



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: AP000000003989

[REDACTED]

Dear [REDACTED]

On October 5, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 31, 2014 disenrollment notice and January 21, 2015 enrollment notice regarding your infant child.

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 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: AP000000003989

[REDACTED]

## Issue

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

Did the Marketplace properly determine that your infant child's enrollment in a Medicaid Managed Care plan ended effective January 1, 2015?

Did the Marketplace properly determined that your infant child's enrollment in a Medicaid Managed Care plan next became effective on March 1, 2015?

## Procedural History

On December 11, 2014, the Marketplace received your updated application regarding your two children.

On December 12, 2014, the Marketplace issued a notice of eligibility redetermination that, in relevant part, stated your infant child [REDACTED] was conditionally eligible for Medicaid, effective December 1, 2014. The notice informed you that, to confirm his citizenship status and Social Security Number, you needed to provide documentation by March 13, 2015.

That same day, the Marketplace issued an enrollment notice confirming that you had selected New York State Catholic Health Plan, Inc., a Medicaid Managed Care (MMC) plan for your two children. The notice further stated that your children's health insurance coverage under Medicaid Fee-For-Service (FFS) will begin December 1, 2014, and their enrollment with New York State Catholica Health Plan, Inc., a Fidelis Care Medicaid Managed Care (MMC) plan will begin January 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).

On December 30, 2014, your Marketplace account was updated and your infant child's Social Security Number was added.

On December 31, 2014, the Marketplace issued a cancellation notice that stated your infant child's health coverage with New York State Catholic Health Plan, Inc. will end effective January 1, 2015.

On January 14, 2015, the Marketplace issued a notice of eligibility redetermination that, in relevant part, stated your infant child was eligible for Medicaid effective January 1, 2015.

On January 14, 2015, the Marketplace issued an enrollment notice that, in part, stated your infant child's health insurance coverage with Medicaid FFS will begin January 1, 2015, but you need to choose an MMC plan soon or one will be chosen for him.

On January 20, 2015, the Marketplace issued another enrollment notice that, in part, stated your infant child's insurance coverage through Medicaid FFS will begin January 1, 2015 and his enrollment with New York State Catholic Health Plan, Inc., a Fidelis Care MMC plan, will begin March 1, 2015.

On July 22, 2015, you spoke with the Marketplace's Account Review Unit and appealed the start date of your infant child's enrollment in an MMC plan.

On October 5, 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 account and your testimony at hearing, your second child was born on [REDACTED].
- 2) You are appealing only his eligibility for and enrollment start date in his Medicaid Managed Care (MMC) plan.
- 3) You testified that you met with a health plan counselor on December 11, 2014 and updated your Marketplace application by adding your infant child as a household member.
- 4) Your Marketplace application reflects that as of that date, you had applied for and were waiting for his Social Security Number to be issued.

- 5) Your Marketplace account reflects and you testified that you selected an MMC plan for your infant child that day.
- 6) You also testified that you received in the mail an insurance identification card from Fidelis Care for your infant child with a January 1, 2015 effective date.
- 7) According to your Marketplace application and your testimony at the hearing, on December 30, 2014, you provided the Marketplace with your infant child's Social Security Number and it was added to your application.
- 8) You testified that you did not know and were not informed by the Marketplace that this event would or could result in your newborn child's coverage in his MMC plan being cancelled.
- 9) You further testified that you took him for his newborn pediatric visits in January and February 2015 and used his Fidelis Care MMC plan identification card at the times of service and only learned later that his MMC plan coverage had been cancelled and the services he received were not covered.
- 10) You testified that when you contacted the Marketplace to inquire about what had occurred you were told that, instead of updating the information on your account by adding your infant child's Social Security Number, the Marketplace customer service representative resubmitted your newborn child's application, which resulted in his then current MMC plan being cancelled and his coverage in an MMC plan being pushed out to March 2015.
- 11) You testified that the Marketplace admitted to you that your infant child should not have been disenrolled and his coverage would be backdated, but that you were later told in July 2015 that your request to backdate his MMC plan start date had been denied.
- 12) According to the Appeal Summary, dated September 3, 2015 as prepared by the Marketplace, it states that, "...The Appellant had initially enrolled the newborn into MMC effective 1/1/2015, however due to no fault of the appellant the newborn was disenrolled. The Appellant requests the MMC coverage for the newborn to be effective 1/1/2015."

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)).

Generally, with regard to enrollment in a Medicaid Managed Care plan, Medicaid recipients, except for those who are eligible for an exemption or an exclusion, must enroll in an MMC (18 NYCRR § 360-10.4(a)).

Medicaid Managed Care 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 infant child's enrollment in his Fidelis Care Medicaid Managed Care (MMC) plan was cancelled effective May 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 and the fifteenth day of the month goes into effect on the first day of the next 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.

The record reflects that, on December 12, 2015, you selected an MMC plan for your two children such that it must take effect on the first day of the next month after December 2014; that is, as of January 1, 2015.

In your case, you provided the Marketplace with your infant child's Social Security Number on December 30, 2015, which resulted in the Marketplace resubmitting your newborn's application and cancelling his coverage in New York State Catholic Health Plan, Inc., the Fidelis Care MMC plan you had selected for him, before its start date of January 1, 2015. The record reflects that this was done in error and there is no plausible justification otherwise to explain why the December 31, 2015 cancellation notice was issued for your infant child. Since the Marketplace's actions resulted in your infant child being disenrolled from his MMC plan when you provided his Social security

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).

Number instead of the your Marketplace account simply being updated, this is reversible error.

Therefore, the December 31, 2014 cancellation notice stating that your infant child's Fidelis Care MMC plan will end effective January 1, 2015 is RESCINDED.

## **Decision**

The December 31, 2014 cancellation notice stating that your infant child's Fidelis Care Medicaid Managed Care (MMC) plan will end effective January 1, 2015 is RESCINDED.

The January 14, 2015 notice of eligibility redetermination is MODIFIED to state your children are eligible for Medicaid effective December 1, 2014.

The January 14, 2015 and January 20, 2015 enrollment notices are MODIFIED to state respectively that your children's health insurance coverage with Medicaid Fee-For-Service began on December 1, 2014, and their enrollment with New York State Catholic Health Plan, Inc., a Fidelis Care MMC plan, began January 1, 2015.

**Effective Date of this Decision:** November 09, 2015

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

This decision does not change your children's eligibility for Medicaid.

Both of your children remain Medicaid eligible as of December 1, 2014.

The effective date of both of your children's Fidelis Care Medicaid Managed Care plan is January 1, 2015, and not March 1, 2015 for your infant child.

## **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.

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).

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 December 31, 2014 cancellation notice stating that your infant child's Fidelis Care Medicaid Managed Care (MMC) plan will end effective January 1, 2015 is **RESCINDED**.

The January 14, 2015 notice of eligibility redetermination is **MODIFIED** to state your children are eligible for Medicaid effective December 1, 2014.

The January 14, 2015 and January 20, 2015 enrollment notices are **MODIFIED** to state respectively that your children's health insurance coverage with Medicaid Fee-For-Service began on December 1, 2014, and their enrollment with New York State Catholic Health Plan, Inc., a Fidelis Care MMC plan, began January 1, 2015.

This decision does not change your children's eligibility for Medicaid.

Both of your children remain Medicaid eligible as of December 1, 2014.

The effective date of both of your children's Fidelis Care MMC plan is January 1, 2015, and not March 1, 2015 for your infant child.

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 Code of 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:**

