



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

## Notice of Decision

Decision Date: June 20, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015291

[REDACTED]

Dear [REDACTED]

On April 27, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 24, 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: June 20, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015291



## Issue

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

Did NY State of Health (NYSOH) properly determine your child's enrollment in his Medicaid Managed Care plan with Fidelis Care became effective no earlier than March 1, 2017?

## Procedural History

On October 19, 2016, NYSOH received an updated application for financial assistance with health insurance for your child.

On October 20, 2016, NYSOH issued a notice stating the income information listed in your application did not match the information received from state and federal data sources. The notice directed you to submit proof of your income by November 3, 2016 or NYSOH would not be able to determine your child's eligibility for health coverage.

On November 15, 2016, NYSOH issued a notice of eligibility determination, based on a November 14, 2016 systematic eligibility redetermination, stating your child was eligible for Medicaid, effective October 1, 2016. The notice directed you to "pick a health plan" for your child. The notice indicated that if you did not chose a health plan, one would be chosen for you.

On November 25, 2016, NYSOH issued an enrollment notice, based on a November 24, 2016 automatic health plan assignment, confirming your child was enrolled in a Medicaid Managed Care plan with United Health Care, effective

January 1, 2017. The notice stated that your child had been enrolled in the plan because you did not select a health plan.

On December 21, 2016, NYSOH issued an enrollment notice confirming your child's enrollment in a Medicaid Managed Care plan with United Health Care, effective January 1, 2017.

On January 24, 2017, NYSOH issued an enrollment notice, based on your January 23, 2017 plan selection, confirming your child's enrollment in a Medicaid Managed Care plan with Fidelis Care, effective March 1, 2017.

Also on January 24, 2017, NYSOH issued a disenrollment notice stating your child's coverage with his Medicaid Managed Care plan through United Health Care was terminated, effective February 28, 2017, because you requested to end the coverage through this plan.

On January 30, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your child's enrollment in his Medicaid Managed Care plan with Fidelis Care, insofar the coverage through this plan did not become effective earlier than March 1, 2017.

On April 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 support the following findings of fact:

- 1) An updated application for financial assistance was submitted on behalf of you and your child on October 19, 2016.
- 2) NYSOH was unable to verify the income information listed in that application and income documentation was requested to confirm your child's eligibility.
- 3) According to your account, income documentation was verified by NYSOH on November 14, 2016, and your child was determined eligible for Medicaid, effective October 1, 2016.
- 4) The eligibility determination notice issued by NYSOH on November 15, 2016 directed you to "pick a health plan" for your child. The notice indicated that if you did not choose a health plan, one would be chosen for you. You testified you received this notice.

- 5) You testified you contacted NYSOH in November 2016 and selected a Medicaid Managed Care plan with Fidelis Care for you and your child.
- 6) NYSOH Accounts Review Unit reviewed the recorded telephone calls made to your account in November 2016 and confirmed the following:
  - a. On November 7, 2016, you contacted NYSOH to inquire whether your income documentation had been verified. You were advised by a NYSOH representative the verification “was in the final stages.”
  - b. On November 18, 2016, you contacted NYSOH to inquire whether your eligibility had been determined. You were advised by a NYSOH representative that you were Medicaid eligible and your eligibility had been “backdated” to October 1, 2016. You were asked if you wanted to pick a health plan. The representative provided you with the names of three Medicaid Managed Care plans available to you. You declined to select a health plan at that time. You asked “can I call back to double check?”, indicating you were going to check with your medical providers before selecting a health plan.
- 7) According to your account, both you and your child were automatically enrolled in a United Health Care Medicaid Managed Care plan on November 24, 2016, because you had not selected a health plan prior to that date. The coverage through this plan became effective January 1, 2017.
- 8) You testified you received the November 25, 2016 notice confirming your child’s enrollment in a United Healthcare plan and you called NYSOH again to switch his plan to Fidelis Care.
- 9) NYSOH Accounts Review Unit reviewed the recorded telephone calls made to your account in December 2016 and confirmed the following:
  - a. The next call made to your account was on December 19, 2016. You called to inquire about Medicaid coverage for treatment received by your eye doctor. You were advised by a NYSOH representative that you only had fee-for-service Medicaid and your Medicaid Managed Care plan coverage with United Health Care would not begin until January 1, 2017. You stated that you had previously selected Fidelis as your health plan. A NYSOH representative advised you that you could request to backdate your Medicaid Managed Care plan to December 1, 2016, but there was no guarantee it would be approved.
  - b. On December 20, 2016, you contacted NYSOH and requested to switch your Medicaid Managed Care plan to a Fidelis Care plan.

You were advised by a NYSOH representative that you had been auto assigned a United Health Care plan because no plan had been selected. You were advised that your Fidelis Care plan would begin February 1, 2017 and that for the month of January 2017 you were still enrolled in the United Health Care plan. The representative indicated that a request to backdate your Medicaid Managed Care plan coverage with Fidelis Care to January 1, 2017 was submitted.

