



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

Notice of Decision

Decision Date: June 28, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005994

[REDACTED]

Dear [REDACTED]

On April 5, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 30, 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 the Account ID 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.

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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: June 28, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005994



Issue

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

Did NYSOH properly determine that your family's enrollment in Fidelis Care as their Medicaid Managed Care plan was effective February 1, 2016?

Procedural History

NYSOH received your revised application for health insurance on December 14, 2015, in which you attested to an annual household income of \$14,456.00.

On December 14, 2015, NYSOH received a copy of (1) two letters issued by UnitedHealthcare confirming that your family's employer-sponsored plan coverage, extended through COBRA, would end December 31, 2015; (2) your UnitedHealthcare member card; (3) your unemployment benefit history prepared by the Connecticut Department of Labor Tax and Benefits System (Connecticut DOL) as of December 8, 2015; and (4) a Monetary Determination of Unemployment Compensation Benefits issued by the Connecticut DOL, dated as of July 9, 2015.

On December 15, 2015, NYSOH issued a notice confirming that your December 14, 2015 application had been reviewed, and that your family may be eligible for health insurance through NY State of Health, but more information was needed to make a determination. The notice requested that you provide income documentation for your household by December 30, 2015.

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On December 21, 2015, NYSOH redetermined your eligibility.

On December 22, 2015, NYSOH issued an eligibility determination notice, stating that your family was eligible for Medicaid, effective January 1, 2016. However, the eligibility of your spouse and your son was found to be conditional pending the receipt of documentation to confirm their "Benefit Information for Third Party Health Insurance" before December 29, 2015.

On December 24, 2015, NYSOH issued a notice confirm your family's enrollment in Medicaid, but also noted that your family was not eligible to enroll in a Medicaid Managed Care (MMC) plan.

On December 28, 2015, NYSOH received two additional updates to your application.

On December 29, 2015, NYSOH issued an eligibility redetermination notice stated that your family was now eligible for Medicaid, without condition, effective December 1, 2015. The notice also advised your family to select an MMC plan soon, or one would be selected for you.

On December 30, 2015, NYSOH issued an enrollment confirmation notice, stating that your family had enrolled in Fidelis Care as their MMC plan on December 29, 2015. The notice further stated that your family's coverage under this plan would begin February 1, 2016.

On January 5, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your family's enrollment in your MMC plan insofar as it did not begin January 1, 2016.

On April 5, 2016, you had a telephone hearing with a Hearing Officer from NYSOH'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 support the following findings of fact:

- 1) You submitted an application to NYSOH for financial assistance on December 14, 2015; however, no determination was issued by NYSOH since it requested additional documentation to confirm your income before December 30, 2015.
- 2) On December 14, 2015, you provided to NYSOH two letters issued by UnitedHealthcare confirming that your family's coverage through COBRA, via your former employer, would end December 31, 2015.

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- 3) On December 14, 2015, you provided to NYSOH a Monetary Determination of Unemployment Compensation Benefits issued by the Connecticut Department of Labor Tax and Benefits System (Connecticut DOL), dated as of July 9, 2015, and an unemployment benefit history prepared by the Connecticut DOL as of December 8, 2015, reflecting that you were awarded \$594.00 per week, with the first such payment having been made to you on July 20, 2015. These documents were ultimately reviewed and verified by NYSOH on December 21, 2015.
- 4) On December 22, 2015, NYSOH issued an eligibility determination notice stating that your family was eligible for Medicaid, effective January 1, 2015; however, the eligibility of your spouse and son was found to be condition pending the receipt of documentation to confirm their "Benefit Information for Third Party Health Insurance" before December 29, 2015.
- 5) On December 24, 2015, NYSOH issued a notice confirming that your family was eligible for Medicaid, but also stated that you were not permitted to select a Medicaid Managed Care (MMC) plan.
- 6) You ultimately enrolled your family in Fidelis Care as their MMC plan on December 29, 2015. NYSOH confirmed in an enrollment confirmation notice issued on December 30, 2015 that your family's coverage under this MMC plan would begin, effective February 1, 2016.
- 7) You testified that you need your family's MMC plan to begin on January 1, 2016 to cover some medical expenses you incurred that you were not covered under Medicaid Fee-For-Service coverage during the month of January 2016.

