



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

Notice of Decision

Decision Date: September 19, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000739

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On August 12, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's failure to provide timely notice of your 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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Decision

Decision Date: September 19, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000739

[REDACTED]
[REDACTED]
[REDACTED]

Issue

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

Did the Marketplace provide timely notice to [REDACTED] of an eligibility determination regarding his application for Medicaid?

Procedural History

You applied for health insurance through the Marketplace on January 9, 2014.

On January 15, 2014, income verification documents were uploaded to your Marketplace account for yourself and your two children.

On February 9, 2014, the Marketplace issued a notice regarding your January 9, 2014 application. It said that you and your family may be eligible for health insurance through the New York State of health but that more information was needed to verify your income and confirm your eligibility.

On March 13, 2014, income verification documents for your spouse and your daughter, [REDACTED], were received by the Marketplace.

On March 26, 2014, you updated your application. On March 27, 2014, the Marketplace issued a notice regarding your March 26, 2014 application, which said that more information was needed make a determination.

On April 23, 2014, you updated your application.

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The Marketplace made two preliminary determinations on that same day. One indicated that you were eligible for Medicaid effective January 1, 2014, and the other said you were eligible for Medicaid effective April 1, 2014.

On April 29, 2014, the Marketplace issued you two notices regarding your April 23, 2014 application. The first notice said that more information was needed to make a determination. The second notice said that you were eligible for Medicaid, that [REDACTED] were conditionally eligible for Medicaid, and that [REDACTED] was eligible for Medicaid and must pick a plan. The notice also informed you that you, [REDACTED] were eligible for Fee-For-Service Medicaid and could not enroll in Medicaid Managed Care because you had comprehensive Third Party Health Insurance. According to this notice, coverage through Medicaid for your entire family was to begin April 1, 2014.

On April 30, 2014, the Marketplace issued an eligibility redetermination in your case. It said that you, [REDACTED] were all eligible for Medicaid. It also said that you, [REDACTED] were eligible for Fee-For-Service Medicaid and could not enroll in Medicaid Managed Care because you had comprehensive Third Party Health Insurance. According to this notice, coverage through Medicaid for your family was to begin April 1, 2014.

On May 12, 2014, supporting documents were uploaded to your Marketplace account for yourself and your family. These documents included Certificates of Group Health Plan Coverage termination from Univera Healthcare.

On June 19, 2014, you updated your application. On June 24, 2014; June 27, 2014; and July 2, 2014, the Marketplace issued eligibility redeterminations in your case. They said that you, [REDACTED] were all eligible for Medicaid. It also said that you, [REDACTED] were eligible for Fee-For-Service Medicaid and could not enroll in Medicaid Managed Care because you had comprehensive Third Party Health Insurance. Coverage through Medicaid for your family was to begin April 1, 2014.

On July 1, 2014, you spoke with the Marketplace Customer Service Unit and appealed the Marketplace's failure to provide timely notice of your eligibility determination.

On July 2, 2014, the Marketplace issued an eligibility redetermination in your case. It said that you and your family were eligible for Medicaid and were eligible to enroll in a Medicaid Managed Care plan; [REDACTED] was eligible as of June 1, 2014, and the rest of your family was eligible as of January 1, 2014.

On July 3, 2014, the Marketplace issued an eligibility redetermination in your case. It said that you and your family were eligible for Medicaid and were eligible to enroll in a Medicaid Managed Care plan; [REDACTED] was eligible as of August 1, 2014, and the rest of your family was eligible as of January 1, 2014.

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On July 9, 2014, the Marketplace issued an eligibility redetermination in your case. It said that you and your family were eligible for Medicaid and were eligible to enroll in a Medicaid Managed Care plan, and that coverage would begin on July 1, 2014.

On July 16, 2014, the Marketplace issued a notice confirming your health plan selection through the New York State of Health. It said that as of July 15, 2014, you, [REDACTED] were covered by Medicaid as of July 1, 2014, and were enrolled in the Univera Community Health, Inc. plan, to begin August 1, 2014.

On August 12, 2014, 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) You live in a household that consists of yourself, your spouse, and your two children, [REDACTED].
- 2) You applied for health insurance coverage through the Marketplace on January 9, 2014, with the help of a Navigator, [REDACTED]. During the application process, you gave [REDACTED] documents that were to be uploaded to complete your application. These documents were uploaded on January 15, 2014.
- 3) The documents that were uploaded on January 15, 2014 included your Unemployment Benefit statement for an effective time period of November 4, 2013 to November 9, 2014; a letter written by you confirming that [REDACTED] is a high school student; and one paystub for [REDACTED] covering one pay period ending on December 11, 2013.
- 4) At the hearing, you testified that you supplied [REDACTED] with income verification documents for your spouse on January 9, 2014, and did not know that they were not uploaded to your Marketplace account on January 15, 2014.
- 5) On February 9, 2014, the Marketplace issued you a notice that said more information was needed in order to make a determination.
- 6) The Marketplace ultimately received income verification documents on March 13, 2014 for your spouse and [REDACTED].

