



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

## Notice of Decision

Decision Date: September 3, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002094

[REDACTED]

Dear [REDACTED],

On May 1, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 18, 2015 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

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NY State of Health Number: [REDACTED]  
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## Issues

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

Did the Marketplace issue a notice of eligibility determination for your son in the required time frame?

Did the Marketplace properly determine that your son's enrollment in a Medicaid managed care plan was effective April 1, 2015?

## Procedural History

On January 8, 2015 the Marketplace received several modifications to your household's application for health insurance. In response, preliminary determinations were prepared that stated more information regarding your income was needed in order to make an eligibility determination.

Also on January 8, 2015 you uploaded income documentation to your account. The documentation included a letter of separation from your former employer and copies of your spouse's paystubs.

On January 9, 2015 and on January 10, 2015 the Marketplace issued notices stating that the information in the January 8, 2015 applications for health insurance had been reviewed, but that more information was needed in order for a determination to be made regarding your family's eligibility for health insurance. The notices requested that you submit income documentation to confirm the information in your application.

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On February 12, 2015 the documentation you submitted on January 8, 2015 was verified and your application was updated accordingly.

On February 13, 2015 the Marketplace issued an eligibility determination notice that stated you, your spouse, and your son were eligible for Medicaid effective February 1, 2015. The notice also advised you to select a health plan.

On February 18, 2015 the Marketplace issued a letter to confirm that coverage through Medicaid for you, your spouse, and your child began February 1, 2015 and that your enrollment in your managed care plans would begin April 1, 2015.

On March 18, 2015 you spoke to the Marketplace's Account Review Unit and appealed the fact that your son's coverage under his Medicaid managed care plan would not be effective until April 1, 2015.

On May 1, 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 testified that you are only appealing the start date of your child's Medicaid managed care plan.
- 2) You testified that you updated your application on January 8, 2015 and uploaded your termination from employment letter and your wife's paystubs.
- 3) You testified that you called on January 14, 2015 to inquire about whether or not the documents were sufficient. You were told that you needed to wait for someone to verify the forms.
- 4) You testified that you called on February 11, 2015 to check on the status of your case. You were told that nothing had been approved yet.
- 5) You testified that you looked in your Marketplace inbox on February 17, 2015 and saw that your documents had been verified and an eligibility determination had been issued. At that time you selected a Medicaid managed care plan for your son.
- 6) You testified that you uploaded the required documents immediately and it should not have taken someone so long to verify the documents and make a decision on your application.

- 7) Your application lists your son age as 17 years old.

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

## **Applicable Law and Regulations**

### Timely Notice of Eligibility Determination

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 CFR § 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 30 days from the date of the application for a child who is at least 1 year of age but younger than 19 years of age (18 NYCRR 360-2.4(a)(3)(ii)).

### 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 (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 first issue raised on appeal is whether the Marketplace made its eligibility determination for your son in a timely manner.

The Marketplace must determine an applicant's eligibility promptly and without undue delay. The Marketplace must then provide a timely written notice to an applicant of any eligibility determination made. The applicant must be notified if the application does not contain sufficient information to permit the Marketplace to conduct an eligibility determination for enrollment in a qualified health plan (QHP) or insurance affordability programs through the Marketplace.

Your household first submitted an application for health insurance on January 8, 2015, but it did not contain all of the information that the Marketplace needed to make an eligibility determination. You provided the requested information that same day, so on January 8, 2015 your application was complete. The information you provided however was not verified until February 12, 2015. The Marketplace issued an eligibility determination notice the next day.

Because your son is under the age of 19, the Marketplace is supposed to issue an eligibility determination for your son within 30 days of receipt of a completed application. The application was complete on January 8, 2015, so the Marketplace should have issued an eligibility determination notice by February 7, 2015. However, even if the determination had been mailed on February 7, 2015, your son's Medicaid eligibility still would have begun on February 1, 2015.

The second issue raised on appeal is whether or not the Marketplace properly determined that your son's enrollment in a Medicaid managed care (MMC) was effective April 1, 2015.

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

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

A plan that is selected between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

Your son's MMC plan was selected on February 17, 2015, so it must take effect on the first day of the second month after February; that is, on April 1, 2015.

However, as noted above the Marketplace did not issue a timely eligibility determination notice. If you would have received the eligibility determination notice within the 30 day time frame, your son could have enrolled in a plan prior

to the fifteenth of February, which would have caused his plan to go into effect March 1, 2015.

Therefore the March 18, 2015 enrollment confirmation notice is MODIFIED to state that your son's enrollment in his MMC plan will begin March 1, 2015.

## **Decision**

The March 18, 2015 enrollment confirmation notice is MODIFIED to state that your son's enrollment in his Medicaid managed care plan will begin March 1, 2015.

Your case is RETURNED to the Marketplace to effect this change to your Marketplace account.

**Effective Date of this Decision:** September 3, 2015

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

Your son is enrolled in his Medicaid managed care plan 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.

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## **If You Have Questions about this Decision (Customer Service Resources):**

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NY State of Health Appeals  
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Albany, NY 12211
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## **Summary**

Therefore the March 18, 2015 enrollment confirmation notice is MODIFIED to state that your son's enrollment in his Medicaid managed care plan will begin March 1, 2015.

Your case is RETURNED to the Marketplace to effect this change to your Marketplace account.

## **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:**

