



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

Notice of Decision

Decision Date: December 3, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000843

[REDACTED]
[REDACTED] [REDACTED] [REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On September 24, 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 letter.

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]
[REDACTED] [REDACTED] [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 December 16, 2013 for yourself only.

On December 19, 2013, income verification documents were uploaded to your Marketplace account. You also uploaded a letter stating "As per your request, I am uploading the file containing 7 pages from my 2012 Federal (1040) and State (IT-201) Tax returns."

On February 20, 2014, the Marketplace issued a notice regarding your December 16, 2013 application. It states that you are eligible for Medicaid because your household income of \$0.00 is at or below the allowable limit of \$15,856.00. It also states that your insurance coverage through Medicaid will begin January 1, 2014, and enrollment with Amerigroup New York, LLC will begin March 1, 2014.

On April 26, 2014, you sent a letter to the Marketplace stating that you did not receive a determination from the Marketplace in time for January coverage, and that you purchased insurance for January and February 2014 through Easy Choice Health Plan of New York. You also submitted an April 4, 2014 certificate

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of health insurance coverage from Easy Choice Health Plan of New York. It indicates beginning on January 1, 2014, and ending on February 28, 2014.

On August 18, 2014, you spoke with the Marketplace Customer Service Unit and appealed the Marketplace's failure to provide timely notice of your eligibility determination.

On September 24, 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 applied for health insurance coverage through the Marketplace on December 16, 2013.
- 2) On December 19, 2013, you uploaded your 2012 U.S. Individual Income Tax Return to your Marketplace account. You also uploaded a letter stating "As per your request, I am uploading the file containing 7 pages from my 2012 Federal (1040) and State (IT-201) Tax returns."
- 3) On February 20, 2014, the Marketplace issued a notice regarding your December 16, 2013 application. It states that you are eligible for Medicaid as of January 1, 2014 and that your enrollment with Amerigroup New York, LLC begins on March 1, 2014.
- 4) On April 26, 2014, you sent April 25, 2014 correspondence to the Marketplace to state that you did not receive a timely eligibility determination and to request reimbursement of the premiums that you paid to Easy Choice Health Plans of New York for coverage during January and February 2014.
- 5) An April 4, 2014 certificate of health insurance coverage from Easy Choice Health Plan of New York confirms that you purchased coverage for the period from January 1, 2014 to February 28, 2014.
- 6) You testified that you paid \$417.04 on December 26, 2013 for January 2014 health coverage and \$417.04 on February 3, 2014 for February 2014 health coverage through Easy Choice Health Plan of New York.
- 7) You testified that you enrolled in Easy Choice Health Plan New York because you were not informed of your eligibility until February 20, 2014.

You further testified that you would like to seek reimbursement for the premiums paid as a result of the untimely determination.

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 Exchange 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 Exchange must base the time period from the date of application to the date the Exchange notifies the applicant of its decision (45 CFR § 155.310(e)(2)).

The Exchange must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

Generally, Medicaid may be made effective retroactive to 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 timely notice of your eligibility determination.

You applied for health insurance coverage through the Marketplace on December 16, 2013.

On December 19, 2013, you uploaded your 2012 U.S. Individual Income Tax Return to your Marketplace account. You also uploaded a letter stating "As per your request, I am uploading the file containing 7 pages from my 2012 Federal (1040) and State (IT-201) Tax returns."

On February 20, 2014, the Marketplace issued a notice regarding your December 16, 2013 application. It states that you are eligible for Medicaid because your household income of \$0.00 is at or below the allowable limit of \$15,856.00. It also states that your insurance coverage through Medicaid begins January 1, 2014 and enrollment with Amerigroup New York, LLC begins March 1, 2014.

To be timely, an eligibility determination must be issued within 45 days of the Marketplace application. Your application was complete on December 16, 2013, and 45 days from that date was January 30, 2014. Since the notice of eligibility determination was not issued until February 20, 2014, it was untimely.

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 the Marketplace had until January 30, 2014 to make an eligibility determination. However, the untimely eligibility notice issued on February 20, 2014 by the Marketplace did not negatively impact your Medicaid effective date because it states that “your insurance coverage through Medicaid will begin January 1, 2014.” Therefore, even if your eligibility determination had been made timely (by January 30, 2014), your coverage would nonetheless have started on January 1, 2014.

At the hearing, you also testified that you are seeking reimbursement for the premiums you paid while 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 NY State of Health Marketplace at 1-855-355-5777.

Decision

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

The Marketplace’s Appeals Unit does not have the authority to grant reimbursement payments. Any questions regarding reimbursements can be directed to NY State of Health Marketplace at 1-855-355-5777.

Effective Date of this Decision: December 3, 2014

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

Although the Marketplace did not issue a timely eligibility determination, the untimely notice did not affect your Medicaid effective date. Therefore, your Medicaid start date remains at January 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

This decision does not change your eligibility.

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Although the Marketplace did not issue a timely eligibility determination, the untimely notice did not affect your Medicaid effective date. Therefore, your Medicaid start date remains at January 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.

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] [REDACTED]
[REDACTED]
[REDACTED]