- 7) Before the supporting documents were verified, you applied multiple times for health insurance through the Marketplace, including on March 26, 2014 and April 23, 2014.
- 8) You received an eligibility determination for your April 23, 2014 application on April 29, 2014. This determination found you eligible for Fee-For-Service Medicaid, found your spouse and [REDACTED] conditionally eligible for Fee-For-Service Medicaid, and found [REDACTED] eligible for Medicaid and eligible to enroll in Medicaid Managed Care. The notice also said that the reason why you, your spouse and [REDACTED] were eligible for Fee-For-Service Medicaid was because you had comprehensive third party health insurance at the time. The Marketplace issued multiple notices on April 30, 2014; June 24, 2014; June 27, 2014; July 2, 2014; and July 3, 2014 similarly informing you of the reason you and your family were receiving Fee-For-Service Medicaid.
- 9) At the hearing, you testified that you and your family were covered under health insurance that your spouse received through her job. This coverage was in effect at the time of your initial January 9, 2014 application.
- 10) You made multiple calls to the Marketplace to see why you were unable to enroll in a Medicaid Managed Care plan from around April 2014 to June 2014. Around June 23, 2014, you were told that Medicaid is a “payer of last resort” and since you had comprehensive third party health insurance coverage, you were not eligible to enroll in a Medicaid Managed Care plan. You and your family remained eligible for Medicaid during this time.
- 11) Around the end of June 2014, you cancelled your spouse’s insurance coverage and were able to enroll in a Medicaid Managed Care plan. You and your family are currently enrolled with Univera Community Health, Inc., with coverage beginning on August 1, 2014.
- 12) You testified that because you were never explicitly informed that the reason why you were unable to enroll in a Medicaid Managed Care plan was due to your family’s health insurance coverage through your wife’s job, you continued to pay for insurance premiums for that coverage since at least January 2014. You further testified that you want reimbursement for the premiums paid from the time you were determined eligible for Medicaid.

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

Applicable Law and Regulations

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).

Generally, Medicaid coverage begins on the first day of the month in which the applicant was found eligible (42 CFR § 435.915(b)).

Legal Analysis

The issue under review is whether the Marketplace failed to provide you timely notice of your eligibility determination.

You applied for health insurance for yourself and your family through the Marketplace on January 9, 2014. You used a Navigator to assist you in completing your application. After you applied, your Navigator uploaded supporting income documentation to your Marketplace account on January 15, 2014. The documents that were uploaded to your Marketplace account on January 15, 2014 consisted of your Unemployment Benefit statement for an effective time period of November 4, 2013 to November 9, 2014; a letter written by you confirming that [REDACTED] is a high school student; and one paystub for [REDACTED] covering one pay period ending on December 11, 2013.

On February 9, 2014, the Marketplace issued you a notice which said that more information was needed in order to make an eligibility determination in your case. Since the Marketplace needed more information from you to make an eligibility determination, your application was not complete as of February 9, 2014.

On March 13, 2014, the Marketplace received the supporting income documentation it had requested for your spouse and [REDACTED]. The documents received included [REDACTED] paystubs for your spouse and two paystubs for

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██████████. Since the Marketplace received the necessary information to make an eligibility determination in your case on March 13, 2014, your application was considered complete on that date.

Your eligibility was rerun on March 26, 2014. On March 27, 2014 the Marketplace issued you a notice. It said that the income information you provided did not match what the New York State of Health obtained from State and Federal data sources and that more information was needed in order to make an eligibility determination in your case.

Nothing was received between March 27, 2014 and April 23, 2014.

On April 23, 2014, your eligibility was rerun based on the same application completed on March 13, 2014. On April 29, 2014, (47 days from the date of your completed application) the Marketplace issued you a notice of eligibility determination, which found you eligible for Fee-For-Service Medicaid, found your spouse and ██████████ conditionally eligible for Fee-For-Service Medicaid, and found ██████████ eligible for Medicaid and eligible to enroll in a Medicaid Managed Care plan. Your insurance coverage through Medicaid was to be effective April 1, 2014.

Since your application was complete on March 13, 2014, 45 days from that date was April 27, 2014.

Because your eligibility determination notice was issued later than 45 days as required by law (42 CFR § 435.912), your April 29, 2014 eligibility determination was untimely.

Since Medicaid may be made effective retroactive to the first day of the month in which an applicant is found eligible (42 CFR § 435.915(b)), and you were determined eligible for Medicaid within the month of April, your Medicaid coverage began April 1, 2014. However, the untimely notice issued by the Marketplace did not negatively impact your Medicaid effective date because, even if your eligibility determination had been made timely (by April 27, 2014), your coverage would nonetheless have started on April 1, 2014.

At the hearing, you also testified that you would like reimbursement for the premiums you paid during the time your Medicaid eligibility was being determined. However, the Marketplace's Appeals Unit does not have the authority to grant reimbursement payments. Any questions regarding reimbursements can be directed to the New York State of Health Marketplace at 1-855-355-5777.

Decision

The Marketplace did not issue you a timely eligibility determination. However, the untimely notice had no effect on the date your Medicaid coverage began. Therefore, your Medicaid start date remains at April 1, 2014.

The Marketplace's Appeals Unit does not have the authority to grant reimbursement payments. Any questions regarding reimbursements can be directed to the New York State of Health Marketplace at 1-855-355-5777. You will need to complete the form "Employer Sponsored Health Insurance Request for Information (DOH-4450)," which can be found on our Web site <https://nystateofhealth.ny.gov/> under "Forms."

Effective Date of this Decision: September 19, 2014

How this Decision Affects Your Eligibility

Although the Marketplace did not issue you a timely eligibility determination, the untimely notice did not affect your Medicaid effective date. Therefore, your Medicaid start date remains as previously established.

Your current Medicaid eligibility and Medicaid Managed Care enrollment remain in effect.

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.

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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 Marketplace did not issue you a timely eligibility determination. However, the untimely notice did not negatively impact your Medicaid effective date, therefore, your Medicaid start date remains as previously established.

The Marketplace's Appeals Unit does not have the authority to grant reimbursement payments. Any questions regarding reimbursements can be directed to the New York State of Health Marketplace at 1-855-355-5777. You will need to complete the form "Employer Sponsored Health Insurance Request for Information (DOH-4450)," which can be found on our Web site <https://nystateofhealth.ny.gov> under "Forms."

Your current Medicaid eligibility and Medicaid Managed Care enrollment remain in effect.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]