



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

Notice of Decision

Decision Date: August 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001700

[REDACTED]

Dear [REDACTED],

On March 17, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 4, 2015 enrollment confirmation.

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).

This page intentionally left blank.



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

Decision

Decision Date: August 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001700



Issues

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

Did the Marketplace properly determine that your enrollment in your Medicaid Managed Care Plan was effective March 1, 2015?

Procedural History

On December 23, 2013 the Marketplace issued a letter confirming that you chose to receive all information from the New York state of Health electronically.

On February 28, 2014, the Marketplace issued an eligibility determination notice that stated you were eligible for Medicaid effective February 1, 2014, and that your enrollment in your Medicaid Managed Care plan was March 1, 2014.

On December 16, 2014 the Marketplace issued a notice telling you it was time to renew your health coverage, that you cannot be enrolled in your current plan and need to select a different plan if you want health coverage in 2015, and, if they made a mistake, you need to log into your account and make changes between December 16, 2014 and January 15, 2014 for your new plan to be effective February 1, 2015. The notice also informed you that you now qualify for a tax credit up to \$293.65 per month and cost-sharing reductions (CSR), effective February 1, 2015 because federal and state data sources show your income is between \$16,105.00 and \$46,680.00.

On January 16, 2015, the Marketplace issued a disenrollment notice that your coverage under your Medicaid Managed Care plan (MMC) you had been

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).

enrolled in since March 1, 2014, will end effective January 31, 2015. It also told you to log into your account before January 31, 2015 to update your account information and review plan selection options and, if you did not update your account or make a plan selection, you may be without coverage.

On February 3, 2015, you contacted the Marketplace's Customer Service Unit to update your application. It prepared a preliminary eligibility redetermination that you were eligible for Medicaid Fee for Services effective February 1, 2015.

On February 4, 2015, the Marketplace issued a notice of eligibility redetermination that said you remain eligible for Medicaid effective February 1, 2015, and you needed to pick a plan.

Also on February 4, 2015, the Marketplace issued an enrollment confirmation notice that stated your enrollment in your MMC will begin March 1, 2015.

On February 5, 2015, you contacted the Marketplace's Accounts Review Unit and appealed the start date of your MMC insofar as you were not enrolled in a MMC during the month of February 2015.

On February 18, 2015, the Marketplace scheduled a hearing and sent you notice telling you that, on March 10, 2015 a Hearing Officer would call you at about 9:00 a.m. to conduct a telephone hearing.

On March 10, 2015, you were contacted and informed that due to technical difficulties with telephone service, the hearing would have to be rescheduled for a later date.

The Marketplace rescheduled the hearing for April 6, 2015, and, after communicating with you, rescheduled it again for March 17, 2015.

On March 17, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. You agreed to waive formal notice of the telephone hearing held at 11:00 a.m. 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 testified and your Marketplace account reflects that you enrolled in a Medicaid Managed Care plan (MMC) with coverage beginning March 1, 2014.

- 2) According to your Marketplace application, your 2015 expected household income is \$7,768.00.
- 3) You testified that you contacted the Marketplace on February 3, 2015 to recertify for Medicaid for March 1, 2015.
- 4) You testified that, On February 3, 2015, a Marketplace representative told you since you had not recertified by January 15, 2015, you were disenrolled from the MMC effective January 31, 2015.
- 5) You testified that you do not have a personal computer and use the computer lab at the library to read your email.
- 6) You testified that you went to the lab to read your emails after talking to the Marketplace representative and the emails said “No reply – NY Exchange” and you had ignored them in the past because you did not recognize the sender.
- 7) You testified that when you opened up the emails, the notices instructed you to look in your Inbox, which you tried but could not access on the computer at the library, even with assistance.
- 8) You testified that you had a medical test performed on February 2, 2015 and two therapy sessions during February 2015 that Medicaid Fee for Service will not pay for.
- 9) You testified that you received a denial of benefits notice from your health plan that your February 2, 2015 medical test will not be covered because you were not eligible for coverage under Medicaid or Family Health Plus programs on the date of service.
- 10) You are single and reside in Queens County, New York.

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

Applicable Law and Regulations

Annual Eligibility Redetermination

With few exceptions, the Marketplace must redetermine eligibility for financial assistance to help pay for health insurance of a qualified individual on an annual basis (45 CFR §155.335(a)).

The Marketplace must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, the Marketplace must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR § 155.335(i)).

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 (MMC) 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 issue is whether the Marketplace properly determined that your enrollment in your Medicaid Managed Care plan (MMC) was effective March 1, 2015.

You were originally found eligible for Medicaid based on a household income of \$7,768.00 on February 28, 2014. This eligibility was effective February 1, 2014. The notice also stated that you were enrolled in a MMC effective March 1, 2014.

The Marketplace must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for health insurance annually, and must provide the individual with notice of the need for the redetermination. The Marketplace's December 16, 2014 renewal notice stated it was time to renew your health coverage, that you cannot be enrolled in your current plan and need to select a different plan if you want health coverage in 2015, and, if they made a mistake, you needed to log into your account and make changes between December 16, 2014 and January 15, 2015 for your new plan to be effective February 1, 2015. The notice also informed you that you now qualify for a tax credit up to \$293.65 per month and cost-sharing reductions (CSR), effective February 1, 2015 because federal and state data sources show your income is between \$16,105.00 and \$46,680.00.

On December 23, 2013 the Marketplace issued a letter confirming that you chose to receive all information electronically. You testified that you do not have a personal computer and use the computer lab at the library to read your email.

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).

You testified that you went to the lab to read your emails after talking to a Marketplace representative and the emails said “No reply – NY Exchange” and you had ignored them in the past because you did not recognize the sender. You testified that when you opened up the emails, the notices instructed you to look in your Inbox, which you tried but could not access on the computer at the library, even with assistance.

Since you testified that you received emails from the Marketplace informing you that there were notice in your Marketplace Inbox, and you had ignored them, the record supports a finding that the Marketplace properly notified you of the need to update your Marketplace account if there was a mistake in the December 16, 2014 renewal notice.

Because there was not timely response to the renewal notice, on January 16, 2015, the Marketplace properly issued a disenrollment notice that your coverage under the MMC you had been enrolled in since March 1, 2014 will end effective January 31, 2015.

The information in your Marketplace account was not properly updated until February 3, 2015.

The date on which a MMC can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected between the first day and the fifteenth day of a month goes into effect on the first day of the following month.

On February 3, 2015, you selected your MMC, so it must take effect on the first day of the following month after February; that is, on March 1, 2015.

Therefore, the February 4, 2015 enrollment confirmation notice stating that your MMC coverage would take effect on March 1, 2015 is correct and must be AFFIRMED.

Decision

The February 4, 2015 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: August 18, 2015

How this Decision Affects Your Eligibility

Your enrollment in your Medicaid Managed Care plan is effective March 1, 2015.

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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

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).

Summary

The February 4, 2015 enrollment confirmation notice is AFFIRMED.

Your enrollment in your Medicaid Managed Care plan is effective March 1, 2015.

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:

