



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

## Notice of Decision

Decision Date: November 24, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003570

[REDACTED]

Dear [REDACTED],

On September 2, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's June 10, 2015, June 18, 2015 and June 19, 2015 enrollment confirmation notices.

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).

This page intentionally left blank.



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

## Decision

Decision Date: November 24, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003570



## Issue

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

Did the Marketplace properly determine that your son's enrollment in his Medicaid Managed Care plan was effective July 1, 2015?

## Procedural History

The Marketplace received your initial application for health insurance on May 18, 2015. In this application, you attested that your son did not have a Social Security number yet since you were in the application process to receive one.

On May 19, 2015, an eligibility determination notice was issued stating, in relevant part, that your son was eligible for Medicaid because your household income of \$21,164.00 was at or below the allowable income limit. However, his eligibility, effective May 1, 2015, was conditional. The notice requested that you provide documentation confirming your son's citizenship status and Social Security number by August 16, 2015 in order to finalize his eligibility. Finally, the notice instructed you to select a Medicaid Managed Care (MMC) plan for his coverage soon, or one would be chosen for him.

Also on May 19, 2015, the Marketplace issued an enrollment confirmation notice stating that you had not yet selected an MMC plan for your son. It further stated that your son's Medicaid coverage would begin on February 1, 2015 and that you must choose a MMC plan or one would be chosen for you.

On May 25, 2015, the Marketplace reran your son's eligibility. In the application, you still attested that your son did not have a Social Security number and that you were in the application process to receive it.

On May 26, 2015, the Marketplace issued an eligibility redetermination notice stating, in relevant part, that your son remained conditionally eligible for Medicaid, effective May 1, 2015. This notice, again, requested that you provide documentation confirming your son's citizenship status and Social Security number by August 23, 2015 in order to finalize his eligibility. The notice also stated that you did not need to choose an MMC plan for your son at that time.

Also on May 26, 2015, the Marketplace issued an enrollment confirmation notice stating that you did not need to pick a health plan for your son. It further stated that your son's Medicaid coverage would begin on May 1, 2015.

On June 2, 2015, the Marketplace received a copy of a letter issued by Empire BlueCross Blue Shield, dated May 27, 2015, confirming that your insurance coverage under that policy had been cancelled effective November 1, 2009.

On June 3, 2015, the Marketplace issued an enrollment confirmation notice stating that your son did not need to pick a health plan. This notice also requested that you provide documentation confirming your son's citizenship status and Social Security number by August 23, 2015 in order to finalize his eligibility.

On June 10, 2015, the Marketplace issued an enrollment confirmation notice confirming your son's enrollment in an MMC plan. The notice stated that your son's enrollment in the MMC plan was effective July 1, 2015.

On June 17, 2015, the Marketplace received a revised application in which you provided your son's Social Security number.

On June 18, 2015, the Marketplace issued an eligibility redetermination notice in which your son found to remain eligible for Medicaid, without condition, effective May 1, 2015.

On June 18, 2015 and June 19, 2015, the Marketplace issued enrollment confirmation notices confirming that your son's enrollment in an MMC plan was effective July 1, 2015.

On June 19, 2015, you spoke to the Marketplace's Account Review Unit and appealed the enrollment confirmation notices issued on June 10, 2015, June 18, 2015 and June 19, 2015 insofar as it began your son's coverage under his MMC plan on July 1, 2015.

On September 2, 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**

- 1) You testified, and your application indicates, that your son was born on [REDACTED].
- 2) The Marketplace received your initial application on May 18, 2015.
- 3) On May 18, 2015, both you and your son you were found eligible for Medicaid based on the information contained in your Marketplace application, as reflected in the May 19, 2015 eligibility determination notice. However, your son's Medicaid eligibility was conditional pending the Marketplace's receipt of documentation to confirm his citizenship status and Social Security number.
- 4) You testified that you attempted to select a Medicaid Managed Care (MMC) plan for your son at the same time you selected your own on May 18, 2015, but were prevented from doing so by the Marketplace's website.
- 5) You first successfully selected an MMC plan for your son on June 9, 2015.
- 6) On June 10, 2015, the Marketplace issued a notice advising you that your son's MMC plan would take effect on July 1, 2015. Additional enrollment confirming notices were issued on June 17, 2015 and June 18, 2015, also stating that your son's MMC plan would take effect on July 1, 2015.
- 7) You testified that a Marketplace representative stated that your son's MMC plan coverage would be retroactive back to at least June 1, 2015.
- 8) You testified that your son has been diagnosed with Laryngomalacia, which causes makes breathing and eating difficult.
- 9) You testified that based on your conversations with the Marketplace representative, you scheduled several June appointments for your son with a pediatrician and ENT specialist, each of whom do not accept Fee-For-Service Medicaid.
- 10) You testified that you incurred significant medical expenses during the month, June 2015, which you were told was a period during which your son would have his MMC coverage.

11) You testified that you were initially told by a Department of Health or Marketplace representative that you were not able to select an MMC plan for your son's coverage because a Social Security number was required, and then that you needed to present a letter confirming that you were no longer enrolled in a third party health coverage.

12) You testified that you want your son's MMC plan to take effect on June 1, 2015, rather than July 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 (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 issue is whether the Marketplace properly determined that your son's enrollment in his Medicaid Managed Care (MMC) plan was effective July 1, 2015.

The date on which an 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 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 credibly testified that you attempted to select your son's MMC plan on the date of your initial application, May 18, 2015, but were prevented from doing so due to technical issues with the Marketplace website. The record reflects that

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).

you were finally able to select your son's MMC plan on June 9, 2015. Based on the date of your son's MMC plan selection on June 9, 2015, the Marketplace confirmed that his enrollment in this MMC plan began on July 1, 2015.

Had you been able to enroll your son in an MMC on May 18, 2015, it would still not have been effective until the first day of the following second month after May 2015; that is, on July 1, 2015.

Therefore, whether you selected your son's MMC plan on May 18, 2015 or June 9, 2015, based on the MMC start date policy his MMC coverage start date would still have been July 1, 2015.

You testified that you relied upon statements of a Marketplace representative in scheduling several June appointments for your son with a pediatrician and ENT specialist; however, irrespective of alleged statements by such a representative of the Marketplace, there is no exception to the MMC start date policy to permit the backdating of your MMC plan start date to July 1, 2015.

Therefore, the June 10, 2015, June 18, 2015 and June 19, 2015 enrollment confirmation notices stating that your MMC plan coverage would take effect on July 1, 2015 is correct and must be AFFIRMED.

## **Decision**

The June 10, 2015, June 18, 2015 and June 19, 2015 enrollment confirmation notices are AFFIRMED.

**Effective Date of this Decision:** November 24, 2015

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

This decision does not change your son's eligibility.

Your son's Fee-For-Service Medicaid began on May 1, 2015.

The effective date of your son's Medicaid Managed Care plan is July 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.

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).

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 June 10, 2015, June 18, 2015 and June 19, 2015 enrollment confirmation notices are AFFIRMED.

This decision does not change your son's eligibility.

Your son's Fee-For-Service Medicaid began on May 1, 2015.

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



## **Legal Authority**

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

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).

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

