



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

Notice of Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003511

[REDACTED]

Dear [REDACTED],

On September 1, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 28, 2015 enrollment and disenrollment notices.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this letter.

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).

This page intentionally left blank.



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

Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003511



Issues

The issues presented for review by the Appeals Unit of the NY State of Health are:

Did the Marketplace properly determine that as of April 28, 2015 your youngest son's coverage with Fidelis Care (Child Health Plus) should end effective April 30, 2015?

Did the Marketplace properly determine that as of April 28, 2015 that your youngest son's coverage with New York State Catholic Health Plan, Inc. (Medicaid Managed Care) will begin June 1, 2015?

Procedural History

On July 2, 2014 the Marketplace issued an enrollment notice confirming that your youngest son was enrolled in Fidelis Care and the coverage could start as early as June 1, 2014.

On April 10, 2015 the Marketplace issued a notice that it was time to renew your health insurance. That notice stated that based on information from federal and state sources, the Marketplace could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account between April 16, 2015 and May 15, 2015 to see what your family members qualifies for on June 1, 2015.

On April 27, 2015 you updated your Marketplace Account.

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 April 28, 2015 the Marketplace issued three notices:

- (1) An eligibility determination notice that your youngest son was eligible for Medicaid effective as of June 1, 2015.
- (2) An enrollment notice confirming that your youngest son is enrolled in New York State Catholic Health Plan, Inc. and will begin June 1, 2015.
- (3) A disenrollment notice stating that your youngest son's coverage through Fidelis Care will end April 30, 2015.

On June 16, 2015 you requested an appeal insofar as your youngest son's disenrollment of their Fidelis Care (Child Health Plus) coverage effective April 30, 2015 and enrollment in New York State Catholic Health Plan, Inc. (Medicaid Managed Care) effective June 1, 2015.

On September 1, 2015 you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during that hearing and closed at the end of the hearing.

Findings of Fact

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

1. You are applying for health insurance through the Marketplace for your 12-year-old son (youngest son).
2. Your youngest son was enrolled in a Fidelis Care, a Child Health Plus plan, on June 1, 2014.
3. On April 10, 2015 the Marketplace issued a renewal notice. The notice directed you to update your account between April 16, 2015 and May 15, 2015 to see what your youngest son qualifies for on June 1, 2015.
4. On April 27, 2015 you updated your account. On the following day the Marketplace issued a notice stating that your youngest son was eligible for Medicaid on April 1, 2015 and enrolled in New York State Catholic Health Plan, Inc. effective June 1, 2015.
5. On April 28, 2015 the Marketplace issued a disenrollment notice stating that your youngest son's Fidelis Care coverage will end effective April 30, 2015.
6. You testified that you brought your youngest son to two psychiatry appointments in May 2015.

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).

7. You testified that you were contacted by your son's psychiatrist in June or July 2015 because your youngest son's insurance was discontinued and would not cover the May 2015 visits.

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

Applicable Law and Regulations

Child Health Plus:

A child under the age of nineteen may be eligible for subsidized coverage through Child Health Plus (CHP) provided (1) he or she lives in a household having a household income at or below 400% of the FPL; (2) is not eligible for medical assistance; (3) is not eligible for coverage under the public employees' state health benefits plan, and (4) is a resident of New York State (NY Public Health Law § 2511(2)(a-e)).

The "period of eligibility" for CHP is "that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date," unless the CHP premiums are not timely paid or child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law § 2510(6)).

Redetermination of Eligibility:

Generally, a child who is eligible for CHP may only have his or her financial eligibility redetermined once every 12 months, and no more frequently than once every twelve months (42 CFR § 435.916(a)).

Medicaid Managed Care Start Date:

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 (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 first issue is whether the Marketplace properly determined that your child's enrollment in his Child Health Plus (CHP) should end effective April 30, 2015.

On July 2, 2015 the Marketplace issued an enrollment notice confirming that your youngest son was enrolled in Fidelis Care and the coverage could start as early as June 1, 2014.

Once a child is determined fully eligible for Child Health Plus, they are entitled to a 12-month period, unless an event occurs to disqualify them from CHP eligibility. Since your son was initially enrolled in Child Health Plus with a coverage start of June 1, 2014, his coverage should have continued until May 31, 2015.

The second issue is whether the Marketplace properly determined that your youngest son's enrollment in the Medicaid Managed Care plan should be effective June 1, 2015.

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 between the first day and 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.

On April 27, 2015, you selected your son's Medicaid Managed Care plan, so it must take effect on the second month after April 2015 that is, on June 1, 2015.

The April 28, 2015 disenrollment notice stating that your youngest son's Child Health Plus would end effective April 30, 2015 is **RESCINDED**.

The case is **RETURNED** to the Marketplace to ensure that your youngest son's Child Health Plus coverage is restored until May 31, 2015.

The April 28, 2015 enrollment notice stating that your Medicaid Managed Care is effective June 1, 2015 is **AFFIRMED**.

Decision

The April 28, 2015 disenrollment notice stating that your youngest son's Child Health Plus would end effective April 30, 2015 is **RESCINDED**.

The case is RETURNED to the Marketplace to ensure that your youngest son's Child Health Plus coverage is restored until May 31, 2015.

The April 28, 2015 enrollment notice stating that your son's Medicaid Managed Care is effective June 1, 2015 is AFFIRMED.

Effective Date of this Decision: November 09, 2015

How this Decision Affects Your Eligibility

The effective date of your child's Child Health Plus plan is June 1, 2014 and should have remained effective until May 31, 2015.

Your case is being returned to the Marketplace to ensure your youngest son's Child Health Plus coverage is restored from May 1, 2015 to May 31, 2015.

You are responsible for paying Fidelis Care for any monthly health insurance premiums that are owed for the month of May 2015.

The effective date of your son's 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 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).

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 April 28, 2015 disenrollment notice stating that your youngest son's Child Health Plus would end effective April 30, 2015 is RESCINDED.

The case is RETURNED to the Marketplace to ensure that your youngest son's Child Health Plus coverage is restored until May 31, 2015.

The April 28, 2015 enrollment notice stating that your son's Medicaid Managed Care is effective June 1, 2015 is AFFIRMED.

The effective date of your child's Child Health Plus plan is June 1, 2014 and should have remained effective until May 31, 2015.

Your case is being returned to the Marketplace to ensure your youngest son's Child Health Plus coverage is restored from May 1, 2015 to May 31, 2015.

You are responsible for paying Fidelis Care for any monthly health insurance premiums that are owed for the month of May 2015.

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

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:

