



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

Notice of Decision

Decision Date: June 3, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006519

[REDACTED]
[REDACTED]

Dear [REDACTED],

On June 1, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 26, 2016 notice of enrollment.

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: AP000000006519

[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 Fidelis Care as your Medicaid Managed Care plan was effective March 1, 2016?

Procedural History

On January 19, 2016, NYSOH received a revised application in which you indicated that you were seeking health insurance.

On January 20, 2016, NYSOH issued a notice stating that your application submitted on January 19, 2016 had been reviewed, but more information was needed before an eligibility determination could be made. The notice requested that you provide documentation proving your household's income level by February 4, 2016.

On January 20, 2016 and January 25, 2016, you provided several documents reflecting your unemployment benefits and gross earnings from [REDACTED]

On January 25, 2016, NYSOH received a revised application based in part on the income documentation provided by you on January 20, 2016 and January 25, 2016.

On January 26, 2016, NYSOH issued an eligibility determination notice based on the information contained in the January 25, 2016 application. The notice stated

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that you were eligible for Medicaid, effective January 1, 2016. The notice also acknowledged that you had requested help with paying medical bills for the three month period prior to your application. It further stated that you would receive a separate notice if you were eligible for Medicaid coverage during this period.

Also on January 26, 2016, NYSOH issued a notice of enrollment confirming your selection of Fidelis Care as your Medicaid Managed Care (MMC) plan as of January 25, 2016. The notice further confirmed that your coverage with Fidelis Care would begin March 1, 2016. At that time, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your MMC plan, insofar as it did not begin November 1, 2015.

Finally on January 26, 2016, NYSOH issued an eligibility determination notice confirming that you were eligible for Medicaid for the month of November 2015.

On January 29, 2016, NYSOH issued an additional eligibility determination notice confirming that you were eligible for Medicaid for the months of October and December 2015.

Also on January 29, 2016, issued a notice of enrollment confirming your reselection of Fidelis Care as your MMC plan as of January 28, 2016. The notice further confirmed that your coverage with Fidelis Care would begin March 1, 2016.

On June 1, 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 submitted your initial application to NYSOH for financial assistance in which you were seeking health insurance on January 19, 2016.
- 2) At the request of NYSOH, on January 20, 2016 and January 25, 2016, you provided several income documents reflecting your unemployment benefits and gross earnings from [REDACTED].
- 3) On January 25, 2016, you provided NYSOH with a revised application, which was based, in part, on the income documentation provided by you on January 20, 2016 and January 25, 2016.
- 4) You were found eligible for Medicaid coverage beginning January 1, 2016.

- 5) You testified, and the record reflects, that you selected your Medicaid Managed Care (MMC) plan on January 25, 2016, and that your enrollment was effective on March 1, 2016.
- 6) You were also found eligible for retroactive Medicaid coverage for the months of October, November and December 2015.
- 7) You testified that you want your MMC plan to begin on November 1, 2015 since you incurred approximately \$270.00 in medical bills associated with hospital visits during November and December of 2015.
- 8) You also testified that your MMC plan coverage with Fidelis Care had been terminated through your Local Department of Social Services (LDSS) approximately on June 1, 2015 as a result of a human resources representative submitting an application to NYSOH on your behalf around May 2015. You were unaware that your Medicaid coverage had elapsed until you had received medical bills from the hospital in January 2016.

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)).

Legal Analysis

The sole issue is whether NYSOH properly determined that your enrollment in Fidelis Care as your MMC plan was effective March 1, 2016.

You testified, and the record reflects, that after having been found eligible for Medicaid through NYSOH, you had selected and enrolled in Fidelis Care as your MMC plan on January 25, 2016.

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.

On January 25, 2016, you selected Fidelis Care as your MMC plan, so it properly took effect on the first day of the second month following after January 25, 2016; that is, on March 1, 2016.

Therefore, the January 26, 2016 notice of enrollment stating that your enrollment in Fidelis Care as your MMC plan would be effective March 1, 2016, was correct and must be AFFIRMED.

Decision

The January 26, 2016 notice of enrollment is AFFIRMED.

Effective Date of this Decision: June 3, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You Medicaid Fee-For-Service coverage is in effect from October 1, 2015 through February 29, 2016.

The effective date of Fidelis Care as your MMC plan is March 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.

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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 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 January 26, 2016 notice of enrollment is **AFFIRMED**.

This decision does not change your eligibility.

You Medicaid Fee-For-Service coverage is in effect from October 1, 2015 through February 29, 2016.

The effective date of Fidelis Care as your MMC plan is March 1, 2016.

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:

