



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

Notice of Decision

Decision Date: October 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019887



Dear [REDACTED],

On September 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 21, 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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NY State of Health Account ID: [REDACTED]
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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 enrollment in your Medicaid Managed Care plan with Fidelis Care was effective August 1, 2017?

Procedural History

On November 18, 2016, NYSOH issued a notice of eligibility determination, based on your November 17, 2016 application, stating that you were eligible for Medicaid, effective January 1, 2017.

Also on November 18, 2016, NYSOH issued a notice of enrollment in the plan you selected on November 17, 2016, stating that you were enrolled in a Medicaid Managed Care plan with Fidelis Care.

On April 21, 2017, NYSOH issued a notice of enrollment in the plan you selected on April 20, 2017, stating you were enrolled in a Medicaid Managed Care plan with UnitedHealthcare of New York, Inc. effective June 1, 2017.

On June 21, 2017, NYSOH issued a notice of enrollment in the plan you selected on May 23, 2017. The notice stated your enrollment in your Medicaid Managed Care plan with Fidelis Care would start on August 1, 2017.

On June 21, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your Medicaid Managed Care plan with Fidelis Care, insofar as it did not begin July 1, 2017.

On September 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 financial assistance on November 17, 2016, and were determined eligible for Medicaid effective January 1, 2017.
- 2) You testified, and the record reflects, that you selected your Medicaid Managed Care Plan with Fidelis Care on November 17, 2016, and that your enrollment was effective on January 1, 2017.
- 3) The record reflects you contacted NYSOH on April 20, 2017 and selected a new enrollment in a Medicaid Managed Care plan with UnitedHealthcare with a June 1, 2017 start date.
- 4) The record reflects you contacted NYSOH on May 23, 2017.
- 5) You testified that you requested to change your health plan back to Fidelis Care but you were not sure if it was during the May 23, 2017 call.
- 6) On July 25, 2017, a NYSOH representative reviewed the call on May 23, 2017 and determined that there was no error made on behalf of the NYSOH agent that day as the agent explained to you that you could call your providers and see if they accept the plans offered in your area and to call back before the 15th once you knew what your doctors accepted.
- 7) A review of the call made to NYSOH on May 23, 2017, shows you requested to change your Medicaid Managed Care plan, the representative notified you that if you changed your plan on that day it would not be affective until July 1, 2017 at the earliest, so you would have UnitedHealthcare for the month of June 2017. The representative told you that you had until the fifteenth of June to decide if you wanted to switch back to Fidelis Care or another plan that your doctor accepted for a July 1, 2017 start date. During this time, you could call your providers and see if they accept the plans offered in your area. You stated you would do your research.

- 8) The record supports you contacted NYSOH on June 20, 2017, and submitted an enrollment with Fidelis Care for an August 1, 2017 start date.
- 9) You testified that you want your Medicaid Managed Care plan with Fidelis Care to begin on July 1, 2017, because the doctor and treatment you received in that month does not accept UnitedHealthcare Medicaid Managed Care plans.

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 enrollment in the Medicaid Managed Care plan with Fidelis Care was effective August 1, 2017.

You were initially found eligible for Medicaid effective January 1, 2017 and enrolled in a Medicaid Managed Care plan with Fidelis Care.

The record shows you then updated your application on April 20, 2017, after contacting NYSOH and submitted a new enrollment with UnitedHealthcare for a June 1, 2017 start date.

You testified you contacted NYSOH on May 23, 2017 and were not sure if during that call you requested to change your health plan back to Fidelis Care.

A review of the record of that call on May 23, 2017 shows that you spoke with a NYSOH representative who informed you if you changed your plan on that day it would not be effective until July 1, 2017 at the earliest. The representative explained you would have UnitedHealthcare for the month of June 2017, and that you had until the fifteenth of June to decide if you wanted to switch back to Fidelis Care or another plan that your doctor accepted for a July 1, 2017 start date. The representative explained how you could review with your doctors what Medicaid Managed Care plan in your area they accepted and you could call back and choose that plan. You stated you would do your research.

You did not contact NYSOH again until June 20, 2017, and enrolled into a Medicaid Managed Care plan with Fidelis Care.

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 June 20, 2017, you selected a Medicaid Managed Care plan with Fidelis Care, so it properly took effect on the first day of the second month after June 2017; that is, on August 1, 2017.

Therefore, the June 21, 2017 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective August 1, 2017, was correct and must be AFFIRMED.

Decision

The June 21, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: October 12, 2017

How this Decision Affects Your Eligibility

The effective date of your Medicaid Managed Care plan with Fidelis Care is August 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 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

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).

- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The June 21, 2017 enrollment confirmation notice is AFFIRMED.

The effective date of your Medicaid Managed Care plan with Fidelis Care is August 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.

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).

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।

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.

Twí (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi 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.

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.