



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

Notice of Decision

Decision Date: January 27, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004733

[REDACTED]

Dear [REDACTED],

On December 15, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 1, 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 and NY State of Health number at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (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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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 her Medicaid Managed Care plan should be effective September 1, 2015?

Procedural History

On April 8, 2015, the Marketplace issued a notice of eligibility redetermination stating that your child was eligible for Medicaid, effective March 1, 2015.

On April 9, 2015, the Marketplace issued a notice confirming your daughter's enrollment in Medicaid, effective March 1, 2015. It further stated that she did not need to pick a health plan.

Also on April 9, 2015, a letter confirming that your child's third party health insurance coverage would end effective May 1, 2015 was uploaded to your Marketplace account.

On July 23, 2015, the Marketplace issued a notice of eligibility determination stating that it was not cost-effective for New York State of Health to pay for health insurance premiums for your child.

On August 1, 2015, the Marketplace issued a notice confirming your child's Medicaid Managed Care plan enrollment with Fidelis Care as of July 31, 2015. This coverage was effective September 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 September 17, 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 her Medicaid Managed Care plan on September 1, 2015, and not May 1, 2015.

On December 15, 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. The record was developed during the hearing and left open for up to 15 days to provide you an opportunity to submit supporting evidence, including correspondence between yourself and your employer.

On December 15, 2015, the Marketplace's Appeals Unit received two copies of your evidence, which included numerous email correspondences with your employer. These documents were collectively marked as Appellant's Exhibit 1, and incorporated into the record. The record was closed on December 15, 2015.

Findings of Fact

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

- 1) Your child was born on [REDACTED].
- 2) You testified and provided evidence that your daughter was enrolled in third party health insurance through UMR, effective March 7, 2015 (Appellant's Exhibit 1, December 15, 2015). This plan is offered by your employer, [REDACTED].
- 3) Your daughter was enrolled in Medicaid coverage through the Marketplace, effective March 1, 2015.
- 4) You testified, and provided evidence, that you attempted to remove your child from your employer-sponsored health insurance plan during the summer of 2015, but were unable to because the third party health insurance plan would not terminate her coverage without a triggering life event (Appellant's Exhibit 1, December 15, 2015).
- 5) The evidence provided reflects that your employer-sponsored health plan administrator approved a qualifying life event to remove your child from her third party health insurance coverage on July 29, 2015 based on the Marketplace's July 23, 2015 determination that it was not cost effective for New York State of Health to pay for your child's health insurance premium (Appellant's Exhibit 1, December 15, 2015).
- 6) The evidence provided reflects that you obtained the Certificate of Creditable Coverage for your child on July 29, 2015 (Appellant's Exhibit 1,

December 15, 2015). The evidence further reflects that her third party health insurance coverage was retroactively terminated effective April 30, 2015 (*Id.*). You testified that you were able to select a health plan on July 29, 2015.

- 7) The record reflects that, on July 31, 2015, your child was enrolled into a Medicaid Managed Care plan with Fidelis Care.
- 8) You testified that you want your child's Medicaid Managed Care plan backdated to May 1, 2015, when her third party health insurance plan was retroactively terminated.

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 42 USC § 1315; N.Y. Soc. Serv. Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h)).

A Medicaid recipient who has primary medical or health care coverage available from a Third-Party payor may be required to enroll with a managed care program when the payment of the premium or cost sharing amounts would be cost-effective, as determined by the local social services district (NY Soc. Serv. Law § 364-j(3)(e)(xx)).

Legal Analysis

The issue is whether the Marketplace properly determined that your child's enrollment in Fidelis Care, a Medicaid Managed Care plan, was effective September 1, 2015.

Your child was born on [REDACTED], and was enrolled in your employer-sponsored health insurance plan through UMR as of her date of birth.

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On March 11, 2015, the Marketplace determined that your child was conditionally eligible for Medicaid, effective March 1, 2015; however, she was not required to select a health plan at that time.

The evidence provided after the hearing indicates that your daughter was enrolled in a third party health plan until July 29, 2015, when your employer-sponsored health plan administrator approved a qualifying life event to remove your daughter from that coverage. Her third party health insurance coverage was retroactively terminated effective April 30, 2015.

Since your daughter was enrolled in third party health insurance, she was unable to select a Medicaid Managed Care plan until July 29, 2015, when her coverage was ultimately terminated.

The record reflects that your child was enrolled in a Medicaid Managed Care plan with Fidelis Care on July 31, 2015.

The date on which a Medicaid Managed Care plan can take effect depends upon 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 July 31, 2015, once you were able to select a plan for your child, she was enrolled in a Medicaid Managed Care plan, and the Marketplace properly determined that her enrollment would be effective on the first day of the second month following July, or September 1, 2015.

Therefore, the August 1, 2015 enrollment confirmation notice stating that your child's Medicaid Managed Care plan coverage with Fidelis Care would take effect on September 1, 2015 is correct and must be AFFIRMED.

Decision

The August 1, 2015 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: January 27, 2016

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 is September 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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Summary

The August 1, 2015 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 is September 1, 2015.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

