



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

Notice of Decision

Decision Date: October 23, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020676

[REDACTED]

Dear [REDACTED],

On October 4, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 2, 2017 disenrollment notice and the June 30, 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: October 23, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020676



Issue

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

Did NY State of Health properly determine that your enrollment in your Medicaid Managed Care plan through United Healthcare was effective August 1, 2017?

Procedural History

On March 1, 2017, you updated your application for financial assistance.

On March 2, 2017, NY State of Health (NYSOH) issued a notice stating that the information in your application did not match what NYSOH had received from state and federal data sources. This notice directed you to provide proof of your income by March 16, 2017 in order for your eligibility for financial assistance to be determined.

On March 14, 2017 and March 21, 2017, income documentation was uploaded to your NYSOH account.

On March 23, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account.

On March 24, 2017, NYSOH issued a notice stating that the income documentation you submitted did not confirm the information in your application.

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This notice directed you to submit additional income documentation by April 15, 2017.

On April 5, 2017, income documentation was uploaded to your NYSOH account.

On April 11, 2017, NYSOH reviewed the income documentation you submitted and determined that this was sufficient proof of your income. That day, NYSOH submitted an application on your behalf.

On April 12, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective April 1, 2017.

Also on April 12, 2017, NYSOH issued a notice of enrollment confirmation stating that you were enrolled in a Medicaid Managed Care plan through Fidelis with a plan enrollment start date of May 1, 2017.

On June 1, 2017, you updated your application for financial assistance.

On June 2, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH had received from state and federal data sources. This notice directed you to submit income documentation by June 16, 2017 in order for your eligibility for financial assistance to be determined.

Also on June 2, 2017, NYSOH issued a notice of disenrollment stating that your enrollment in your Medicaid Managed Care plan with Fidelis would end on June 30, 2017.

On June 8, 2017, income documentation was uploaded to your NYSOH account.

Also on June 8, 2017, NYSOH reviewed the income documentation you submitted and determined that this documentation was insufficient to resolve the inconsistency in your account.

On June 9, 2017, NYSOH issued a notice stating that the income documentation you submitted did not confirm the information in your application. This notice directed you to submit additional income documentation by July 1, 2017.

On June 27, 2017, income documentation was uploaded to your NYSOH account.

Also on June 27, 2017, NYSOH reviewed the income documentation you submitted and determined that this was sufficient to resolve the inconsistency in your account.

On June 28, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective July 1, 2017.

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On June 30, 2017, NYSOH issued a notice of enrollment confirmation, based on your plan selection on June 29, 2017, stating that you were enrolled in a Medicaid Managed Care plan through United Healthcare with a plan enrollment start date of August 1, 2017.

On July 20, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your Medicaid Managed Care plan through Fidelis, insofar as it did not begin May 1, 2017.

On October 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 support the following findings of fact:

- 1) You submitted an application to NYSOH for financial assistance on March 1, 2017.
- 2) You were found eligible for Medicaid effective April 1, 2017.
- 3) On April 11, 2017, you were enrolled into a Medicaid Managed Care plan through Fidelis.
- 4) You testified that you did initially select to have your Medicaid Managed Care plan through Fidelis, but after realizing that none of the [REDACTED] doctors you see most often accept Fidelis, you decided to switch to United Healthcare.
- 5) You testified that during the first week of May you contacted NYSOH to change your Medicaid Managed Care plan to United Healthcare.
- 6) You testified that you called to follow-up on this request to change Medicaid Managed Care plans on June 1, 2017.
- 7) On June 1, 2017, a new application was submitted on your behalf. As a result of this application, you were put in a pending Medicaid status.
- 8) On June 28, 2017, NYSOH redetermined you eligible for Medicaid, effective July 1, 2017.
- 9) Your NYSOH account reflects that you selected United Healthcare as your Medicaid Managed Care plan on June 29, 2017.

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- 10) During the hearing, you gave permission for the Hearing Officer to listen to recordings of phone calls you had with NYSOH.
- 11) The record reflects that on May 4, 2017, you placed a call to NYSOH. A review of the recording of that phone call reflects that you were calling to request to change your Medicaid Managed Care plan from Fidelis to United Healthcare. The NYSOH representative advised you that your coverage with United Healthcare would begin on June 1, 2017 and that your coverage through Fidelis would end on May 31, 2017.
- 12) The record reflects that on May 10, 2017, you placed a call to NYSOH. A review of the recording of that phone call reflects that you were calling to confirm your enrollment in United Healthcare. You explained to the representative that you normally get an e-mail when changes are made on your account, and you had received nothing to confirm your change in Medicaid Managed Care plans from Fidelis to United Healthcare. The NYSOH representative confirmed that you were enrolled in United Healthcare and that your coverage would begin on June 1, 2017.
- 13) The record reflects that on June 1, 2017, you placed a call to NYSOH. A review of the recording of that phone call reflects that you were calling to find out the status of your change in Medicaid Managed Care plans from Fidelis to United Healthcare. The NYSOH representative told you that during the previous call, the change to United Healthcare had not gone through because your application had not been resubmitted. The NYSOH representative went through the application with you, at which time, you reported that there had been no changes from the April 11, 2017 application including with regard to your annual expected income. The NYSOH representative advised you that you needed to submit income documentation in order for your eligibility to be redetermined and for you to be able to enroll in a Medicaid Managed Care plan through United Healthcare.
- 14) You testified that you want your Medicaid Managed Care plan to begin on May 1, 2017 because you have outstanding medicals bills from providers that do not accept Fidelis.

