 2017 enrollment confirmation notices are MODIFIED to state that your children's enrollment in their WellCare MMC plan began on October 1, 2017.

Your case is RETURNED to NYSOH to backdate your children's MMC plan enrollment to October 1, 2017.

With regard to your testimony that Healthfirst has refused to pay bills for one of your children from September 2017 - a time when the child's Healthfirst MMC plan was active - the Appeals Unit does not have jurisdiction over this matter. You may pursue an appeal directly through Healthfirst if you feel that their refusal to pay a bill is incorrect, or you may seek assistance from the Department of

Financial Services. Your case is also RETURNED to Plan Management to assist you in contacting Healthfirst about this matter.

Decision

The September 22, 2017 and November 19, 2017 enrollment confirmation notices are MODIFIED to state that your children's enrollment in their WellCare MMC plan began on October 1, 2017.

Your case is RETURNED to NYSOH to backdate your children's MMC plan coverage to October 1, 2017.

Your case is RETURNED to NYSOH to assist you in contacting Healthfirst regarding any unpaid bills you have for your children from September 2017 to see whether they are eligible for payment.

Effective Date of this Decision: April 04, 2018

How this Decision Affects Your Eligibility

This decision does not change your children's eligibility.

The effective date of your children's enrollment in their WellCare MMC plan is being backdated to October 1, 2017.

Your case is being sent back to NYSOH to backdate your children's enrollment in their WellCare MMC plan to October 1, 2017.

Your case is being sent back to NYSOH's Plan Management to assist you in contacting Healthfirst regarding any unpaid bills you have for your children from the time when they were enrolled in a Healthfirst MMC plan.

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.

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).

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
- By fax: 1-855-900-5557

Summary

The September 22, 2017 and November 19, 2017 enrollment confirmation notices are MODIFIED to state that your children's enrollment in their WellCare MMC plan began on October 1, 2017.

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Your case is RETURNED to NYSOH to backdate your children's MMC plan coverage to October 1, 2017.

Your case is RETURNED to NYSOH to assist you in contacting Healthfirst regarding any unpaid bills you have for your children from September 2017 to see whether they are eligible for payment.

This decision does not change your children's eligibility.

The effective date of your children's enrollment in their WellCare MMC plan is being backdated to October 1, 2017.

Your case is being sent back to NYSOH to backdate your children's enrollment in their WellCare MMC plan to October 1, 2017.

Your case is being sent back to NYSOH's Plan Management to assist you in contacting Healthfirst regarding any unpaid bills you have for your children from the time when they were enrolled in a Healthfirst MMC plan.

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।

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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 bεtumi 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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