- 10) According to your account, a request to end your coverage with United Health Care was submitted on your behalf on December 20, 2016 and a request to enroll you in a Medicaid Managed Care plan with Fidelis was submitted the same day. Your coverage with United Health Care ended on January 31, 2017 and your coverage with Fidelis Care became effective February 1, 2017. Your child's coverage remained unchanged.
- 11) You testified that you requested your child's Medicaid Managed Care plan be changed from United Health Care to Fidelis Care during the phone calls with NYSOH on December 20, 2016.
- 12) NYSOH Accounts Review Unit reviewed the recorded telephone calls made to your account in January 2017 and confirmed the following:
  - a. On January 23, 2017, you contacted NYSOH and requested, for the first time, to end your child's coverage with his Medicaid Managed Care plan through United Health Care and requested he be enrolled in a Medicaid Managed Care plan with Fidelis, because you learned your child's provider did not accept your child's United Health Care plan. A NYSOH representative advised you that your child's coverage with his Medicaid Managed Care plan with Fidelis Care would not become effective until March 1, 2017.
- 13) According to your account, a request to end coverage through your child's United Health Care plan was submitted, on your behalf, on January 23, 2017. A request to enroll your child in a Medicaid Managed Care plan with Fidelis Care was submitted the same day. Your child's coverage with United Health Care ended on February 28, 2017 and his coverage with Fidelis Care became effective March 1, 2017.
- 14) You testified you are seeking to have your child's Medicaid Managed Care plan coverage with his Fidelis Care plan backdated to November 1, 2016, because that is when you selected the plan.
- 15) Notes in your account indicate incident [REDACTED] was created on January 26, 2017 pertaining to your request to backdate your child's Medicaid Managed Care plan coverage with his Fidelis Care plan to February 1, 2017. The notes indicate the request was denied, because

“Applicant is a new enrollee. Applicant does not meet the criteria for backdating based on the justification provided.”

- 16) A formal appeal was filed in the matter, on your behalf, on January 30, 2017.
- 17) You testified the appeal involves only your child’s enrollment start dates.

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 your child’s enrollment in his Medicaid Managed Care plan with Fidelis Care became effective no earlier than March 1, 2017.

An updated application for financial assistance with your child’s health coverage was submitted on October 19, 2016. Because NYSOH was unable to verify the income information listed in that application, income documentation was requested to confirm your child’s eligibility. According to your account, on November 14, 2016, income documentation was verified by NYSOH and your child was determined eligible for Medicaid, effective October 1, 2016.

Pursuant to the above cited regulations, 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. Accordingly, your child was properly determined eligible

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for fee-for-service Medicaid effective the first day of the month in which the application supporting his Medicaid eligibility was filed; that is, October 1, 2016.

The date on which a Medicaid Managed Care plan can take effect is based on a different standard. According to the regulations, 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.

Although you testified you selected a Fidelis Care Medicaid Managed Care plan for you and your child over the phone with a NYSOH representative in November 2016, a thorough review of the telephone calls you placed to NYSOH in the months of November 2016, December 2016, and January 2017, confirms you did not select a Medicaid Managed Care plan for your child until January 23, 2017. Your account confirms you and your child were automatically enrolled in a United Health Care Medicaid Managed Care plan on November 24, 2016, because you had not selected a health plan prior to that date. The coverage through this plan became effective January 1, 2017.

Pursuant to the telephone recordings, on November 18, 2016, you were provided with a choice of available Medicaid Managed Care plans and asked if you wanted to enroll in a plan. You declined to enroll in a plan on that date and asked "can I call back to double check?", indicating you were going to check with your medical providers before selecting a health plan. There is no evidence you called back in November 2016. On December 20, 2016, you contacted NYSOH and indicated you wanted to switch your Medicaid Managed Care plan to Fidelis Care. A thorough review of all the telephone call recordings from December 20, 2016 confirms all discussions pertained to your coverage only with no mention of your child's coverage nor your intent to switch his health plan. Your account confirms, a request to end your coverage with United Health Care and enroll you in a Medicaid Managed Care plan with Fidelis was submitted on your behalf on December 20, 2016. Your account confirms no such request was submitted on behalf of your child.

A review of the telephone call recordings from January 2017 confirms you contacted NYSOH on January 23, 2017 and requested, for the first time, to end your child's coverage with his Medicaid Managed Care plan through United Health Care and requested he be enrolled in a Medicaid Managed Care plan with Fidelis care, because you learned your child's provider did not accept your child's United Health Care plan. Your account confirms your child's coverage with his Fidelis Care Medicaid Managed Care plan did not become effective until March 1, 2017.



You testified you are seeking to have your child's Medicaid Managed Care plan coverage with his Fidelis Care plan backdated to November 1, 2016, because that is when you selected the plan. However, your testimony on this point is contradicted by the evidence as discussed above. The competent evidence of record establishes you did not select the Fidelis Care Medicaid Managed Care plan for your child until January 23, 2017.

As discussed above, pursuant to the regulations, a Medicaid Managed Care plan selected on or after the sixteenth day of the month will go into effect on the first day of the second following month. Since you did not select your child's Medicaid Managed care plan with Fidelis Care until January 23, 2017, after the fifteenth day of the month, that plan could not have become effective prior to the first day of the second following month; that is, March 1, 2017. Based on the lack of any evidence of mistake or error on the part of NYSOH in enrolling your child in a Medicaid Managed Care plan with Fidelis Care, there exists no grounds to justify backdating your child's coverage through this plan.

Therefore, the January 24, 2017 enrollment confirmation notice stating your child was enrolled in a Medicaid Managed Care plan with Fidelis Care, effective March 1, 2017, is correct and must be AFFIRMED.

## **Decision**

The January 24, 2017 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** June 20, 2017

## **How this Decision Affects Your Eligibility**

This decision does not change your eligibility.

The effective date of your child's Medicaid Managed Care plan with Fidelis care is March 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

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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
- By fax: 1-855-900-5557

### **Summary**

The January 24, 2017 eligibility determination is **AFFIRMED**.

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This decision does not change your eligibility.

The effective date of your child's Medicaid Managed Care plan with Fidelis Care is March 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&tumi ama wo obi a okyerE 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.

### **שׂוּדִישׁ (Yiddish)**

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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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