



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

Notice of Decision

Decision Date: December 5, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009304

[REDACTED]

Dear [REDACTED]

On November 14, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's April 30, 2016 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]
Appeal Identification Number: AP000000009304

[REDACTED]

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 (MMC) plan was effective June 1, 2016?

Procedural History

On August 26, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective August 1, 2015.

On March 15, 2016, your NYSOH account was updated to change your enrollment.

On March 16, 2016, NYSOH issued a cancellation notice stating that you would not have coverage with Healthfirst, effective April 1, 2016.

Also on March 16, 2016, NYSOH issued a notice of enrollment confirmation, stating that you were enrolled in an EmblemHealth MMC plan, and that your coverage would start on April 1, 2016.

On April 29, 2016, your NYSOH account was updated, and a new MMC plan was selected; you returned to Healthfirst, effective June 1, 2016.

Also on April 29, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your new MMC Healthfirst plan, insofar as it did not begin April 1, 2016.

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On April 30, 2016, NYSOH issued a disenrollment notice stating that your enrollment in your EmblemHealth MMC plan was ending effective May 31, 2016.

Also on April 30, 2016, NYSOH issued an enrollment confirmation notice confirming your enrollment in a Healthfirst MMC plan with a plan start date of June 1, 2016.

On November 14, 2016, 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 testified, and your NYSOH account reflects, that you selected an MMC Plan on March 15, 2016, and that your enrollment was effective on April 1, 2016.
- 2) You testified that you were assisted by a broker in enrolling in a plan, but you were not sure where the broker was from.
- 3) You testified that the broker enrolled you in an EmblemHealth MMC plan because the clinic you were going to be attending for healthcare accepted EmblemHealth.
- 4) You testified that you went to the clinic that accepted EmblemHealth a few times in April 2016.
- 5) You testified that you needed to start going to a new clinic, and that you needed to switch to Healthfirst because neither the clinic, nor your new primary care physician, would accept Emblem.
- 6) You testified that the new clinic you started attending helped you change your enrollment to Healthfirst.
- 7) Your NYSOH account reflects that your enrollment was updated and Healthfirst was selected as your MMC plan on April 29, 2016. You testified that this date sounded correct.
- 8) You testified that you think you may have some outstanding medical bills for 2016, but that they might be bills that EmblemHealth did not cover.

- 9) You testified that you are now enrolled in health insurance through your local Department of Social Services.

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)).

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; 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 under review is whether NYSOH properly determined that your enrollment in the Healthfirst MMC plan began effective June 1, 2016.

Your NYSOH account reflects that you were enrolled into an EmblemHealth MMC plan on March 15, 2016, with an enrollment start date of April 1, 2016.

You testified that a broker helped you to enroll in an EmblemHealth MMC plan, and that you were aware that you had been enrolled into that plan. You testified that you used that coverage a few times in April 2016, when you were going to a clinic that accepted EmblemHealth coverage.

Your NYSOH account reflects that you selected a Healthfirst MMC plan for enrollment on April 29, 2016. You testified that you needed to change to this new plan because you were going to a new clinic that did not accept EmblemHealth.

The date on which a MMC 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 April 29, 2016, you selected a Healthfirst MMC plan, so it properly took effect on the first day of the second month following April 2016; that is, on June 1, 2016.

Therefore, the April 30, 2016 enrollment confirmation notice stating that your enrollment in your Healthfirst MMC plan would begin effective June 1, 2016 was correct and must be AFFIRMED.

Decision

The April 30, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: December 5, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Healthfirst MMC plan was June 1, 2016.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. 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 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).

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
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The April 30, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Healthfirst MMC plan was June 1, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