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 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-

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6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h)).

Legal Analysis

The issue is whether NYSOH properly determined that your family's enrollment in Fidelis Care as their Medicaid Managed Care (MMC) plan was effective February 1, 2016.

You submitted your application to NYSOH on December 14, 2015 in which you attested to an annual household income of \$14,456.00. In response to your application, NYSOH requested that you provide documentation in confirm your income so that an appropriate determination could be as to your family's eligibility.

You testified, and the record reflects, that you provided documentation to NYSOH on December 14, 2015 reflecting that you were awarded \$594.00 per week, with the first such payment having been made to you on July 20, 2015. On that same date, you also provided documentation issued by UnitedHealthcare reflecting that your employer-sponsored insurance coverage would be terminated as of December 31, 2015. You testified that this termination of coverage coincided with the conclusion of your COBRA coverage. These documents were neither reviewed nor verified by NYSOH until December 21, 2015

On December 22, 2015, NYSOH issued a further eligibility determination stating that your family was eligible for Medicaid, effective December 1, 2015; however, they were not permitted to select an MMC plan, in part, because NYSOH requested that you provide documentation to confirm their "Benefit Information for Third Party Health Insurance" before December 29, 2015.

On December 29, 2015, NYSOH issued an eligibility redetermination notice stating that your family was now eligible for Medicaid, without condition, effective December 1, 2015. The notice also advised your family to select an MMC plan soon, or one would be selected for you.

You testified that you were finally permitted to select Fidelis Care as your family's MMC plan on January 5, 2016, which provided you a coverage start date of February 1, 2016.

However, the credible evidence of record reflects that, as requested by NYSOH on December 14, 2015, you not only provided income documentation, which was later reviewed and validated by NYSOH on December 21, 2015, but also provided documentation confirming that your family no longer had any employer-sponsored plan coverage as of December 31, 2015, which effectively prohibited your family's selection of an MMC plan at that time.

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Since you provided the documentation requested by NYSOH on December 14, 2015, your MMC plan selection for your family should have taken effect as of that date, rather than January 5, 2016.

The date on which a 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.

It must be presumed that had you been allowed to select a plan on December 14, 2015, you would have selected Fidelis Care as your family's MMC plan, and it would have become effective on the first day of the month following after December 14, 2015; that is, on January 1, 2016.

Therefore, the January 6, 2016 enrollment confirmation notice is MODIFIED to state that your family's enrollment in Fidelis Care as their MMC plan was effective as of January 1, 2016, rather than February 1, 2016.

Your case is RETURNED to NYSOH to effectuate the modification in the start date of your family's coverage with Fidelis Care to January 1, 2016.

Decision

The January 6, 2016 enrollment confirmation notice is MODIFIED to state that your family's enrollment in Fidelis Care as their MMC plan was effective as of January 1, 2016, rather than February 1, 2016.

Your case is RETURNED to NYSOH to effectuate the modification in the start date of your family's coverage with Fidelis Care to January 1, 2016.

Effective Date of this Decision: June 28, 2016

How this Decision Affects Your Eligibility

Your family's enrollment in Fidelis Care as your MMC plan began effective January 1, 2016.

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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 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 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 January 6, 2016 enrollment confirmation notice is MODIFIED to state that your family's enrollment in Fidelis Care as their MMC plan was effective as of January 1, 2016, rather than February 1, 2016.

Your case is RETURNED to NYSOH to effectuate the modification in the start date of your family's coverage with Fidelis Care to January 1, 2016.

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Your family's enrollment in Fidelis Care as your MMC plan began effective January 1, 2016.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

