



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

Notice of Decision

Decision Date: July 27, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006990

[REDACTED]

Dear [REDACTED]

On July 20, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's September 3, 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 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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Decision

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006990



Issue

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

Was your appeal of NY State of Health's September 3, 2015 enrollment confirmation notice timely?

Procedural History

On July 1, 2015, NY State of Health (NYSOH) received your updated application for financial assistance for your two children.

On July 2, 2015, NYSOH issued an eligibility determination notice finding your two children conditionally eligible to enroll in Child Health Plus for a cost of \$30.00 per month effective August 1, 2015.

On July 15, 2015, NYSOH issued an enrollment confirmation notice confirming your enrollment of your two children in a Child Health Plus plan effective August 1, 2015.

On July 21, 2015 a disenrollment notice was issued terminating coverage for your son effective August 31, 2015.

On July 28, 2015 NYSOH issued a notice stating that more information regarding your income was needed to make a determination for your children.

On July 29, 2015, a disenrollment notice was issued terminating coverage for your daughter effective August 31, 2015.

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On August 6, 2015, NYSOH issued a notice stating more information was required to make a determination, you were asked to provide income documentation by August 21, 2015 to confirm the information in your application.

On August 11, 2015, NYSOH issued an eligibility redetermination notice stating that your two children were eligible for Medicaid effective August 1, 2015.

On August 18, 2015 an enrollment confirmation notice was issued that stated that you had selected a Medicaid Managed Care plan for your two children on August 17, 2015, and the effective date of that coverage was October 1, 2015.

On September 3, 2015 an enrollment confirmation notice was issued confirming your two children had been enrolled in a Medicaid Managed Care plan effective October 1, 2015.

On February 10, 2016 you spoke to NYSOH's Account Review Unit and appealed the enrollment start date of your daughter's Medicaid Managed Care plan insofar as it began on October 1, 2015, and not September 1, 2015.

On July 20, 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 are appealing the start date of your daughter's Medicaid Managed Care plan.
- 2) You testified that you brought your daughter to a physician and received medical care for which there is a \$375.00 bill for the month of September 2015. The doctor did not accept Medicaid Fee-For-Service coverage.
- 3) You testified that you thought your daughter was covered under her Medicaid Managed Care plan for the month of September, and did not realize it had begun October 1, 2015.
- 4) The record supports your daughter was found eligible for Medicaid effective August 1, 2015.

- 5) The record shows you contacted a NYSOH representative on August 17, 2015 and enrolled your daughter into a Medicaid Managed Care plan on that day.
- 6) You testified that you were not sure when the first time was that you appealed your daughter's enrollment date in her Medicaid Managed Care plan.

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

Applicable Law and Regulations

Medicaid for Children

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 154% of the FPL for the applicable family size (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13 ADM-03).

In the case of an individual who expects to file a tax return and does not expect to be claimed by another taxpayer, the household consists of the taxpayer and all persons whom such individual expects to claim as a tax dependent (42 CFR § 435.603(f)(1)).

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, 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)).

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

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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 the Marketplace (45 CFR 155.520(b)(2); 18 NYCRR 358-3.5(b)(1)).

Legal Analysis

The issue is whether your appeal of NYSOH's September 3, 2015, enrollment confirmation notice is timely.

On August 11, 2015, NYSOH issued an eligibility redetermination notice stating that your two children were eligible for Medicaid effective August 1, 2015.

On September 3, 2015 an enrollment confirmation notice was issued confirming your two children had been enrolled in a Medicaid Managed Care plan effective October 1, 2015.

You testified that you were not sure when the first time was that you appealed your daughter's enrollment date in her Medicaid Managed Care plan.

The record shows that the first time an appeal was filed with NYSOH was on February 10, 2016, when you spoke to NYSOH's Account Review Unit and appealed the enrollment start date of your daughter's Medicaid Managed Care plan insofar as it began on October 1, 2015, and not September 1, 2015.

Individual applicants and enrollees must request a hearing within sixty (60) days of the date of their notices by NYSOH. In order to have a timely appeal of the September 3, 2015 enrollment notice you would have had to file an appeal with NYSOH before November 2, 2015.

Since you did not appeal the September 3, 2015, enrollment confirmation notice until February 10, 2016, you did not file a timely request for purposes of meeting the sixty day deadline for an appeal hearing.

Therefore your appeal of the September 3, 2015 enrollment confirmation notice is **DISMISSED**.

Decision

Your appeal of the September 3, 2015 enrollment confirmation notice is DISMISSED.

Effective Date of this Decision: July 27, 2016

How this Decision Affects Your Eligibility

This determination does not change your daughter's eligibility for Medicaid, or enrollment in her Medicaid Managed Care plan which 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.

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:

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- By fax: 1-855-900-5557

Summary

Your appeal of the September 3, 2015 enrollment confirmation notice is DISMISSED.

This determination does not change your daughter's eligibility for Medicaid, or enrollment in her Medicaid Managed Care plan which began October 1, 2015.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

