



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: AP000000002589

[REDACTED]

Dear [REDACTED],

On June 17, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's May 29, 2014 enrollment 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: September 3, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002589

[REDACTED]

Issue

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

Did the Marketplace properly determine that the effective date of coverage with CDPHP should be July 1, 2014?

Procedural History

On April 20, 2014 the Marketplace issued an eligibility determination notice that you are eligible for Medicaid effective January 1, 2014.

On the same day the Marketplace issued an enrollment notice confirming that you are enrolled in CDPHP effective February 1, 2014.

On May 29, 2014 the Marketplace issued a notice stating that you are eligible for Medicaid. The notice states that your insurance coverage through Medicaid will begin February 1, 2014 and enrollment with CDPHP will begin July 1, 2014.

On April 24, 2015 you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as the July 1, 2014 effective date of your Medicaid Managed Care plan through CDPHP.

On February 6, 2015, you with the assistance of your authorized representative, [REDACTED], had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken during the hearing. The record is now complete and closed.

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Findings of Fact

A review of the record supports the following findings of fact:

1. On April 20, 2014, the Marketplace issued a notice that your insurance coverage through Medicaid began January 1, 2014 and enrollment with CDPHP began February 1, 2014.
2. You testified that on May 27, 2014, you contacted the Marketplace to terminate your health insurance coverage.
3. You testified that on May 28, 2014, you contacted the Marketplace to reinstate your health insurance coverage.
4. On May 29, 2014, the Marketplace issued a notice that your insurance coverage through Medicaid began February 1, 2014 and enrollment with CDPHP will begin July 1, 2014.
5. You testified that you were denied coverage for four visits during June 2014 to [REDACTED]
6. You testified that you believed that you had health insurance coverage through CDPHP during your visits with [REDACTED].
7. You testified that you have \$1,478.62 in outstanding medical bills.

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

Applicable Law and Regulations

Disenrollment:

The Marketplace is responsible for processing routine disenrollment requests to take effect on the first day of the following month if the request is made before the fifteenth day of the month. In no event shall the effective date of disenrollment be later than the first day of the second month after the month in which an enrollee requests a disenrollment (Appendix H-7(a)(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)).

Notice of Disenrollment:

The Marketplace is responsible for sending notices to the enrollees regarding their disenrollment status. The notice serves to advise the enrollee of the Marketplace's

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determination and should include the effective date of disenrollment (Appendix H-7(a)(xvi), 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 enrollee can be disenrolled from their Medicaid Managed Care (MMC) plan 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. However, in no event shall the effective date of disenrollment be later than the first day of the second month after the month in which an enrollee requests a disenrollment.

The Marketplace must issue a notice disenrollment to advise the enrollee of the Marketplace's determination and state the effective date of the disenrollment.

You credibly testified that you contacted the Marketplace on May 27, 2014 to terminate your coverage through the Marketplace. However, on the following day you contacted the Marketplace to reinstate your health insurance coverage.

You testified that you received treatment during visits at [REDACTED] [REDACTED] during June 2014. You believed that you had health insurance coverage through CDPHP because you reinstated your health insurance on May 28, 2014. However, you were denied coverage for the four visits at [REDACTED] [REDACTED].

The record does not contain a notice of disenrollment advising you of the Marketplace's determination stating the effective date of disenrollment.

Therefore the May 29, 2014 notice stating that your Medicaid will begin February 1, 2014 and enrollment with CDPHP will begin July 1, 2014 is RESCINDED.

The April 20, 2014 the Marketplace notice that stated your insurance coverage through Medicaid began January 1, 2014 and enrollment with CDPHP will begin February 1, 2014 is REINSTATED.

Decision

The May 29, 2014 enrollment notice is RESCINDED.

The April 20, 2014 enrollment notice is REINSTATED.

Effective Date of this Decision: September 3, 2015

How this Decision Affects Your Eligibility

This decision cancels the May 29, 2014 enrollment notice insofar as finding that your CDPHP coverage is effective July 1, 2014.

This decision reinstates the April 20, 2014 enrollment notice that states that your CDPHP coverage is effective February 1, 2014.

Medical expenses that were the result of the Marketplace's error are eligible for reimbursement. 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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- By fax: 1-855-900-5557

Summary

This decision cancels the May 29, 2014 enrollment notice insofar as finding that your CDPHP coverage is effective July 1, 2014.

This decision reinstates the April 20, 2014 enrollment notice that states that your CDPHP coverage is effective February 1, 2014.

Medical expenses that were the result of the Marketplace's error are eligible for reimbursement. 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]