



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

Notice of Decision

Decision Date: June 12, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001473

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 24, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 10, 2015 eligibility determination.

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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Decision

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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001473

[REDACTED]
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[REDACTED]

Issues

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

Whether the Marketplace properly determined that your older daughter was eligible for coverage with New York State Catholic Health Plan, Inc. effective February 1, 2015?

Procedural History

On December 1, 2014, you applied for health insurance through the Marketplace for yourself and your older daughter. The Marketplace prepared a preliminary eligibility determination stating that you and your daughter are eligible for Medicaid. However, in order for your eligibility to be finalized, you must submit documents to confirm that the information you provided in your application is accurate.

On December 16, 2014, you reapplied for health insurance through the Marketplace. On December 18, 2014, the Marketplace issued a notice stating that more information is needed to determine if you and your two children are eligible for health insurance through the Marketplace.

On December 18, 2014, the Marketplace issued a notice to confirm your enrollment in New York State Catholic Health Plan, Inc. for you and your older daughter effective January 1, 2015. However, on that same day you received a Cancellation Notice stating that you and your older daughter's coverage through New York State Catholic Health Plan, Inc. would end effective January 1, 2015, because you are no longer eligible to enroll in your current plan.

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On January 5, 2015, you faxed income documentation to the Marketplace.

On January 8, 2015, the Marketplace reran your eligibility for health insurance through the Marketplace. On January 9, 2015, the Marketplace issued an eligibility determination notice stating that you and your older daughter are eligible for Medicaid and your younger daughter is conditionally eligible for Medicaid.

On that same day the Marketplace issued a notice stating that you and your children have enrolled in New York Catholic Health Plan, Inc. with effective date of February 1, 2015.

On January 15, 2015, you spoke to the Marketplace's Account Review Unit and submitted an appeal request insofar as your older daughter being determined eligible for health insurance through New York State Catholic Health Plan, Inc. effective February 1, 2015.

On February 24, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace'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) According to your Marketplace application and testimony, you are applying for health insurance through the Marketplace for yourself and your two daughters.
- 2) You submitted your initial Financial Assistance application through the Marketplace for your older daughter on December 1, 2014. The Marketplace prepared a preliminary eligibility determination stating that you and your older daughter are eligible for Medicaid. However, in order for your eligibility to be finalized, you must submit documents to confirm that the information you provided in your application is accurate.
- 3) On December 1, 2014, you selected New York State Catholic Health Plan, Inc. as your older daughter's Medicaid Managed Care plan.
- 4) On December 18, 2014, the Marketplace issued a Cancellation Notice stating that your older daughter's coverage through New York State Catholic Health Plan, Inc. would end effective January 1, 2015, because she is no longer eligible to enroll in her current plan.
- 5) According to the record, you faxed income documentation to the Marketplace on January 5, 2015.

- 6) On January 8, 2015, the Marketplace reran your eligibility for health insurance through the Marketplace. On January 9, 2015, the Marketplace issued an eligibility determination notice stating that you and your older daughter are eligible for Medicaid and your younger daughter is conditionally eligible for Medicaid.
- 7) On January 9, 2015, the Marketplace issued a notice stating that you and your children have enrolled in New York Catholic Health Plan, Inc. with an effective date of February 1, 2015.
- 8) You testified that your older daughter's primary care physician does not accept Fee-For-Service Medicaid.
- 9) You testified that during the month of January 2015, your older daughter had two visits with her primary-care physician that cost approximately \$400.00.

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

Applicable Law and Regulations

Medicaid for Children at least one but younger than nineteen:

Individuals are eligible for enrollment in Medicaid through the Marketplace when they meet the nonfinancial criteria and have a monthly household income that is at or below the applicable Medicaid modified adjusted gross income standard (45 CFR § 155.305(c)).

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if his or her household's modified adjusted gross income falls at or below 154% of the federal poverty level (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13ADM-03).

Medicaid-eligible children under the age of 19 are provided with 12 months of continuous coverage, even if the household's income increases above eligibility levels during that period (N.Y. Soc. Serv. Law § 366(4)(b)(3)(i)).

Presumptive Eligibility:

Children under the age of 19 who are determined eligible for Medicaid based on preliminary information are presumptively eligible for Medicaid benefits. The presumptive eligibility period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility

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was made, the presumptive period ends on the day that the Marketplace makes a determination of eligibility based on that application. If the application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that day (see 42 U.S.C § 1396r-1a(c); (42 CFR §435.1102)).

Legal Analysis

The issue is whether the Marketplace properly determined that your older daughter was eligible for coverage with New York State Catholic Health Plan, Inc. effective February 1, 2015.

You submitted your initial Financial Assistance application through the Marketplace for your older daughter on December 1, 2014. The Marketplace prepared a preliminary eligibility determination stating that your older daughter was eligible for Medicaid. However, in order for her eligibility to be finalized, the Marketplace directed you to submit documents to confirm that the information provided in the application was accurate. On that same day, you selected New York State Catholic Health Plan, Inc. as her Medicaid Managed Care plan.

Presumptive eligibility is a means of immediately providing Medicaid covered care and services to children under the age of 19. If the child is found to be presumptively eligible for Medicaid, they are provided full Medicaid care and services for a limited period of time during which a full determination is performed.

The presumptive period begins on the day that the determination is made. The presumptive period ends either: (1) The date the Marketplace makes a determination of eligibility based on an application, if the application has been submitted before the last day of the month following the date the presumptive eligibility determination was made; or (2) The last day of the month following the date the presumptive eligibility was made, if an application is not submitted.

On January 5, 2015, you faxed income documentation to the Marketplace. Based on that income documentation, the Marketplace issued an eligibility determination notice on January 9, 2015, stating that your older daughter is eligible for Medicaid.

The presumptive eligibility period began on December 1, 2014, because that is the date the Marketplace initially determined your older daughter to be eligible for Medicaid, but must submit documents to confirm eligibility. Based on the income documents that were faxed to the Marketplace on January 5, 2015, the Marketplace determined your older daughter eligible for Medicaid on January 8, 2015. Since that date is within the time frame that is given to children under the age of 19 to temporarily receive Medicaid benefits, the Medicaid benefits should have continued.

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Therefore, the January 9, 2015 notice is MODIFIED to state that your older daughter is enrolled in New York Catholic Health Plan, Inc. with an effective date of January 1, 2015.

You testified that your older daughter's primary care physician does not accept Fee-For-Service Medicaid, and that during the month of January 2015, she had two visits with her primary-care physician that cost approximately \$400.00.

Your older daughter is eligible for reimbursement for medical bills incurred during January 2015.

Decision

The January 9, 2015, notice is MODIFIED to state that your older daughter is enrolled in New York Catholic Health Plan, Inc. with an effective date of January 1, 2015.

Effective Date of this Decision: June 12, 2015

How this Decision Affects Your Eligibility

Your older daughter's coverage with New York Catholic Health Plan, Inc. is effective January 1, 2015.

Your older daughter is eligible for reimbursement by Medicaid for medical bills incurred during January 2015. Your case is being referred to the Marketplace's Third Party Resource Unit to process this request.

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

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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 January 9, 2015 notice is MODIFIED to state that your older daughter is enrolled in New York Catholic Health Plan, Inc. with an effective date of January 1, 2015.

Your older daughter's coverage with New York Catholic Health Plan, Inc. is effective January 1, 2015.

Your older daughter is eligible for reimbursement by Medicaid for medical bills incurred during January 2015. Your case is being referred to the Marketplace's Third Party Resource Unit to process this request.

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]