



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

Notice of Decision

Decision Date: July 29, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007342

[REDACTED]

Dear [REDACTED]

On July 26, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's April 21, 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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Decision

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007342

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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 April 21, 2015 enrollment confirmation notice timely?

Procedural History

On April 7, 2015, your NY State of Health (NYSOH) account was created and on April 17, 2015, an application was submitted.

On April 18, 2015, NYSOH issued a notice of eligibility determination stating that you were conditionally eligible, and your children were eligible, for Medicaid, effective May 1, 2015, and that you and your children needed to pick a health plan.

On April 20, 2015, you selected a Medicaid Managed Care (MMC) plan for enrollment.

On April 21, 2015, NYSOH issued an enrollment confirmation notice stating that your enrollment and your children's enrollment in your MMC plan was effective June 1, 2015.

On February 23, 2016, a formal appeal was filed with NYSOH's Account Review Unit based on the April 21, 2015 enrollment confirmation notice, insofar as it did not begin your family's enrollment in your MMC plan as of May 1, 2015.

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On July 26, 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 supports the following findings of fact:

- 1) You testified that you are appealing the start date of your family's enrollment in a MMC plan.
- 2) You testified that you need your plan to be effective May 1, 2015 to cover bills that you incurred for your son and daughter in May 2015 that are not covered by Fee-For-Service Medicaid.
- 3) The record reflects that the first time you called NYSOH to file a complaint in regards to the start date of your family's MMC plan was in February 2016.
- 4) You testified that you weren't aware that your MMC plan hadn't started until June 1, 2015 until you started receiving bills from your children's doctors.
- 5) The record reflects that you were sent a notice on April 21, 2015 informing you that your family's enrollment in your MMC plan would begin as of June 1, 2015.
- 6) You testified that you could not recall whether you received the April 21, 2015 enrollment confirmation notice.
- 7) You testified, and the record confirms, that you receive notices from NYSOH by regular mail.
- 8) You testified that your address as of April 2015 was the same as it is now, and that you have lived in the same place for over 15 years.
- 9) No notices have been returned as undeliverable to NYSOH.
- 10) The record indicates that a formal appeal was filed on your behalf on February 23, 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 April 21, 2015 enrollment confirmation notice was timely.

On April, 21, 2015, NYSOH issued an enrollment confirmation notice stating that your family's enrollment in your MMC plan was effective June 1, 2015.

The record reflects that the first time you called NYSOH to file a complaint in regards to the start date of your family's MMC plan was in February 2016. The record indicates that a formal appeal was filed on your behalf on February 23, 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 family's MMC plan as stated in the April 21, 2015 notice, an appeal should have been filed by June 20, 2015. According to the credible evidence in the record, you did not contact NYSOH until February 23, 2016 to file a formal appeal, which is well beyond 60 days from the April 21, 2015 enrollment confirmation notice. You testified that you did not know that your family's MMC plan did not start as of May 1, 2015 until you started receiving doctors' bills many months later. However, the record reflects that the April 21, 2015 enrollment confirmation notice at issue informed you that your family's MMC start date was June 1, 2015, and that notice was not returned as undeliverable to NYSOH.

Therefore, there has been no valid appeal of the April 21, 2015 notice, and your appeal on the issue of the effective date of your family's MMC plan as stated in that notice is DISMISSED.

Decision

Your appeal of the April 21, 2015 enrollment confirmation notice is untimely and is DISMISSED.

Effective Date of this Decision: July 29, 2016

How this Decision Affects Your Eligibility

Your family's eligibility remains the same.

Your family's enrollment in your Medicaid Managed Care plan began June 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 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.

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If You Have Questions about this Decision (Customer Service Resources):

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

Summary

Your appeal of the April 21, 2015 enrollment confirmation notice is untimely and is DISMISSED.

Your family's eligibility remains the same.

Your family's enrollment in your Medicaid Managed Care plan began June 1, 2015.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

