



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

Notice of Decision

Decision Date: January 02, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021980

[REDACTED]

[REDACTED]

On November 2, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 3, 2017 and August 1, 2017 enrollment confirmation notices.

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.

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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: January 02, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021980

[REDACTED]

Issue

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

Did NYSOH properly determine your [REDACTED] child's enrollment in his Medicaid Managed Care plan with MVP became effective no earlier than September 1, 2017?

Procedural History

On May 6, 2017, NYSOH issued an eligibility determination notice stating your five children, including your [REDACTED] child [REDACTED], were eligible for Medicaid, effective May 1, 2017. The notice directed you to "pick a health plan" for your children. The notice further indicated that if you did not choose a health plan for your children, one would be chosen for them.

On May 16, 2017, NYSOH issued an enrollment notice, based on a May 15, 2017 automatic plan assignment, confirming your children were enrolled in a Medicaid Managed Care plan with United Healthcare, effective June 1, 2017.

On June 3, 2017, NYSOH issued an enrollment notice, based on your June 2, 2017 plan selections, confirming four of your children were enrolled in a Medicaid Managed Care plan with MVP, effective July 1, 2017. The notice confirmed your [REDACTED] child was still enrolled in a Medicaid Managed Care plan with United Healthcare.

On August 1, 2017, NYSOH issued an enrollment notice, based on your July 31, 2017 plan selection, confirming your [REDACTED] child was enrolled in a Medicaid Managed Care plan with MVP, effective September 1, 2017.

On August 31, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your [REDACTED] child's enrollment in his Medicaid Managed Care plan with MVP, insofar as it did not begin earlier than September 1, 2017.

On November 2, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed thereafter.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) You testified you are only appealing the effective date of your [REDACTED] child's coverage with his MVP Medicaid Managed Care plan.
- 2) Your children were determined eligible for Medicaid, effective May 1, 2017, and they were automatically enrolled in a Medicaid Managed Care plan with United Healthcare on May 15, 2017 because you did not select a health plan prior to that date. Coverage through your children's United Healthcare Medicaid Managed Care plan became effective June 1, 2017.
- 3) According to your account, on June 2, 2017, four of your children were enrolled into a Medicaid Managed Care plan with MVP with coverage effective July 1, 2017. Your [REDACTED] child remained enrolled in the United Healthcare Medicaid Managed Care plan.
- 4) You testified that you contacted NYSOH in June 2017 to switch all your children's plans to MVP, including your [REDACTED]. You testified you did not know why your [REDACTED] coverage was not changed at the same time as the other children.
- 5) The Appeals Unit requested all telephone call recordings associated with your account for the month of June 2017. NYSOH produced four recordings. One recording was from a call on June 2, 2017, during which you requested to switch your children's Medicaid Managed Care plan. The other three recordings were from calls made by persons not associated with your account, but with your same name.
- 6) NYSOH also identified two other recordings from June 1, 2017 and June 2, 2017, but as of the date of this decision, NYSOH has been unable to produce those recordings.

- 7) The Appeals Unit reviewed the one telephone call recording produced by NYSOH from June 2, 2017 and concluded the following:
- a. You stated you wanted to change coverage for all five of your children to MVP.
 - b. You inquired whether your [REDACTED] could have fee-for-service Medicaid coverage only, because due to a medical diagnosis you wanted to take him to a provider who only accepted fee-for-service Medicaid.
 - c. The representative indicated you would have to be transferred to a different department to handle the request regarding your [REDACTED], but your other children's coverage could be updated in the meantime.
 - d. Your other four children were enrolled in a Medicaid Managed Care plan with MVP and you were advised that their current coverage would end on June 30, 2017.
 - e. The call was disconnected while you were on hold waiting for the representative to confirm your four children's new enrollment start date.
- 8) According to your account, you contacted NYSOH on July 31, 2017 and your [REDACTED] Medicaid Managed Care plan was switched to MVP. The new enrollment was effective September 1, 2017.
- 9) You testified you have an outstanding medical bill for your [REDACTED] from the month of August 2017, because his medial provider did not accept the United Healthcare coverage.
- 10) You testified you are seeking to backdate your [REDACTED] child's coverage in his MVP Medicaid Managed Care plan to August 2017 to cover the outstanding medical bill.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Medicaid Coverage Effective Dates

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 §

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435.915(b); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13 ADM-03(III)(F)).

Medicaid Managed Care (MMC) 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; NY Social Services Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13 ADM-03(III)(F)).

