



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

Notice of Decision

Decision Date: September 29, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000691

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On July 3, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 29, 2014 eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the 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).

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[REDACTED]
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Issue

The issues presented for review by the Appeals Unit of the NY State of Health are:

Did the Marketplace issue your notice of eligibility determination within the time required?

Did the Marketplace properly begin your Medicaid Managed Care plan with Excellus Health Plan, Inc., on July 1, 2014?

Procedural History

The Marketplace received your initial application for health insurance on March 7, 2014. In a notice dated March 8, 2014, the Marketplace notified you to submit income documentation for your household by March 25, 2014, to confirm that the information provided in your application was accurate.

You updated your application to the Marketplace on March 17, 2014, indicating that your expected income changed from \$7,500.00 to \$0.00, and stated in your application, "I am unable to work due to a disability. My sick leave was exhausted as of March thirteenth."

Between March 7, 2014 and March 24, 2014, you provided several documents to the Marketplace, which included: (1) paystubs issued to you from [REDACTED] [REDACTED] between January 16, 2014 and March 13, 2014; (2) a letter from [REDACTED] dated March 13, 2014, stating, among other things, that you had received your last paycheck as of

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March 13, 2014; and (3) a letter from [REDACTED] dated March 20, 2014, stating that [REDACTED] has approved your request for a medical leave of absence without pay from March 13, 2014 through June 30, 2014.

On April 3, 2014, the Marketplace prepared three preliminary determinations, each of which found you temporarily eligible for Medicaid pending receipt of additional income documentation to confirm the accuracy of the information you provided. The coverage start dates listed in these determinations were March 1, 2014; May 1, 2014; and June 1, 2014.

On April 29, 2014, the Marketplace sent you many notices. Most asked for more information, but one was a notice of eligibility determination. It said that you were eligible for Medicaid coverage beginning on April 1, 2014 and should choose a health plan.

On May 19, 2014, with the help of Marketplace Customer Service, you selected the "Excellus Health Plan, Inc." Medicaid Managed Care (MMC) plan. Coverage under this MMC was scheduled to begin on July 1, 2014.

In a letter dated May 21, 2014, you appealed "the delayed decision to start [your] Excellus Blue Cross Medicaid on July 1, 2014."

On July 3, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals unit. At that time you stated that you were able to reschedule a doctor's appointment during July when your Excellus Health Plan was in effect and that you no longer needed to appeal.

Findings of Fact

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

- 1) You submitted your application to the Marketplace for insurance coverage on March 7, 2014.
- 2) The Marketplace notified you in a March 8, 2014 letter that more information was needed by March 25, 2014 for an eligibility determination to be made.
- 3) You testified that you had difficulty selecting and enrolling in a Medicaid Managed Care plan (MMC).
- 4) You testified that because you had problems in enrolling in the MMC, you had to reschedule a June 2014 appointment with your specialist, who does not accept fee-for-service Medicaid.

- 5) You further testified that you did get MMC coverage beginning on July 1, 2014 and were able to reschedule your appointment in July 2014.
- 6) You testified that since the MMC was approved and you could resume treatment with your specialist physician without additional costs, you no longer objected to the April 29, 2014 eligibility determination.
- 7) You currently reside in Oneida county.

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

Applicable Law and Regulations

The Marketplace must provide an eligibility determination to the applicant or enrollee within thirty (30) days of the date of their submission of their application to the Marketplace (45 CFR § 155.310(e), (g); 45 CFR § 155.330(e)).

The Marketplace must also provide notice to the applicant if the application does not contain sufficient information to permit the Marketplace to issue an eligibility determination (45 CFR § 155.310(k)(1)).

The Marketplace must not proceed with the applicant's eligibility determination, or provide advance payments of the premium tax credit or cost-sharing reductions, unless the applicant provides sufficient information for the Marketplace to make an eligibility determination (45 CFR § 155.310(k)(3)).

With regard to enrollment in a Medicaid Managed Care plan (MMC), 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)). Additionally, in general, when an applicant files for coverage with a qualified health plan through the Marketplace, the Marketplace must ensure that the effective date of the coverage be the first of the month following the application date if the application date occurred between the first and fifteenth of the month. If the application occurred later in the month, coverage must begin the first of the second following month (45 CFR § 155.410(c)).

At the time of your hearing, regulations required the Appeals Unit to dismiss an appeal if an appellant withdrew the appeal request in writing (45 CFR § 155.530(a)(1)).

Legal Analysis

You first submitted an application for health insurance on March 7, 2014, but it did not contain all of the information that the Marketplace needed to make an eligibility determination. You provided the requested information by March 24, 2014, so that is the day your application was complete. On April 3, 2014, multiple preliminary eligibility determinations were made. However, the written notice regarding these determinations was not issued until April 29, 2014.

The Marketplace is supposed to issue your eligibility determination within 30 days. Your application was complete on March 24, 2014, so the Marketplace should have issued your notice by April 23, 2014. It did promptly produce preliminary determinations that gave you essential information, but the April 29, 2014 notice was late. However, even if the determination had been mailed on April 23, 2014, your Medicaid eligibility still would have begun on April 1, 2014.

Therefore, it is determined that you were eligible for Medicaid and that eligibility was properly found to begin on April 1, 2014.

You also requested an appeal on the July 1, 2014 starting date for your coverage under the Excellus Health Plan, Inc. When you testified, you explained that you were able to reschedule with your specialist during July, so the start date was no longer a problem.

Decision

The April 29, 2014 notice of eligibility determination is **AFFIRMED**.

All other notices sent on April 29, 2014 to request more information are **RESCINDED**.

Effective Date of this Decision: September 29, 2014

How this Decision Affects Your Eligibility

Your coverage under Medicaid began on April 1, 2014.

Your Medicaid coverage through the Excellus Health Plan, Inc. began on July 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.

If you do not agree with this Decision, you have the right to appeal outside the Marketplace and may:

- Make an appeal request to the U.S. Department of Health and Human Services appeals entity within 30 days of the date of the Decision Date, which appears on the first page of the Decision (45 CFR § 155.520(c))

AND/OR

- Bring a lawsuit in state court in accordance with Article 78 of the Civil Practice Law and Rules within four months after the date of the Decision Date, which appears on the first page of the Decision.

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 for assistance.

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 April 29, 2014 eligibility determination is AFFIRMED, and continues in effect.

All other notices sent on April 29, 2014 to request more information are RESCINDED.

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Your coverage under Medicaid began on April 1, 2014.

Your Medicaid coverage through the Excellus Health Plan, Inc. began on July 1, 2014.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]