



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

Notice of Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003468

[REDACTED]

Dear [REDACTED],

On August 28, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's May 20, 2015 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 letter.

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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DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003468

[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 Healthfirst will begin July 1, 2015?

Procedural History

On March 10, 2015, the Marketplace issued a renewal notice stating that the New York State of Health "cannot enroll you in your current health plan." The notice states that based on federal and state data sources, you now qualify for a tax credit up to \$314.80 per month and help paying your share of out-of-pocket costs, if you enroll in a silver level plan, effective May 1, 2015.

On March 28, 2015, the Marketplace issued a disenrollment notice that your coverage with Healthfirst will end effective April 30, 2015.

On May 6, 2015 your Marketplace account was updated.

On the same day a Certificate of Group Health Plan Coverage from UnitedHealthcare was uploaded to your Marketplace account.

On May 7, 2015 the Marketplace issued you an eligibility determination notice stating that you are eligible for Medicaid effective as of May 1, 2015. The notice also stated that "[y]ou do not need to choose a health plan at this time."

On May 12, 2015, the Marketplace issued you an enrollment notice confirming that your insurance coverage through Medicaid will begin May 1, 2015 and “[y]ou do not need to pick a health plan.”

On May 20, 2015, the Marketplace issued an enrollment notice confirming that as of May 19, 2015, you are enrolled in Healthfirst. The notice states that “[y]our insurance coverage through Medicaid will begin May 1, 2015 and enrollment with Healthfirst will begin July 1, 2015.”

On June 15, 2015, you spoke to the Marketplace Account Review Unit and requested an appeal insofar as your Healthfirst plan starting on July 1, 2015.

On August 28, 2015, you uploaded twenty-four documents to your Marketplace Account. Those pages have been marked as “Appellant Exhibit A” and entered into the record.

On August 28, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken at the hearing under oath. The record is now complete and closed.

Findings of Fact

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

1. The Marketplace issued a March 10, 2015 renewal notice stating that based on federal and state data sources, you now qualify for a tax credit up to \$314.80 per month and help paying your share of out-of-pocket costs, if you enroll in a silver level plan, effective May 1, 2015.
2. On March 27, 2015, your Marketplace account was updated. You were no longer seeking health insurance coverage through the Marketplace.
3. On March 28, 2015, the Marketplace issued a disenrollment notice stating that your Healthfirst coverage will end effective April 30, 2015.
4. You testified that you contacted the Marketplace on March 28, 2015 to update your Marketplace account. You notified the Marketplace that you had a new job and were receiving health insurance through that job.

5. You testified that you were told by a Marketplace representative on March 28, 2015 that your Medicaid coverage would end August 31, 2015.
6. On May 6, 2015, you uploaded a Certificate of Group Health Plan Coverage to your Marketplace account. The document states that your medical coverage through Oxford Health Plan will end April 30, 2015.
7. On May 6, 2015, your Marketplace account was updated. On the following day, the Marketplace issued an eligibility determination notice finding you eligible for Medicaid effective May 1, 2015.
8. On May 7, 2015 and May 12, 2015, the Marketplace issued notices stating that “[y]ou do not need to choose a health plan at this time.”
9. You testified that you had a medical appointment on May 19, 2015. As you were scheduling a follow-up appointment, you were notified that your Healthfirst coverage was not currently active.
10. You testified that you contacted the Marketplace on May 19, 2015 and were prompted to select Healthfirst as your health plan.
11. On May 20, 2015, the Marketplace issued an enrollment notice confirming that as of May 19, 2015, you are enrolled in Healthfirst. The notice states that “[y]our insurance coverage through Medicaid will begin May 1, 2015 and enrollment with Healthfirst will begin July 1, 2015.”
12. On May 22, 2015, [REDACTED] issued you a medical bill for \$540.00 for the May 19, 2015 appointment (Appellant Exhibit A p. 13).
13. You are seeking to have your Healthfirst enrollment effective May 1, 2015.

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

Applicable Law and Regulations

Medicaid Renewal:

In general, the Marketplace must review Medicaid eligibility once every twelve months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). The

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Marketplace must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

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(h)).

Medicaid Effective Dates:

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

Generally, the Marketplace must redetermine a qualified individual's eligibility for Medicaid once every twelve months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. The Marketplace's March 10, 2015 renewal notice stating that the New York State of Health “cannot enroll you in your current health plan.” The notice states that based on federal and state data sources, you now qualify for a tax credit up to \$314.80 per month and help paying your share of out-of-pocket costs, if you enroll in a silver level plan effective May 1, 2015.

You testified that you contacted the Marketplace on March 28, 2015 to update your Marketplace account. You notified the Marketplace that you had a new job and was receiving health insurance through that job. On the same day the

Marketplace issued a disenrollment notice stating that your Healthfirst coverage will end effective April 30, 2015.

On May 6, 2015, you uploaded a Certificate of Group Health Plan Coverage to the Marketplace and updated your account. The document states that your medical coverage through Oxford Health Plan will end April 30, 2015.

On May 7, 2015 and May 12, 2015, the Marketplace issued notices stating you are eligible for Medicaid effective May 1, 2015 and that you do not need to choose a health plan at this time.

You testified that on May 19, 2015, you were notified at a medical office that your Healthfirst was not currently active. You contacted the Marketplace on the same day and were prompted to select Healthfirst as your Medicaid Managed Care plan.

The date in which a Medicaid Managed Care 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.

However, the Marketplace improperly issued notices on May 7, 2015 and May 12, 2015 stating that “[y]ou do not need to pick a health plan.”

Since you were not afforded the opportunity to select a Medicaid Managed Care plan before May 15, 2015, the May 20, 2015 enrollment notice is MODIFIED to state that your insurance coverage through Medicaid will begin May 1, 2015 and enrollment with Healthfirst will begin June 1, 2015.

Decision

The May 20, 2015 enrollment notice is MODIFIED to state that your insurance coverage through Medicaid will begin May 1, 2015 and enrollment with Healthfirst will begin June 1, 2015.

Effective Date of this Decision: November 09, 2015

How this Decision Affects Eligibility

Your Medicaid Fee-For-Service was effective May 1, 2015.

You are enrolled in Healthfirst effective June 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):

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Summary

The May 20, 2015 enrollment notice is MODIFIED to state that your insurance coverage through Medicaid will begin May 1, 2015 and enrollment with Healthfirst will begin June 1, 2015.

Your Medicaid Fee-For-Service was effective May 1, 2015.

You are enrolled in Healthfirst effective June 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:

