



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

Notice of Decision

Decision Date: November 8, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020258

[REDACTED]

Dear [REDACTED],

On September 26, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 28, 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 8, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020258



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 youngest child's enrollment in a Medicaid Managed Care plan with United Healthcare became effective no earlier than August 1, 2017?

Procedural History

On June 7, 2017, NYSOH received an initial application for health insurance submitted on behalf of your youngest child.

On June 8, 2017, NYSOH issued a notice of eligibility determination stating your child was conditionally eligible for Medicaid, effective June 1, 2017. The notice directed you to submit proof of your child's citizenship and Social Security number before September 5, 2017 or she might lose her insurance or receive less help paying for coverage. That notice also directed you to pick a health plan for your child. The notice indicated that if you did not choose a health plan for your child one would be chosen for her.

Also on June 8, 2017, NYSOH issued an enrollment notice directing you to "pick a health plan now" for your youngest child.

On June 18, 2017, NYSOH issued an enrollment notice, based on a June 17, 2017 plan selection, confirming your youngest child was enrolled in a Medicaid Managed Care plan with Well Care, effective August 1, 2017. The notice

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indicated that your child had been automatically enrolled into the plan, because you had not selected a health plan for her.

On June 28, 2017, NYSOH issued an updated enrollment notice, based on your June 27, 2017 plan selection, confirming your youngest child was enrolled in a Medicaid Managed Care plan with United Healthcare, effective August 1, 2017.

On July 5, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your youngest child's Medicaid Managed Care plan coverage with United Health Care was not effective earlier than August 1, 2017.

On July 6, 2017, NYSOH issued an eligibility determination notice, based on your July 5, 2017 updated application, stating your youngest child was fully eligible for Medicaid, effective July 1, 2017.

Also on July 6, 2017, NYSOH issued a notice indicating your youngest child was eligible for retroactive Medicaid coverage for the month of May 2017.

On September 26, 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) According to your account, your youngest child was born on [REDACTED]
- 2) Your youngest child was added to your account for the first time on June 7, 2017 and an application for health insurance was submitted on her behalf that day.
- 3) Your youngest child was determined conditionally eligible for Medicaid, effective June 1, 2017, pending receipt of documentation confirming her citizenship and Social Security number.
- 4) According to your account, your youngest child was automatically enrolled in a Medicaid Managed Care plan with Well Care on June 17, 2017 and coverage through that plan became effective on August 1, 2017.
- 5) According to your account, you contacted NYSOH on June 27, 2017 to switch your youngest child's Medicaid Managed Care plan to United Healthcare and coverage through the United Healthcare plan became effective on August 1, 2017.

- 6) Your account confirms that your youngest child was granted retroactive fee-for-service Medicaid coverage for the month of May 2017.
- 7) According to your account, your youngest child had fee-for-service Medicaid coverage in May, June, and July 2017 and her Medicaid Managed Care plan coverage with United Healthcare became effective on August 1, 2017.
- 8) You testified that your youngest child has outstanding medical bills from the months of June and July 2017, because her provider does not accept fee-for-service Medicaid.
- 9) You testified that you are appealing the effective date of your child's coverage with her United Healthcare Medicaid Managed Care plan.
- 10) You testified you are not appealing your own eligibility.
- 11) You testified that you selected United Healthcare as your youngest child's Medicaid Managed Care plan over the phone with a NYSOH representative when you updated your application to add her to your account.
- 12) NYSOH Appeals Unit reviewed the telephone call recording from June 7, 2017 and confirmed that you selected United Healthcare as your youngest child's Medicaid Managed Care plan during that call. The representative stated "alright, so her coverage under United Health begins July first."

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)).

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Legal Analysis

The issue is whether NYSOH properly determined that your youngest child's enrollment in a Medicaid Managed Care plan with United Healthcare was effective no earlier than August 1, 2017.

Your youngest child was added to your account for the first time on June 7, 2017 and an application for health insurance was submitted on her behalf that day. Your child was determined conditionally eligible for Medicaid, effective June 1, 2017, pending receipt of documentation confirming her citizenship and Social Security number.

According to your account, your youngest child was automatically enrolled in a Medicaid Managed Care plan with Well Care on June 17, 2017, because you did not select a health plan for her prior to that date. Coverage through the Well Care plan became effective on August 1, 2017. However, you testified that you selected United Healthcare as your youngest child's Medicaid Managed Care plan over the phone with a NYSOH representative on June 7, 2017 when you updated your application to add her to your account. This was corroborated by the Appeals Unit in reviewing the telephone call recording from that day.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment.

Pursuant to the regulations, 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 evidence establishes that you selected United Healthcare as your youngest child's Medicaid Managed Care plan on June 7, 2017, before the fifteenth day of the month, coverage through that plan should have become on the first day of the following month; that is, on July 1, 2017.

Therefore, the June 28, 2017 enrollment confirmation notice stating your youngest child's enrollment in her Medicaid Managed Care plan with United Healthcare would be effective August 1, 2017 is MODIFIED to reflect that your child's enrollment in that plan became effective on July 1, 2017.

Your case is RETURNED to NYSOH to correct your youngest child's enrollment in accordance with this decision.

Decision

The June 28, 2017 eligibility determination is MODIFIED to reflect that your youngest child's enrollment in her Medicaid Managed Care plan with United Healthcare became effective on July 1, 2017.

Your case is RETURNED to NYSOH to correct your youngest child's enrollment in accordance with this decision.

Effective Date of this Decision: November 8, 2017

How this Decision Affects Your Eligibility

The effective date of your youngest child's Medicaid Managed Care plan with United Healthcare is July 1, 2017.

Your case is being sent back to NYSOH to correct your child's enrollment.

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

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).

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 June 28, 2017 eligibility determination is MODIFIED to reflect that your youngest child's enrollment in her Medicaid Managed Care plan with United Healthcare became effective on July 1, 2017.

Your case is RETURNED to NYSOH to correct your youngest child's enrollment in accordance with this decision.

The effective date of your youngest child's Medicaid Managed Care plan with United Healthcare is July 1, 2017.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

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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 b e tumi ama wo obi a okyer e 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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