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)).

Medicaid Continuous Coverage

Generally, most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage, even if they lose Medicaid eligibility because of any changes or updates they make to their NYSOH account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a 12-month period. This 12-month period is referred to as “continuous coverage” and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (NY Social Services Law § 366(4)(c)).

An individual will be enrolled or remain in their Medicaid plan with limited exceptions, including entering prison or another facility that provides medical care, lack of state residence, failing to provide a valid social security number, or having third party health insurance (NY Social Services Law § 366(4)(c)).

Legal Analysis

The issue is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan through United Healthcare was effective August 1, 2017.

You were found eligible for Medicaid as of April 1, 2017 per the April 12, 2017 eligibility determination notice. This eligibility determination has not been appealed.

On April 11, 2017, you enrolled into a Medicaid Managed Care plan through Fidelis.

On May 4, 2017, you contacted NYSOH to change your Medicaid Managed Care plan to United Healthcare. However, the record reflects that the NYSOH representative did not process your request.

On May 10, 2017, you followed-up on this request, and were told that you would be enrolled in a Medicaid Managed Care plan through United Healthcare as of June 1, 2017.

On June 1, 2017, you contacted NYSOH to follow-up on your request to change your Medicaid Managed Care plan enrollment from Fidelis to United Healthcare.

At that time, the NYSOH representative advised you that your application would need to be resubmitted in order for you to change your enrollment. Although you made no changes to your application from the application that was submitted on your behalf on April 11, 2017, you were put into a Medicaid pending status. As a result, you were unable to select a Medicaid Managed Care plan for enrollment that day.

On June 28, 2017, NYSOH issued a notice of eligibility determination finding you eligible for Medicaid effective July 1, 2017.

The record reflects that you were officially enrolled into a Medicaid Managed Care plan through United Healthcare on June 29, 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.

Had the NYSOH properly processed your request to change enrollment in your Medicaid Managed Care plan from Fidelis to United Healthcare on May 4, 2017, your enrollment in your Medicaid Managed Care plan through United Healthcare would have taken effect on the first day of the month following after May 2017; that is, on June 1, 2017.

Therefore, the June 30, 2017 enrollment confirmation notice is MODIFIED to reflect that your enrollment in your Medicaid Managed Care plan through United Healthcare was effective as of June 1, 2017.

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).

Furthermore, had you been properly enrolled in your Medicaid Managed Care plan through United Healthcare on May 4, 2017, your application would not have been resubmitted on June 1, 2017, resulting in you being disenrolled from Medicaid and your Medicaid Managed Care plan on June 30, 2017.

Under New York State law, once a person is eligible for Medicaid, that eligibility continues for 12 months, even if the household income rises above 138% of the FPL. This provision is called “continuous coverage”.

As the record reflects that you were found eligible for Medicaid effective April 1, 2017 in the April 12, 2017 eligibility determination notice, and this determination was never appealed, you should have been afforded 12 months of Medicaid continuous coverage, despite your application being resubmitted on June 1, 2017.

There is no indication in the record that you would have been ineligible for Medicaid or disenrolled from your Medicaid Managed Care plan as of June 30, 2017 on any other basis.

Therefore, the June 2, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to enroll you in your Medicaid Managed Care plan through United Healthcare effective June 1, 2017.

Decision

The June 30, 2017 enrollment confirmation notice is MODIFIED to reflect that your enrollment in your Medicaid Managed Care plan through United Healthcare was effective as of June 1, 2017.

The June 2, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to enroll you in your Medicaid Managed Care plan through United Healthcare effective June 1, 2017.

Effective Date of this Decision: October 23, 2017

How this Decision Affects Your Eligibility

The effective date of your Medicaid Managed Care plan through United Healthcare is June 1, 2017.

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).

Your case is being sent back to begin your enrollment in your Medicaid Managed Care plan through United Healthcare as of June 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 30, 2017 enrollment confirmation notice is MODIFIED to reflect that your enrollment in your Medicaid Managed Care plan through United Healthcare was effective as of June 1, 2017.

The effective date of your Medicaid Managed Care plan through United Healthcare is June 1, 2017.

The June 2, 2017 disenrollment notice is RESCINDED.

Your case is RETURNED to NYSOH to enroll you in your Medicaid Managed Care plan through United Healthcare effective June 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&btumi 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.

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).