



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

## Notice of Decision

Decision Date: February 02, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000010924



Dear [REDACTED]

On December 27, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's July 14, 2016 eligibility determination 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

Decision Date: February 02, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000010924



## 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 you were eligible for Medicaid effective as of August 1, 2016?

## Procedural History

On July 13, 2016, you submitted a financial assistance application through NYSOH.

On July 14, 2016, NYSOH issued an eligibility determination notice stating that based on your July 13, 2016 application, you were eligible for Medicaid effective as of August 1, 2016.

Also on July 14, 2016, NYSOH issued an enrollment notice confirming that as of July 13, 2016, you were enrolled in a Medicaid Managed Care (MMC) plan, with a plan enrollment start date of August 1, 2016.

On July 19, 2016, you spoke to NYSOH's Account Review Unit and appealed the effective date of your Medicaid coverage.

On December 27, 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:

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- 1) You submitted a financial assistance application through NYSOH on July 13, 2016.
- 2) You testified you are appealing the effective date of your Medicaid coverage.
- 3) On July 14, 2016, NYSOH issued an eligibility determination notice stating that your Medicaid coverage was effective August 1, 2016.
- 4) You testified that you may have outstanding medical bills for the month of July 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)).

## **Legal Analysis**

The issue is whether NYSOH properly determined that you were eligible for Medicaid, effective as of August 1, 2016.

The record supports that you submitted a financial assistance application through NYSOH on July 13, 2016. The following day NYSOH issued a notice stating that based on your July 13, 2016 application, you were determined eligible for Medicaid effective as of August 1, 2016.

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. Since you were determined eligible for Medicaid on July 13, 2016, the effective date of your coverage should have been July 1, 2016.

Therefore, the July 14, 2016, eligibility determination is MODIFIED to state that your Medicaid coverage was effective July 1, 2016.

Your case has been RETURNED to NYSOH to effectuate your coverage, if NYSOH has not already done so.

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## **Decision**

The July 14, 2016, eligibility determination is MODIFIED to state that your Medicaid coverage was effective July 1, 2016.

Your case has been RETURNED to NYSOH to effectuate your coverage, if NYSOH has not already done so.

**Effective Date of this Decision:** February 02, 2017

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

Your fee-for-service Medicaid was effective July 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)).

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

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- By mail at:  
NY State of Health Appeals  
P.O. Box 11729  
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- By fax: 1-855-900-5557

## **Summary**

The July 14, 2016, eligibility determination is MODIFIED to state that your Medicaid coverage was effective July 1, 2016.

Your case has been RETURNED to NYSOH to effectuate your coverage, if NYSOH has not already done so.

Your fee-for-service Medicaid was effective July 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:**

