



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

Notice of Decision

Decision Date: September 14, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002510

[REDACTED]

Dear [REDACTED],

On May 27, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 21, 2015 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 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]
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Issue

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

Did the Marketplace properly determine that your Medicaid managed care plan enrollment with New York State Catholic Health Plan, Inc. was effective June 1, 2015?

Procedural History

The Marketplace received your application for health insurance on April 20, 2015 and prepared a preliminary eligibility determination in your case. It stated that you were eligible for Medicaid effective April 1, 2015.

Also on April 20, 2015, you selected New York State Catholic Health Plan, Inc. (Fidelis) as your Medicaid managed care (MMC) plan. Your enrollment through this plan was effective June 1, 2015.

Also on April 20, 2015, you spoke with the Marketplace's Account Review Unit and appealed the effective date of coverage through your MMC plan insofar as it began on June 1, 2015, and not April 1, 2015.

On April 21, 2015, the Marketplace issued a notice of eligibility determination stating that you were eligible for Medicaid effective April 1, 2015.

Also on April 21, 2015, the Marketplace issued a notice confirming your enrollment with Fidelis effective June 1, 2015.

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On May 27, 2015, you had a telephone hearing with a Hearing Officer from the Marketplaces' Appeals Unit. At that time, you designated your father, [REDACTED] as your Authorized Representative. 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) Your initial application through the Marketplace was received on April 20, 2015.
- 2) You testified, and the record reflects, that you selected New York State Catholic Health Plan, Inc. (Fidelis) as your Medicaid managed care (MMC) plan on April 20, 2015.
- 3) You testified that you had previously received Medicaid through your local Department of Social Services (LDSS), but that your coverage was terminated through your LDSS on March 31, 2015. You further testified that you submitted an application for health insurance through the Marketplace after your previous Medicaid insurance was terminated.
- 4) You testified that you incurred medical bills during the month of April 2015, which are not covered through Medicaid fee-for-service.
- 5) You are requesting that your MMC coverage with Fidelis be retroactively effective April 1, 2015.

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 managed care (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

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(Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see, §1115 Soc. Sec. Act; N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR 360-10.3(h)).

Legal Analysis

The only issue is whether the Marketplace properly determined that your Medicaid managed care (MMC) plan enrollment with Fidelis was effective June 1, 2015.

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 between the first day and the fifteenth day of a month goes into effect on the first day of the following month.

A plan that is selected between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

You selected your MMC plan on April 20, 2015, so it must take effect on the first day of the second month after April, which is June 1, 2015. Your coverage with Medicaid fee-for-service still was effective April 1, 2015.

Therefore, the April 21, 2015 notice stating that your MMC coverage with Fidelis would take effect on June 1, 2015 is correct and must be AFFIRMED.

Decision

The April 21, 2015 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: September 14, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is June 1, 2015.

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
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The April 21, 2015 enrollment confirmation notice is **AFFIRMED**.

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is June 1, 2015.

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Legal Authority

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A Copy of this Decision Has Been Provided To:

[Redacted]

[Redacted]