



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: AP000000002254

[REDACTED]

Dear [REDACTED],

On May 12, 2015, you appeared by telephone at a hearing on the NY State of Health's February 7, 2015 eligibility redetermination.

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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Issues

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

Did the Marketplace properly determine that, effective March 1, 2015, you were enrolled in a Medicaid Managed Care plan?

Procedural History

The Marketplace received your initial application for health insurance in 2014 on December 20, 2014, which you modified on January 9, 2015.

On January 10, 2015, the Marketplace issued a notice of eligibility redetermination that you are eligible for Medicaid effective January 1, 2015. The notice further informed you that, in part, “[b]ecause you have comprehensive Third Party Health Insurance to assist in meeting your healthcare needs, you cannot be enrolled in Medicaid Managed Care. Since you have other insurance available you must present your health insurance card to your provider at the time of service, for services which are covered by your health insurance plan. To obtain additional benefits and services which are not covered by your health insurance plan you must use a Medicaid provider and present your New York State Benefit Identification card at the time of service.”

That same day, the Marketplace issued a letter confirming your enrollment in Medicaid effective January 1, 2015 and informing you that you do not need to pick a plan.

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On January 14, 2015, you had a telephone conversation with a customer service supervisor from the Marketplace regarding the end date of your COBRA health coverage.

Based on the supervisor's instructions, that same day you uploaded two documents to your Marketplace account: (1) A copy of a January 13, 2015 email exchange with your former employer that stated your COBRA coverage would end effective January 31, 2015; and (2) A copy of a Continuation Coverage Termination statement from UnitedHealthcare, dated January 14, 2015, that stated your COBRA coverage would terminate effective January 31, 2015.

On February 7, 2015, the Marketplace issued a notice of eligibility redetermination that you are eligible for Medicaid effective February 1, 2015. The notice further stated that you can choose to stay with your current health plan or pick a new health plan if you are eligible to enroll in a Medicaid Managed Care (MMC) plan.

That same day, the Marketplace issued an enrollment notice confirming that your insurance coverage through Medicaid will begin February 1, 2015 and your enrollment with Healthfirst, a MMC plan, will begin March 1, 2015.

On March 31, 2015, after several conversations with the Marketplace's Account Review Unit, you appealed the February 7, 2015 eligibility redetermination insofar as your MMC plan started on March 1, 2015, when you believed it would start on February 1, 2015.

On May 12, 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 were in close contact with the Marketplace in early January 2015 because you knew your COBRA coverage was due to end that month.
- 2) According to your Marketplace account, you initially updated your application and enrollment on January 9, 2015.
- 3) You testified that you spoke with a customer service supervisor from the Marketplace on January 14, 2015, and were told you needed to upload proof of COBRA termination in the form of a letter before January 15, 2015 in order for your third party health insurance to be removed from your account and so that MMC coverage can begin on February 1, 2015.

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- 4) Based on the instructions and representation from a Marketplace supervisor, on January 14, 2015, you uploaded a January 13, 2015 email from your former employer and a January 14, 2015 Continuation Coverage Termination statement from UnitedHealthcare, both of which stated your COBRA coverage would end effective January 31, 2015.
- 5) You testified that, believing you had MMC as of February 1, 2015, you received medical care that month from a participating provider in the MMC plan you had selected. You testified that you paid the medical bills totaling \$1,700.00 at the time of service and need to submit claims to get reimbursed by your health plan.
- 6) You testified that you found out your MMC plan would not begin until March 1, 2015 when you received the enrollment notice in the mail later that month stating you had Medicaid Fee For Services (FFS) as of February 1, 2015 and your enrollment in Healthfirst will begin March 1, 2015.
- 7) You testified that you went through the Marketplace's internal review process and, between February 6, 2015 and March 31, 2015, spoke with several representatives and supervisors from the Marketplace's Account Review Unit.
- 8) You testified that on March 31, 2015, for the first time the Marketplace informed you that because you submitted your COBRA termination statement on January 14, 2015, which did not allow the Marketplace 7 to 10 business days to process before January 15, 2015, you could not be made eligible for an MMC plan effective February 1, 2015.
- 9) You testified that the participating provider in your MMC plan does not accept Medicaid FFS and you feel the Marketplace erred in not informing you that your MMC plan could not start until March 1, 2015 until after you incurred medical costs.
- 10) You want your MMC plan start date to be backdated to February 1, 2015 so you can submit your claims for reimbursement for out-of-pocket expenses.

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

Applicable Law and Regulations

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)).

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Generally, 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 date on which an 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.

The record reflects that you updated your application on January 9, 2015 and, on January 14, 2015, provided the necessary documentation of your COBRA termination, both of which events occurred before the 15th of January 2015. However, you were unable to select an MMC plan for it to start February 1, 2015 because the Marketplace did not process your application and make an eligibility redetermination until February 6, 2015. As such, you were not afforded the opportunity to select an MMC plan in order for coverage to begin on February 1, 2015, when your application was completed as of January 14, 2015. Therefore, your MMC plan should have taken effect on the first day of the following month had you been able to select your MMC plan on January 14, 2015 when your application was complete; that is, on February 1, 2015.

Therefore the February 7, 2015 notice stating that your MMC coverage would take effect on March 1, 2015 is incorrect and must be MODIFIED to state that your MMC coverage with Healthfirst begins effective February 1, 2015.

Decision

The February 7, 2015 notice is MODIFIED to state that your MMC coverage with Healthfirst begins effective February 1, 2015.

Effective Date of this Decision: September 3, 2015

How this Decision Affects Your Eligibility

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).

The effective date of your MMC plan is February 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
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Summary

The February 7, 2015 notice is MODIFIED to state that your MMC coverage with Healthfirst begins effective February 1, 2015.

The effective date of your MMC plan is February 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:

