



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

Notice of Decision

Decision Date: October 15, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003777

[REDACTED]

Dear [REDACTED],

On September 25, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 9, 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 Code of Federal Regulation (CFR) 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: October 15, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003777

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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 your Medicaid managed care plan should be effective March 1, 2015?

Procedural History

On February 23, 2014, an eligibility determination notice was issued stating that you were eligible for Medicaid because your household income of \$0.00 was at or below the allowable income limit. This eligibility was effective January 1, 2014.

You were enrolled in your Medicaid managed care plan, effective July 1, 2014.

On December 16, 2014, the Marketplace issued a notice that it was time for you to renew your health insurance. That notice stated that based on information from federal and state sources, you qualified for a tax credit up to \$261.78 per month and for help paying your share of out-of-pocket costs. This eligibility was effective February 1, 2015. The notice further stated that if you believed that a mistake had been made about your eligibility, you would need to make changes to your Marketplace account before January 15, 2015 in order for the changes to be effective by February 1, 2015.

No changes were made to your account by January 15, 2015.

On January 16, 2015, the Marketplace issued a disenrollment notice stating that your coverage with your Medicaid managed care plan would end effective January 31, 2015.

On February 3 and February 4, 2015, your Marketplace application was updated several times.

On February 7, 2015, an eligibility determination notice was issued stating that you were eligible for Medicaid because your household income of \$0.00 was at or below the allowable income limit. This eligibility was effective February 1, 2015.

On February 9, 2015, the Marketplace issued a notice confirming your enrollment in your Medicaid managed care plan, effective March 1, 2015.

On July 6, 2015, you spoke to the Marketplace's Account Review Unit and appealed the enrollment confirmation notice insofar as it began your coverage under your Medicaid managed care plan on March 1, 2015.

On September 25, 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

- 1) The Marketplace's system reflects that you were enrolled in Medicaid fee-for-service, effective February 1, 2014, and enrolled in your Medicaid managed care plan effective July 1, 2014.
- 2) You testified that you did not receive any notice from the Marketplace regarding the need to renew your information to ensure that your Medicaid coverage would not be interrupted.
- 3) Your Marketplace account indicates that alerts were sent to you via email. You confirmed that the email address listed in your account is correct. You did not receive those alerts.
- 4) You testified that you first became aware you were disenrolled from your Managed care plan when you went to a doctor's appointment in February 2015.
- 5) February 7, 2015, you were redetermined eligible for Medicaid based on the information contained in your Marketplace application.

- 6) You selected a Medicaid managed care plan on February 8, 2015. The Marketplace's system reflects that you reenrolled into the same Medicaid managed care plan that you had been enrolled in last year.
- 7) On February 9, 2015, the Marketplace issued a notice advising you that your Medicaid coverage began on February 1, 2015 and that the Medicaid managed care plan would take effect on March 1, 2015.
- 8) You testified that you want your Medicaid managed care plan to take effect on February 1, 2015.
- 9) Your household income on your January 15, 2014, February 3, 2015, and February 4, 2015 Marketplace applications was \$0.00.
- 10) You testified that you incurred medical bills in February 2015. You further testified that you spoke with a Marketplace representative who informed you that your doctor could be reimbursed for the services provided. You further testified that you spoke to your doctor and were informed that the medical bills had been satisfied.

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

Applicable Law and Regulations

Medicaid Renewal

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)).

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)).

Legal Analysis

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

You were originally found eligible for Medicaid based on a household income of \$0.00 on February 23, 2014. Although the eligibility determination notice issued on February 23, 2014 states that your eligibility was effective January 1, 2014, the Marketplace's system reflects that your Medicaid coverage was effective, February 1, 2014.

Generally, the Marketplace must redetermine a qualified individual's eligibility for Medicaid once every 12 months. The Marketplace's December 16, 2014 renewal notice stated you qualified for advance premium tax credits up to \$261.78 per month and for help paying your share of out-of-pocket costs for medical treatment. The notice further stated that if you believed that a mistake had been made about your eligibility, you would need to update your Marketplace account before January 15, 2015 in order for such changes to be in effect by the time your current enrollment ended.

Because your account was not updated by January 15, 2015, your eligibility for Medicaid ended and you were terminated from your Medicaid managed care plan effective January 31, 2015.

However, you credibly testified that you received no notice, or electronic alert regarding a notice, advising you of the need to update your account.

On February 3 and February 4, 2015, you updated the information in your Marketplace account.

On February 7, 2015, the Marketplace issued an eligibility redetermination notice that stated that you were eligible for Medicaid effective February 1, 2015.

The record reflects that your expected household income did not change between 2014 and 2015. Your application consistently stated that your household income was \$0.00. Furthermore, the record reflects that you

reenrolled in the exact same Managed Care plan for 2015 that you were enrolled in for 2014.

You were entitled to notice of the need to renew your application, and there is no evidence to show that you received the emails which alerted you to documents having been uploaded to your account. Therefore, it is found that the Marketplace improperly disenrolled you from your Medicaid managed care plan without the proper notice. Since your eligibility for Medicaid never lapsed, your income remained unchanged, and you reenrolled into the same managed care plan that you would have been reenrolled in had your plan not been terminated, the February 9, 2015 enrollment confirmation notice is MODIFIED to state that the enrollment in your managed care plan was effective February 1, 2015.

Decision

The February 9, 2015 enrollment confirmation notice is MODIFIED to state that your enrollment with Health Insurance Plan of Greater New York through EmblemHealth will begin February 1, 2015.

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

Effective Date of this Decision: October 15, 2015

How this Decision Affects Your Eligibility

You are enrolled in your Medicaid Managed Care plan effective 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

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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
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- By fax: 1-855-900-5557

Summary

The February 9, 2015 enrollment confirmation notice is MODIFIED to state that your enrollment with Health Insurance Plan of Greater New York through EmblemHealth will begin February 1, 2015.

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

You are enrolled in your Medicaid Managed Care plan effective February 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:

