



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

## Notice of Decision

Decision Date: June 10, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001438

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 23, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 9, 2014 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 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: June 10, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001438

[REDACTED]  
[REDACTED]  
[REDACTED]

## Issue

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

Did the Marketplace properly determine that your enrollment with your Medicaid Managed Care plan was effective January 1, 2015, and not September 1, 2014?

## Procedural History

On July 18, 2014, the Marketplace issued an eligibility redetermination notice that stated you were eligible for Medicaid effective July 1, 2014. It also stated that because you had comprehensive Third Party Health Insurance to assist in meeting your healthcare needs, you could not be enrolled in a Medicaid Managed Care plan. It further stated that you could contact the Marketplace to determine if Medicaid could pay for your health insurance premiums.

On July 27, 2014, a copy of an invoice from Oxford Health Plans for July 2014 coverage through your former employer was uploaded to your Marketplace account; it indicated a premium payment of \$682.89 was due July 1, 2014.

On September 10, 2014, you had a hearing regarding a previous appeal.

On November 14, 2014, a copy of a notice sent by Oxford Health Plans demanding payment for an outstanding balance was uploaded to your Marketplace account. This notice further indicated that your coverage with Oxford Health Plans was terminated effective July 31, 2014. This notice was dated September 18, 2014.

On November 17, 2014, the Marketplace redetermined your eligibility, and on November 30, 2014, the Marketplace issued an eligibility redetermination notice stating that you were eligible for Medicaid effective November 1, 2014. It also stated that because you had comprehensive Third Party Health Insurance to assist in meeting your healthcare needs, you could not be enrolled in a Medicaid Managed Care plan. You were also directed to produce proof of income for the period from April 1, 2014 to June 30, 2014 so the Marketplace could make a determination as to whether you were eligible for Medicaid coverage for that period.

On December 1, 2014, the Marketplace issued an eligibility redetermination notice stating that that you were conditionally eligible for Medicaid effective November 1, 2014. It further stated that you would have to submit proof of your income by December 4, 2014 to confirm your eligibility. It further stated that because you had comprehensive Third Party Health Insurance to assist in meeting your healthcare needs, you could not be enrolled in a Medicaid Managed Care plan.

On December 2, 2014, the Marketplace's Appeals Unit issued a Notice of Decision, dated November 24, 2014, regarding your earlier appeal. It affirmed an earlier Marketplace determination that found you were not entitled to have Medicaid reimburse you for the cost of your premium payments for COBRA coverage.

On December 6, 2014, the Marketplace issued an eligibility redetermination notice stating that you were eligible for Medicaid effective December 1, 2014. It also stated that you could pick a health plan or one will be chosen for you.

On December 9, 2014, the Marketplace sent you a notice confirming your enrollment in Medicaid effective December 1, 2014, and enrollment in your Medicaid Managed Care plan, UnitedHealthcare of New York, Inc., effective January 1, 2015.

On January 12, 2015, you spoke with the Marketplace's Account Review Unit and appealed the effective date of your Medicaid Managed Care plan.

On February 10, 2015, a copy of a notice issued by the Marketplace on July 31, 2014 was uploaded to your Marketplace account. It stated that the Marketplace determined it was not cost effective for the Medicaid program to pay for your health insurance premiums. It further stated that you remained responsible for payment of your health insurance premium bills.

On February 23, 2015, 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 are the only person in your tax household.
- 2) You testified, and the record reflects, that you initially applied for health insurance through New York State of Health in July 2014 and were determined eligible for Medicaid effective July 1, 2014. You testified that you received your Medicaid health insurance card in July 2014.
- 3) You testified that when you applied for health insurance through the Marketplace in July 2014, you had the ability to purchase COBRA through your previous employer. You further testified that you elected COBRA and paid your July 2014 COBRA premium on, or around, July 30, 2014.
- 4) You testified that after you applied for health insurance through the Marketplace in July, you immediately requested that the Medicaid Premium Assistance Program pay your COBRA premiums.
- 5) You testified that you only paid the July 2014 COBRA premium.
- 6) The record reflects that the Marketplace issued a notice on July 31, 2014 stating that it was not cost effective for the Medicaid program to pay for your health insurance premiums. The notice also stated that you remained responsible for payment of your health insurance premium bills. The record reflects that you appealed this determination and had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit on September 10, 2014.
- 7) You testified that you were told by a Marketplace representative that you must not cancel your COBRA plan until a decision regarding your appeal had been rendered.
- 8) You testified that you did not pay your COBRA premium for the months of August or September 2014, during the pendency of your appeal.
- 9) You testified that you did not receive a formal decision regarding your appeal. You further testified that you spoke to a Marketplace representative in November 2014, who informed you that your appeal decision was unfavorable. You testified that you were unable to pick a Medicaid Managed Care plan for a few weeks after the decision was rendered.

