



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

Notice of Decision

Decision Date: March 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012335

[REDACTED]

Dear [REDACTED],

On January 23, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 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]
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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 your enrollment in your Medicaid Managed Care plan with Fidelis Care was effective November 1, 2016?

Procedural History

On September 7, 2016, NYSOH received your application for health insurance.

On September 8, 2016, NYSOH issued a notice of eligibility determination stating you were eligible for Medicaid, effective September 1, 2016.

Also, on September 8, 2016, NYSOH issued a notice of enrollment confirmation, based on your September 7, 2016 plan selection, stating you were enrolled in a Medicaid Managed Care plan with Emblem Health, effective October 1, 2016.

Additionally, on September 8, 2016, NYSOH issued a notice stating you were eligible for retroactive Medicaid coverage for the period of August 1, 2016 to August 31, 2016.

On September 30, 2016, NYSOH issued an enrollment confirmation notice, based on your September 29, 2016 plan selection, stating you had changed your enrollment, and were enrolled in a Medicaid Managed Care plan with Fidelis Care, effective November 1, 2016.

Also on September 30, 2016, you spoke to NYSOH's Account Review Unit and appealed this enrollment confirmation notice insofar as your Medicaid Managed Care plan with Fidelis Care was effective November 1, 2016 and not August 1, 2016.

Finally, on September 30, 2016, NYSOH issued a disenrollment notice stating your Medicaid Managed Care plan with Emblem Health was terminated, at your request, as of October 31, 2016.

On January 23, 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 testified that on [REDACTED] you sought treatment at a hospital emergency room wherein a Certified Application Counselor (CAC) assisted you in completing your original application for health insurance to NYSOH.
- 2) You testified you provided "basic information" to the CAC who completed the application and submitted it on your behalf.
- 3) You testified you were not given a choice of health plans, but you were aware the health plan chosen was Emblem Health.
- 4) You testified you never received any documentation explaining the benefits provided by Emblem Health or any information regarding providers who accepted your health plan.
- 5) You were approved for retroactive fee-for-service Medicaid coverage for the period of August 1, 2016 to August 31, 2016.
- 6) You also had fee-for-service Medicaid for the month of September 2016.
- 7) Your Emblem Health Medicaid Managed Care plan became effective October 1, 2016.
- 8) You testified you learned your medical provider did not accept your Emblem plan and on September 29, 2016 you contacted NYSOH to switch your health plan to Fidelis Care.

- 9) Your Fidelis Care Medicaid Managed Care plan became effective November 1, 2016.
- 10) You testified you have outstanding medical bills from August and September 2016.
- 11) You also testified you have an outstanding doctor's bill from October 2016 because the provider did not accept your Emblem Health plan.
- 12) You testified you want your Fidelis Medicaid Managed Care plan backdated to August 1, 2016.

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

Applicable Law and Regulations

Medicaid - Effective Dates of Coverage

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)).

Retroactive Medicaid

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of application if the individual received medical services that would have been covered under Medicaid and the individual would have been eligible for Medicaid at the time he received the services if he had applied (42 CFR § 435.915(a)). The Department of Health may make eligibility effective for fee-for-service Medicaid on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Legal Analysis

The issue under review is whether NYSOH properly determined your enrollment in your Medicaid Managed Care plan with Fidelis Care was effective November 1, 2016.

You testified a CAC submitted an application for health insurance, on your behalf, to NYSOH on [REDACTED]. As a result, you were found eligible for Medicaid effective September 1, 2016. Additionally, you were found eligible for retroactive Medicaid for the month of August 2016.

Your NYSOH account establishes you were enrolled in a Medicaid Managed Care plan with Emblem Health on September 7, 2016 which became effective October 1, 2016.

You testified you learned your medical provider did not accept your Emblem plan and on September 29, 2016 you contacted NYSOH to switch your health plan. Your NYSOH account corroborates that you were enrolled in a Medicaid Managed Care plan with Fidelis Care on September 29, 2016, which was effective November 1, 2016. You testified you are seeking to have your Fidelis Care plan back dated to August 1, 2016.

Pursuant to the above cited regulations, 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. In the present case, you were determined eligible for Medicaid on September 7, 2016. Accordingly, you were eligible for fee-for-service Medicaid effective September 1, 2016. Similarly, you were determined eligible for retroactive Medicaid for the month of August 2016. Accordingly, you were eligible for fee-for-service Medicaid from August 1, 2016 to August 31, 2016.

In accordance with the above cited authority, Medicaid Managed Care plan effective dates are determined under a different standard than effective dates for fee-for-service Medicaid coverage. 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.

In the present case, the evidence establishes you enrolled in the Fidelis Care Medicaid Managed Care plan on September 29, 2016. As this enrollment was not submitted until after the fifteenth day of the month, it was effective the first day of the second following month; that is, November 1, 2016.

Although you raised the issue that you were not given a choice of health plans by the CAC, you testified that at the time of enrollment, you were aware Emblem Health was the health plan chosen. Similarly, you contended you never received

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any documentation from NYSOH or the health plan explaining the benefits provided by Emblem Health or any information regarding providers who accepted your health plan. However, there is no evidence in the record you sought health plan benefit information or were prevented from obtaining the same. Accordingly, there is insufficient evidence to establish your enrollment in the Emblem Health plan was involuntary.

Therefore, the September 30, 2016 enrollment confirmation notice stating your Medicaid Managed Care plan with Fidelis Care was effective November 1, 2016, was correct and must be AFFIRMED.

Decision

The September 30, 2016 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: March 10, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

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

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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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- By fax: 1-855-900-5557

Summary

The September 30, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

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

