



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

## Notice of Decision

Decision Date: March 26, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001137

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]. [REDACTED],

On February 20, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's September 19, 2014 disenrollment 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 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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NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001137

[REDACTED]  
[REDACTED]  
[REDACTED]

**Issue**

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

Was [REDACTED]'s Medicaid Managed Care enrollment with New York State Catholic Health Plan, Inc. ("Fidelis") properly terminated as of September 30, 2014?

**Procedural History**

On July 8, 2014, the Marketplace issued an eligibility determination notice that your son [REDACTED] was conditionally eligible for Medicaid effective July 1, 2014.

Also on July 8, 2014, the Marketplace issued a notice confirming his enrollment with New York State Catholic Health Plan, Inc. ("Fidelis") as his Medicaid Managed Care plan effective August 1, 2014.

On September 18, 2014, the Marketplace issued an eligibility redetermination indicating that, as of October 1, 2014, he was eligible for Medicaid fee-for-service coverage but ineligible for Medicaid Managed Care because he had Third Party Health Insurance.

On September 19, 2014, the Marketplace issued a disenrollment notice ending his enrollment with Fidelis effective September 30, 2014.

On December 3, 2014, you spoke with the Marketplace's Account Review Unit and appealed the September 18, 2014 notice of eligibility redetermination, insofar as it found him ineligible for Medicaid Managed Care coverage.

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).

On February 20, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and left open for up to 15 days to provide you an opportunity to submit documentation, which included his current insurance card.

On February 23, 2015, the Marketplace's Appeals Unit received your supporting evidence, which consisted of a handwritten cover page, and a copy of the back and front of his Fidelis Care insurance card. These documents were collectively marked as Appellant's Exhibit 2, and incorporated into the record. The record was then closed on February 23, 2015.

## **Findings of Fact**

A review of the record supports the following findings of fact:

- 1) Your son ██████████ had health insurance coverage through UnitedHealthcare until July 31, 2014 (Appellant testimony; Appellant's Exhibit 1).
- 2) His Medicaid Managed Care coverage with Fidelis began on August 1, 2014 (Appellant testimony).
- 3) On September 18, 2014, the Marketplace issued a notice stating that he was not eligible for Medicaid Managed Care coverage because he had third-party health insurance coverage.
- 4) On September 19, 2014, the Marketplace issued a disenrollment notice ending his Medicaid Managed Care coverage through Fidelis, effective September 30, 2014.
- 5) You testified that you did not receive the September 19, 2014 disenrollment notice and that you learned that the Fidelis coverage had ended when you visited his pediatrician during October 2014.
- 6) He is currently enrolled in Medicaid Managed Care through Fidelis and his coverage began on January 1, 2015 (Appellant testimony; Appellant's Exhibit 2).

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

## **Applicable Law and Regulations**

### Medicaid Managed Care Plans

Generally, with regard to enrollment in a Medicaid Managed Care plan (MMC), Medicaid recipients, except for those who are eligible for an exemption or an exclusion, must enroll in an MMC (18 NYCRR § 360-10.4(a)).

A Medicaid recipient who has primary medical or health care coverage available from a Third-Party payor may be required to enroll with a managed care program when the payment of the premium or cost sharing amounts would be cost-effective, as determined by the local social services district (NY Soc. Serv. Law § 364-j(3)(e)(xx)).

## **Legal Analysis**

The only issue is whether the Marketplace properly disenrolled [REDACTED] from his Medicaid Managed Care plan (MMC) enrollment with New York State Catholic Health Plan, Inc. ("Fidelis") as of September 19, 2014, effective September 30, 2014.

Your son had Third Party Health Insurance coverage through UnitedHealthcare beginning on June 30, 2014 and ending on July 31, 2014 (Appellant's Exhibit 2).

On July 8, 2014, the Marketplace determined that he was conditionally eligible for Medicaid effective July 1, 2014. Also on July 8, 2014, the Marketplace sent you a notice confirming his enrollment in Fidelis effective August 1, 2014.

He was not covered under Third Party Health Insurance at the time when his MMC with Fidelis became effective on August 1, 2014. He did not have Third Party Health Insurance on September 18, 2014, when the Marketplace issued an eligibility determination that he is not eligible to enroll in an MMC because he has Third Party Health Insurance. Since he did not have Third Party Health Insurance coverage as of July 31, 2014, the September 18, 2014 eligibility determination is RESCINDED insofar as it improperly determined that he was not eligible to enroll in an MMC.

The September 19, 2014 notice terminating him from his MMC with Fidelis effective September 30, 2014 is also RESCINDED as it improperly relied upon the Marketplace's determination that he had Third Party Health Insurance coverage.

This case is REMANDED to the Marketplace to reinstate his MMC enrollment with Fidelis effective October 1, 2014.

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).

## **Decision**

The September 18, 2014 eligibility redetermination is RESCINDED.

The September 19, 2014 disenrollment notice is RESCINDED.

The case is REMANDED to the Marketplace to reinstate his MMC enrollment with Fidelis effective October 1, 2014.

**Effective Date of this Decision:** March 26, 2015

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

Your son's MMC enrollment with Fidelis began on August 1, 2014 and continues for the remainder of his Medicaid eligibility year.

## **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.

## **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:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The September 18, 2014 eligibility redetermination is RESCINDED.

The September 19, 2014 disenrollment notice is RESCINDED.

The case is REMANDED to the Marketplace to reinstate his MMC enrollment with Fidelis effective October 1, 2014.

Your son's MMC enrollment with Fidelis began on August 1, 2014 and continues for the remainder of his Medicaid eligibility year.

## **Legal Authority**

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

**A Copy of this Decision Has Been Provided To:**

[REDACTED]  
[REDACTED]  
[REDACTED]