



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

Notice of Decision

Decision Date: February 3, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011369

[REDACTED]

Dear [REDACTED],

On January 9, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 10, 2016 enrollment 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 Date: February 3, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011369

[REDACTED]

Issue

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

Did NYSOH properly determine that your Medicaid Managed Care (MMC) plan should have a plan enrollment start date of September 1, 2016?

Procedural History

On July 29, 2016, you submitted an application for financial assistance through NYSOH.

Also on July 29, 2016, you uploaded a separation letter from your former employer, [REDACTED]. The letter states that you were no longer employed as of June 30, 2016 ([REDACTED]).

On July 30, 2016, NYSOH issued a notice stating that you may be eligible for health insurance through NYSOH but additional information was needed to make a determination. The notice directed you to submit additional income documentation by August 13, 2016, to confirm your eligibility.

On August 5, 2016, NYSOH issued an eligibility determination, in relevant part, that you were eligible for Medicaid effective as of July 1, 2016.

Also on August 5, 2016, NYSOH issued an enrollment notice confirming, in relevant part, that you were enrolled in a MMC plan, through MVP Health Plan, Inc., with an enrollment start date of September 1, 2016.

On August 10, 2016, NYSOH issued two notices:

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(a) A cancellation notice stating, in relevant part, that you requested to end your coverage with MVP Health Plan, Inc. and your coverage would end effective September 1, 2016.

(b) An enrollment notice confirming, in relevant part, that you enrolled in a MMC plan, through Fidelis Care, with an enrollment start date of September 1, 2016.

Also on August 10, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as the enrollment start of your Fidelis Care MMC.

On January 9, 2017, 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 testified that you were enrolled in a health plan, with your spouse, and that plan was discontinued July 31, 2016.
- 2) You submitted an application through NYSOH for financial assistance on July 29, 2016.
- 3) Your NYSOH account reflects that you selected a MMC plan, through MVP Health Care, Inc., on August 5, 2016.
- 4) Your NYOSH account reflects that you cancelled your MVP Health Care Inc. coverage on August 9, 2016, and enrolled in a Fidelis Care MMC that same day.
- 5) Your Fidelis Care coverage was effectuated September 1, 2016.
- 6) You testified that you are seeking to have your Fidelis Care coverage to effective August 1, 2016 to cover the medical expenses that were incurred in August 2016.

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

Applicable Law and Regulations

MMC Effective Date:

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; Administrative Directive 13 OHIP/ADM-03(III)(F), (Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010)).

Legal Analysis

The issue is whether NYSOH properly determined that your enrollment in the Fidelis MMC was effective September 1, 2016.

You contacted NYSOH on August 9, 2016 to cancel your MVP Health Plan, Inc. coverage and enrolled into a Fidelis Care MMC plan.

The date on which a MMC 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 August 9, 2016, you selected the Fidelis Care MMC, so it properly took effect on the first day of the first month following after August 9, 2016; that is, on September 1, 2016.

Therefore, the August 10, 2016, enrollment confirmation notice stating that your enrollment in your Fidelis Care MMC plan would be effective September 1, 2016, was correct and must be AFFIRMED.

Decision

The August 10, 2016, enrollment confirmation notice stating that your enrollment in your Fidelis Care MMC plan would be effective September 1, 2016, was correct and must be AFFIRMED.

Effective Date of this Decision: February 3, 2017

How this Decision Affects Your Eligibility

Your Fidelis Care MMC plan enrollment start date was September 1, 2016.

If You Disagree with this Decision (Appeal Rights)

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).

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.

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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Summary

The August 10, 2016, enrollment confirmation notice stating that your enrollment in your Fidelis Care MMC plan would be effective September 1, 2016, was correct and must be AFFIRMED.

Your Fidelis Care MMC plan enrollment start date was September 1, 2016.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

