



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

Notice of Decision

Decision Date: March 3, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013542



Dear [REDACTED]

On February 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 19, 2016 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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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 your enrollment in your Medicaid Managed Care plan was effective December 1, 2016?

Procedural History

On February 25, 2016, NYSOH issued a notice of eligibility determination, based on your February 24, 2016 application, stating that you were eligible for Medicaid, effective February 1, 2016.

On October 19, 2016, NYSOH issued a notice of enrollment in the plan you selected on February 24, 2016, stating that you were enrolled in a Medicaid Managed Care plan, and that your coverage would start on December 1, 2016.

On November 28, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in your Medicaid Managed Care plan, insofar as it did not begin April 1, 2016.

On February 28, 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 supports the following findings of fact:

- 1) The record reflects, and your testimony confirms, that you contacted NYSOH on February 24, 2016 and updated your application to NYSOH for financial assistance with health insurance.
- 2) You testified that during that phone call on February 24, 2016, you were advised that you were again found eligible for Medicaid. You further testified that during that same phone call you requested to be enrolled into a Medicaid Managed Care plan through Fidelis. You stated that the NYSOH representative advised you at that time that you were all set and that your coverage through Fidelis would begin on April 1, 2016.
- 3) The events tab in your NYSOH account indicates that on February 24, 2016, an enrollment was added for yourself.
- 4) You testified that it was not until you received a bill in early October 2016 that you realized that there was an issue with your enrollment in a Medicaid Managed Care plan with Fidelis.
- 5) You further testified that you did not realize that you would need a new health insurance card for Fidelis, as you had previously been enrolled through Fidelis.
- 6) You testified that you want your Medicaid Managed Care plan to begin on April 1, 2016 because you have outstanding medical bills that were not covered under Fee-For Service Medicaid.

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)).

Medicaid Managed Care 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

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second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), 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 your enrollment in your Medicaid Managed Care plan was effective December 1, 2016.

The record reflects that you contacted NYSOH on February 24, 2016 and selected a Medicaid Managed Care plan for enrollment. Furthermore, your NYSOH account indicates that an enrollment was added on February 24, 2016.

The date on which a Medicaid Managed Care 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.

The credible evidence in the record reflects that on February 24, 2016, you selected a Medicaid Managed Care plan, so it should have taken effect on the first day of the second month following after February 24, 2016; that is, on April 1, 2016.

Therefore, the October 19, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan was effective as of April 1, 2016.

The case is RETURNED to NYSOH to enroll you into your Medicaid Managed Care plan as of April 1, 2016.

Decision

The October 19, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan was effective as of April 1, 2016.

The case is RETURNED to NYSOH to enroll you into your Medicaid Managed Care plan as of April 1, 2016.

Effective Date of this Decision: March 3, 2017

How this Decision Affects Your Eligibility

The effective date of your Medicaid Managed Care plan is April 1, 2016.

Your case is being sent back to NYSOH to enroll you into your Medicaid Managed Care plan as of April 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
- By mail at:

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- By fax: 1-855-900-5557

Summary

The October 19, 2016 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan was effective as of April 1, 2016.

The effective date of your Medicaid Managed Care plan is April 1, 2016.

The case is RETURNED to NYSOH to enroll you into your Medicaid Managed Care plan as of April 1, 2016.

Your case is being sent back to NYSOH to enroll you into your Medicaid Managed Care plan as of April 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:

