



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

Notice of Decision

Decision Date: January 08, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003557



Dear [REDACTED],

On December 10, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's June 19, 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 notice.

Legal Authority

We are sending you this notice in accordance with Code of 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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Issue

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

Did the Marketplace properly determine that your enrollment in Excellus Blue Cross Blue Shield, a Medicaid Managed Care plan, should be effective August 1, 2015?

Procedural History

On May 21, 2015, the Marketplace received your initial application for financial assistance with your health insurance.

That same day, an eligibility determination was made finding you conditionally eligible for Medicaid effective May 1, 2015. You were asked to provide more information regarding your third party benefit or health insurance documentation by June 5, 2015.

On June 1, 2015, you uploaded a copy of a letter dated May 29, 2015 from your father's employer stating that you were an eligible dependent of their employee and your eligibility would end effective June 30, 2015 due to age limitations.

On June 3, 2015, an eligibility determination was made finding you eligible for Medicaid effective June 1, 2015. You were told to pick a health plan.

On June 17, 2015, you enrolled in Excellus Blue Cross Blue Shield, a Medicaid Managed Care (MMC) plan, effective August 1, 2015.

On June 20, 2015, you spoke to the Marketplace's Account Review Unit and appealed the enrollment confirmation notice insofar as it began your coverage under your MMC plan on August 1, 2015 and not July 1, 2015.

On December 10, 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 support the following findings of fact:

- 1) You are seeking insurance coverage under your MMC plan for the month of July 2015.
- 2) Your Marketplace account indicates and your testimony supports that you receive all of your notices via electronic delivery.
- 3) You testified that you selected your MMC plan on June 17, 2015.
- 4) You testified that the e-mail address you provided to the Marketplace has not changed.
- 5) You testified that you did receive the notices addressed to you regarding your eligibility.
- 6) The record reflects that your application was not completed until you provided verification documents verifying your Third Party Benefit or Health Insurance by or before the deadline of June 5, 2015.
- 7) You testified that you updated the information in your Marketplace Account on June 1, 2015, and that day, you uploaded a copy of a letter dated May 29, 2015 from your father's employer stating that you were an eligible dependent of their employee, and your eligibility would end effective June 30, 2015 due to age limitations.
- 8) You testified that you are currently undergoing treatment which only accepts payment from an MMC plan.
- 9) On December 8, 2015, the Marketplace received a six page fax from you regarding your appeal. The fax contained documentation in the form of a

letter from your treating physician describing your need for continuing treatment and acceptable coverage.

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

Applicable Law and Regulations

Medicaid

Generally, Medicaid coverage begins on the first day of the month in which the applicant was found eligible (42 CFR § 435.915(b)).

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)).

Electronic Notices

Applicants may choose to receive notices and information from the Marketplace by either electronic or regular mail. If the applicant elects to receive electronic notices, the Marketplace must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR §155.230(d); 42 CFR §435.918(b)(4)).

Timely Notice

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 FR § 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)).

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The Marketplace must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

Legal Analysis

When an individual applies for insurance through the Marketplace, the Marketplace must determine that person's eligibility promptly and without undue delay. 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.

On May 21, 2015, an eligibility determination was made finding you conditionally eligible for Medicaid effective May 1, 2015. You were asked to provide more information regarding your third party benefit or health insurance documentation by June 5, 2015.

According to your testimony and your Marketplace account, you updated the information in your Marketplace Account on June 1, 2015, when you uploaded a copy of a letter dated May 29, 2015 from your father's employer stating that you were an eligible dependent of their employee, and your eligibility would end effective June 30, 2015 due to age limitations. The record reflects that your application was then completed.

Once your application was completed the Marketplace was required to provide an eligibility determination promptly and without delay. The Marketplace provided this in the form of your eligibility determination notice dated June 3, 2015. You were found eligible for Medicaid effective June 1, 2015. Therefore, the Marketplace timely determined your eligibility for Medicaid and timely issued notice of that determination.

The issue turns to whether the Marketplace properly determined that your enrollment in your MMC plan was effective August 1, 2015.

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

An MMC 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.

On June 17, 2015, you selected your MMC plan, so it must take effect on the first day of second month after July 1, 2015; that is, on August 1, 2015.

Therefore, the June 19, 2015 enrollment confirmation notice stating that your MMC plan coverage would take effect on August 1, 2015 is correct and must be AFFIRMED.

Decision

The June 19, 2015 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: January 08, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility for Medicaid effective June 1, 2015.

The effective start date of your MMC plan is August 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

Summary

The June 19, 2015 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility for Medicaid effective June 1, 2015.

The effective start date of your MMC plan is August 1, 2015.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

