



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

## Notice of Decision

Decision Date: June 30, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006913

[REDACTED]

Dear [REDACTED],

On June 28, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's August 29, 2015 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 at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(b).

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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: June 30, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000006913

[REDACTED]

## Issue

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

Was your appeal of the NY State of Health's August 29, 2015 enrollment confirmation notice timely?

## Procedural History

On August 28, 2015, your NY State of Health (NYSOH) account was created and an application was submitted. That day, you also selected a Medicaid Managed Care plan for enrollment.

On August 29, 2015, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective September 1, 2015.

On August 29, 2015, NYSOH issued an enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan was effective October 1, 2015.

On February 8, 2016, a formal appeal was filed with NYSOH's Account Review Unit based on the August 29, 2015 enrollment confirmation notice insofar as it did not begin your enrollment in your Medicaid Managed Care plan as of September 1, 2015.

On June 28, 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.

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## **Findings of Fact**

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

- 1) You testified that you are only appealing the start date of your enrollment in a Medicaid Managed Care plan.
- 2) You testified that you need your plan to be effective September 1, 2015 to cover bills that you incurred as a result of your pregnancy.
- 3) You testified that the first time you called NYSOH to file a complaint in regards to the start date of your Medicaid Managed Care plan was in January 2016.
- 4) The record indicates that a formal appeal was filed on your behalf on February 8, 2016.

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

## **Applicable Law and Regulations**

### Valid Appeal Requests

An applicant has the right to appeal: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure by the Exchange to provide timely notice of an eligibility determination and (5) a denial of a request to vacate dismissal made by the NY State of Health Appeals Unit (45 CFR § 155.505).

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH (45 CFR 155.520(b)(2); 18 NYCRR 358-3.5(b)(1)).

## **Legal Analysis**

The only issue under review is whether your appeal of NYSOH's August 29, 2015 enrollment confirmation notice was timely.

On August 29, 2015, NYSOH issued an enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan was effective October 1, 2015.

You testified that the first time you called NYSOH to file a complaint in regards to the start date of your Medicaid Managed Care plan was in January 2016. The record indicates that a formal appeal was filed on your behalf on February 8, 2016.

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notice of eligibility determination by NYSOH.

For an appeal to have been valid on the issue of the effective date of your Medicaid Managed Care plan as stated in the August 29, 2015 notice, an appeal should have been filed by October 28, 2015. According to the credible evidence in the record, you did not contact NYSOH until January 2016 to file a formal appeal which is well beyond 60 days from the August 29, 2015 enrollment confirmation notice.

Therefore, there has been no valid appeal of the August 29, 2015 notice and your appeal on the issue of the effective date of your Medicaid Managed Care plan as stated in that notice is DISMISSED.

## **Decision**

Your appeal of the August 29, 2015 enrollment confirmation notice is untimely and is DISMISSED.

**Effective Date of this Decision:** June 30, 2016

## **How this Decision Affects Your Eligibility**

Your eligibility remains the same.

Your enrollment in your Medicaid Managed Care plan began October 1, 2015.

## **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 after the date 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 date 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**

Your appeal of the August 29, 2015 enrollment confirmation notice is untimely and is dismissed.

Your eligibility remains the same.

Your enrollment in your Medicaid Managed Care plan began October 1, 2015.

### **Legal Authority**

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

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).

**A Copy of this Decision Has Been Provided To:**

