



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

Notice of Decision

Decision Date: October 28, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003650

[REDACTED]

Dear [REDACTED],

On September 22, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 28, 2014 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 Code of Federal Regulation (CFR) 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: AP000000003650

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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 child's enrollment in the Medicaid Managed Care plan, New York State Catholic Health Plan, Inc. (Fidelis), should be effective October 1, 2014?

Procedural History

The Marketplace received your child's application for health insurance on April 10, 2014.

On April 11, 2014, the Marketplace sent you a notice stating that your child might be eligible for health insurance through NY State of Health, but you needed to submit proof of disenrollment from any government sponsored health coverage he was previously enrolled in for the Marketplace to make an eligibility determination.

On July 17, 2014, a copy of the Certificate of Individual Health Insurance Coverage, indicating that your child's coverage through Fidelis Care New York ended on March 31, 2014, was submitted via facsimile to the Marketplace.

On August 28, 2014, an eligibility determination notice was issued stating that your child remained eligible for Medicaid because your household income of \$9,569.00 was at or below the allowable income limit. This eligibility was effective April 1, 2014. The notice further confirmed your child's Medicaid Managed Care

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plan selection with New York State Catholic Health Plan, Inc. The effective date of that plan was October 1, 2014.

On June 24, 2015, you spoke to the Marketplace's Account Review Unit and appealed the enrollment confirmation notice insofar as it began your child's coverage under his Medicaid Managed Care plan on October 1, 2014.

On September 22, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that time, you designated [REDACTED] as your Authorized Representative, who also appeared on your behalf. The record was developed during the hearing and left open for up to 15 days to provide you an opportunity to submit supporting evidence.

The Marketplace's Appeals Unit did not receive your supporting evidence as of October 7, 2015, and the record was closed.

Findings of Fact

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

- 1) Your child first became eligible for Medicaid on April 1, 2014, based in part on an income of \$9,569.00.
- 2) Your Marketplace account indicates that you receive notices from the Marketplace via regular mail. You testified that you were aware that you must provide proof of disenrollment from your child's previous health coverage and requested this proof from Fidelis Care in April 2014.
- 3) Your Authorized Representative testified that you experienced difficulties in obtaining the Certificate of Individual Health Insurance Coverage from Fidelis Care New York.
- 4) The record reflects that Fidelis Care New York issued the Certificate of Individual Health Insurance on July 16, 2014 and this document was faxed to the Marketplace on July 17, 2014. The record further reflects that this document was uploaded to your Marketplace account on July 24, 2014.
- 5) According to the Marketplace's system, the information in your Marketplace account was adjusted on August 27, 2014 to reflect the Marketplace's receipt of the requested proof of disenrollment from your child's previous government sponsored health insurance coverage.
- 6) The record reflects that your child was enrolled in his Medicaid Managed Care Plan with New York State Catholic Health Plan, Inc. (Fidelis) on August 27, 2014.

- 7) Your Authorized Representative testified that you believed your child's Medicaid Managed Care plan coverage began on September 1, 2014. He further testified that you incurred medical bills during the month of September 2014.

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

Applicable Law and Regulations

Timely Eligibility Determinations

When an individual applies for insurance through the Marketplace, the Marketplace must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 FR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, the Marketplace must base the time period from the date of application to the date the Marketplace notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for the Marketplace to make an eligibility determination, then the Marketplace must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

The Marketplace must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

Medicaid Enrollment

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 child's enrollment in his Medicaid Managed Care plan with Fidelis was effective October 1, 2014.

The Marketplace received your child's application for health insurance on April 10, 2014 and sent you a notice on April 11, 2014, stating that you must provide proof of disenrollment from his previous government sponsored health insurance. Since the Marketplace needed more information from you to make an eligibility determination, your child's application was not considered complete as of April 11, 2014.

The record reflects that the requested documentation of your child's Certificate of Individual Health Insurance Coverage was faxed to the Marketplace on July 17, 2014 and uploaded to your Marketplace account on July 24, 2014. Since the Marketplace received the necessary information to make an eligibility determination in your child's case as of July 17, 2014, your application was considered complete on that date.

Your child's eligibility was redetermined on August 27, 2014, which is within 45 days of July 17, 2014 and, therefore, timely. A Medicaid Managed Care Plan was selected on that date.

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 sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

Since your application was rerun by the Marketplace on August 27, 2014, and you selected your child's Medicaid Managed Care Plan on that date, the plan must take effect on the first day of the second month after August; that is, on October 1, 2014.

Therefore, the August 28, 2014 enrollment confirmation notice stating that your child's Medicaid Managed Care coverage with Fidelis would take effect on October 1, 2014 is correct and must be AFFIRMED.

Decision

The August 28, 2014 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: October 28, 2015

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How this Decision Affects Your Eligibility

This decision does not change your child's eligibility.

The effective date of your child's Medicaid Managed Care plan was October 1, 2014.

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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Summary

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The August 28, 2014 enrollment confirmation notice is AFFIRMED.

This decision does not change your child's eligibility.

The effective date of your child's Medicaid Managed Care plan was October 1, 2014.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[REDACTED]

[REDACTED]