Legal Analysis

The issue under review is whether NYSOH properly determined your [REDACTED] child's enrollment in his Medicaid Managed Care plan with MVP became effective no earlier than September 1, 2017.

Your five children were determined eligible for Medicaid effective May 1, 2017 and automatically enrolled in a Medicaid Managed Care plan with United Healthcare on May 15, 2017, because you did not select a health plan prior to that date. Coverage through your children's United Healthcare Medicaid Managed Care plan became effective June 1, 2017.

According to your account, on June 2, 2017, four of your children were enrolled into a Medicaid Managed care plan with MVP with coverage effective July 1, 2017. However, your [REDACTED] child remained enrolled in the United Healthcare Medicaid Managed Care plan until his plan was switched to MVP on July 31, 2017. Your [REDACTED] child's coverage in his MVP Medicaid Managed Care plan did not become effective until September 1, 2017. You appealed insofar as your [REDACTED] MVP coverage did not begin earlier.

The Appeals Unit reviewed a telephone call recording from June 2, 2017 wherein you requested that all your children's coverage be changed to MVP. You inquired whether your [REDACTED] could remain in fee-for-service coverage only, because his preferred medical provider only accepted that coverage. You were advised that you would have to be transferred for that request and the representative confirmed that the other four children's enrollment would be updated in the meantime. The call was disconnected before the representative could confirm the children's new enrollment start date.

You testified that you requested to change all your children's plans to MVP, including your [REDACTED]. You testified you do not know why your [REDACTED] enrollment was not updated on June 2, 2017 along with the rest of the children.

The Appeals Unit requested all telephone calls associated with your account for the month of June 2017. Although NYSOH confirmed there was another recording from June 2, 2017 in addition to the recording that has been produced, as of the date of this decision, NYSOH has failed to produce that additional recording.

You testified that you requested to switch all your children's coverage to MVP on June 2, 2017, and the recording of that conversation demonstrated that the telephone call on June 2, 2017 was disconnected without your call being transferred to discuss your [REDACTED] coverage. Because there is evidence of a second call on June 2, 2017, but NYSOH has failed to produce the recording that might serve to corroborate your testimony, the contents of that unproduced recording must be presumed to support your testimony.

Therefore, it is concluded, that based on the competent evidence of record, you requested to switch all your children's Medicaid Managed Care plan to MVP on June 2, 2017, including your [REDACTED] child.

Pursuant to the regulations, the date on which a Medicaid Managed Care plan can take effect depends on the day a plan is selected 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.

Since the evidence establishes you selected MVP as your [REDACTED] child's Medicaid Managed Care plan on June 2, 2017, before the fifteenth day of the month, coverage through that plan should have become effective on the first day of the following month; that is, on July 1, 2017.

Therefore, the June 3, 2017 enrollment confirmation notice stating your [REDACTED] child was still enrolled in a Medicaid Managed Care plan with United Healthcare is MODIFIED to reflect he was enrolled in a Medicaid Managed Care plan with MVP, effective July 1, 2017.

The August 1, 2017 enrollment confirmation notice is similarly MODIFIED to reflect your [REDACTED] enrollment in his MVP Medicaid Managed Care plan became effective on July 1, 2017.

Your case is RETURNED to NYSOH to correct your [REDACTED] child's Medicaid Managed Care plan enrollment in accordance with this decision.

Decision

The June 3, 2017 and August 1, 2017 enrollment confirmation notices are MODIFIED to reflect your [REDACTED] child's MVP Medicaid Managed Care plan enrollment became effective on July 1, 2017.

Your case is RETURNED to NYSOH to correct your [REDACTED] child's Medicaid Managed Care plan enrollment in accordance with this decision.

Effective Date of this Decision: January 02, 2018

How this Decision Affects Your Eligibility

The effective date of your [REDACTED] child's MVP Medicaid Managed Care plan is July 1, 2017.

Your case is being sent back to NYSOH to ensure your child's MVP coverage is properly backdated to July 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

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).

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 June 3, 2017 and August 1, 2017 enrollment confirmation notices are MODIFIED to reflect your [REDACTED] child's MVP Medicaid Managed Care plan enrollment became effective on July 1, 2017.

Your case is RETURNED to NYSOH to correct your [REDACTED] child's Medicaid Managed Care plan enrollment in accordance with this decision.

The effective date of your [REDACTED] child's MVP Medicaid Managed Care plan is July 1, 2017.

Your case is being sent back to NYSOH to ensure your child's MVP coverage is properly backdated to July 1, 2017.

Legal Authority

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

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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&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.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען איך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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