- 10) You testified, and the record reflects, that you received a notice dated September 18, 2014 from Oxford Health Plans confirming that your COBRA health insurance with UnitedHealthcare was terminated effective July 31, 2014 (Appellant's Exhibit 1, February 23, 2015). The record reflects that this letter was uploaded to your Marketplace account on November 14, 2014.
- 11) You testified that you went to the doctor on September 10, 2014 and tried to use your COBRA coverage. You further testified that you have received bills from the visit because the claims were being denied.
- 12) You testified that you have incurred medical bills from September through December 2014.
- 13) You testified that you attempted to choose a Medicaid Managed Care plan at the end of November and the beginning of December 2014.
- 14) The record reflects that your Medicaid Managed Care plan enrollment with UnitedHealthcare of New York, Inc. was effective January 1, 2015.
- 15) You testified that you want your Medicaid Managed Care plan enrollment with UnitedHealthcare of New York, Inc. backdated to begin August 1, 2014, when your COBRA coverage was terminated.

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

## **Applicable Law and Regulations**

### Medicaid Managed Care Plans

With regard to enrollment in a Medicaid Managed care plan (MMC), Medicaid recipients generally must enroll in a MMC, unless otherwise eligible for an exemption or an exclusion (18 NYCRR § 360-10.4(a)).

Recipients who fall within an excluded category may not enroll in an MMC (18 NYCRR § 360-10.4(b)).

For plan selections received within the first two weeks of the month, MMC enrollment is effectuated on the first of the following month. For plan selections or applications received after the first two weeks of the month, MMC enrollment is effectuated the first of the second following month (Medicaid Managed Care Model Contract (Appendix H), March 1, 2014).

To ensure continuity of coverage, applicants may be determined eligible for, and have their coverage activated, at any time during the month, with Medicaid Fee-For-Service coverage provided until the MMC enrollment is activated on the first day of the applicable month.

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, §1115 Soc. Sec. Act; N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR 360-10.3(h)).

## **Legal Analysis**

The only issue is whether the Marketplace properly determined that, as of December 9, 2014, your Medicaid Managed Care plan enrollment with UnitedHealthcare of New York, Inc. would be effective January 1, 2015.

Your initial application for health insurance was submitted on May 20, 2014. The record reflects that you were ultimately determined eligible for Medicaid effective July 1, 2014.

You testified that you had the option to elect COBRA coverage through your previous employer at the time you submitted your New York State of Health application. You further testified that you enrolled in COBRA coverage and paid the July 2014 premium.

You testified that you requested that the Medicaid Premium Assistance Program pay your COBRA premiums. The record reflects that this request was denied on July 31, 2014 because it was determined not cost-effective for Medicaid to pay the cost of your COBRA premium.

The record reflects that your COBRA coverage was terminated as of September 18, 2014, effective July 31, 2014, as evidenced by a notice sent to you by Oxford Health Plans. This letter was available in your Marketplace account on November 14, 2014.

Once the Marketplace received proof that you no longer had Third Party Health Insurance coverage on November 14, 2014, you were then eligible to enroll in a Medicaid Managed Care plan.

The record reflects that the Marketplace issued notices on November 30, 2014 and December 1, 2014, which stated that you are eligible for Medicaid but, because you had comprehensive Third Party Health Insurance to assist in meeting your healthcare needs, you could not be enrolled in a Medicaid Managed Care plan.

Since you provided proof on November 14, 2014 that, as of September 18, 2014, your Third Party Health Insurance coverage terminated on July 31, 2014, the November 30, 2014 and December 1, 2014 eligibility notices issued by the Marketplace improperly prohibited you from enrolling in a Medicaid Managed Care plan.

Therefore, the November 30, 2014 and December 1, 2014 eligibility determination notices are MODIFIED to remove statements that you are not eligible to enroll in a Medicaid Managed Care plan.

Your case is REMANDED to the Marketplace to backdate your Medicaid Managed Care plan enrollment with UnitedHealthcare of New York, Inc. effective November 1, 2014, which is the first date you could have been eligible to enroll in a Medicaid Managed Care plan after your COBRA coverage was retroactively terminated as of September 18, 2014.

You are eligible for reimbursement by Medicaid for medical bill claim payments for the months of November and December 2014.

Your case is being referred to the Marketplace's Third Party Resource Unit to process your request.

## **Decision**

The November 30, 2014 and December 1, 2014 eligibility determination notices are MODIFIED to remove statements that you are not eligible to enroll in a Medicaid Managed Care plan.

Your case is REMANDED to the Marketplace to backdate your Medicaid Managed Care plan enrollment with UnitedHealthcare of New York, Inc. effective November 1, 2014.

**Effective Date of this Decision:** June 10, 2015



## **How this Decision Affects Your Eligibility**

Your Medicaid Fee-For-Service coverage began on July 1, 2014 and it continues until June 30, 2015.

You are eligible for reimbursement by Medicaid for medical bill claim payments that were reversed for the months of November and December 2014.

Your case is being referred to the Marketplace's Third Party Resource Unit to process your request.

## **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:

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P.O. Box 11729  
Albany, NY 12211

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- By fax: 1-855-900-5557

## **Summary**

The November 30, 2014 and December 1, 2014 eligibility determination notices are MODIFIED to remove statements that you are not eligible to enroll in a Medicaid Managed Care plan.

Your case is REMANDED to the Marketplace to backdate your Medicaid Managed Care plan enrollment with UnitedHealthcare of New York, Inc. effective November 1, 2014.

Your Medicaid Fee-For-Service coverage began on July 1, 2014 and it continues until June 30, 2015.

You are eligible for reimbursement by Medicaid for medical bill claim payments that were reversed for the months of November and December 2014.

Your case is being referred to the Marketplace's Third Party Resource Unit to process your request.

## **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]