



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

## Notice of Decision

Decision Date: January 27, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004700

[REDACTED]

Dear [REDACTED],

On December 15, 2015, you and your spouse appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 2, 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 and the NY State of Health number at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (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: January 27, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004700



## Issue

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

Did the Marketplace properly determine that your spouse's enrollment in her Medicaid Managed Care plan should be effective May 1, 2015?

## Procedural History

After multiple modifications were made to your application, on April 1, 2015, an eligibility determination notice was issued stating that you and your spouse were eligible for Medicaid because your household income of \$38,000.00 was at or below the allowable income limit. This eligibility was effective March 1, 2015.

On April 2, 2015, the Marketplace issued an enrollment confirmation notice stating that your enrollment in Excellus BCBS would begin May 1, 2015.

On September 15, 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 May 1, 2015.

On December 15, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that time, your spouse was sworn in and also appeared at the hearing. The record was developed during the hearing and left open for up to 15 days to provide you an opportunity to submit supporting evidence, including medical bills and reimbursement statements from Excellus BlueCross BlueShield.

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On December 16, 2015, the Marketplace's Appeals Unit received your supporting evidence, which included medical bills incurred and a copy of your Excellus BlueCross BlueShield billing summary reimbursing premium payments received. These documents were collectively marked as Appellant's Exhibit 1 and incorporated into the record.

The record was closed on December 16, 2015.

## **Findings of Fact**

- 1) Your spouse testified that she is only appealing her individual coverage.
- 2) The record reflects that you and your spouse were enrolled in Silver Select through Excellus BlueCross BlueShield from January 1, 2014 to December 31, 2014.
- 3) The record reflects that your application for health insurance was renewed for the 2015 coverage year on November 18, 2014. The record further reflects that, on the same day, the health plan enrollment for yourself and your spouse was updated.
- 4) Your spouse testified that she continued to pay the monthly premium to Excellus BlueCross BlueShield for your Silver Select plan coverage from January through March 2015 under the belief that she was enrolled in the same health plan.
- 5) Your spouse testified, and provided evidence, that Excellus BlueCross BlueShield gave you a refund of \$1,375.28 on March 24, 2015 for premium payments made (Appellant's Exhibit 1, December 16, 2015).
- 6) According to the telephonic recordings, your spouse spoke with the Marketplace several times on March 31, 2015 to correct and confirm that the information listed in your application was correct.
- 7) The record reflects that the March 31, 2015 application indicated that your spouse requested help paying for medical bills for the months of December 2014, January 2015, and February 2015. There is no evidence in the record that a decision that been rendered regarding this request.
- 8) On April 1, 2015, you and your spouse were found eligible for Medicaid based on the information contained in your Marketplace March 31, 2015 application.
- 9) You selected a Medicaid Managed Care plan on April 1, 2015.

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10) On April 2, 2015, the Marketplace issued a notice advising you that your Medicaid coverage began on March 1, 2015, and that your Medicaid Managed Care plan would take effect on May 1, 2015.

11) Your spouse testified, and provided evidence, that Excellus BlueCross BlueShield paid claims for various medical procedures between January and March 2015, which were then reversed after the refund was processed (Appellant's Exhibit 1, December 16, 2015).

12) Your spouse testified that she wants the Medicaid Managed Care plan enrollment to take effect on January 1, 2015.

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

## **Applicable Law and Regulations**

### Medicaid

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 42 USC § 1315; N.Y. Soc. Serv. Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h)).

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of application if the individual received medical services that would have been covered under Medicaid and the individual would have been eligible for Medicaid at the time he received the services, if he had applied at that time (42 CFR § 435.915(a)). The Department of Health may make eligibility effective for fee-for-service Medicaid on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

## **Legal Analysis**

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

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On March 31, 2015, you spoke with a Marketplace representative multiple times to correct and confirm your application for health insurance. On April 1, 2015, the Marketplace issued a notice of eligibility redetermination stating that you and your spouse were eligible for Medicaid, effective March 1, 2015.

The date on 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.

On April 1, 2015, you selected a Medicaid Managed Care plan for yourself and your spouse, so it must take effect on the first day of the following month after April; that is, on May 1, 2015.

Therefore, the April 2, 2015 enrollment confirmation notice stating that the Medicaid Managed Care coverage for yourself and your spouse would take effect on May 1, 2015 is correct and must be AFFIRMED.

However, Medicaid coverage can be made effective retroactively for up to three months prior to an individual's application if the individual received medical services that would have been covered under Medicaid and if they would have been eligible for Medicaid in those three months had they applied.

At the hearing, your spouse testified, and provided evidence, that Excellus BlueCross BlueShield provided insurance coverage for the months of January through March 2015, which was subsequently withdrawn. According to the evidence provided, multiple claims paid by Excellus BlueCross BlueShield during those months were reversed and premiums paid were refunded.

The record reflects that your spouse requested help paying for medical bills for the months of December 2014, January 2015, and February 2015. There is no evidence in the record that a decision has been rendered regarding this request. Therefore, your case is RETURNED to the Marketplace to issue a determination regarding your request for retroactive Medicaid for the months of December 2014 to February 2015, and facilitate reimbursement of medical bills, if eligible.

## **Decision**

The April 2, 2015 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to the Marketplace to issue a determination regarding your request for retroactive Medicaid for the months of December 2014 to February 2015, and facilitate reimbursement of medical bills if eligible.

**Effective Date of this Decision:** January 27, 2016

### **How this Decision Affects Your Eligibility**

This decision does not change your eligibility.

It does send your case back to the Marketplace to determine your eligibility for retroactive Medicaid for the months of December 2014, January 2015, and February 2015, and to facilitate reimbursement of medical bills, if eligible.

The effective date of your Medicaid Managed Care plan is May 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:  
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P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The April 2, 2015 enrollment confirmation notice is AFFIRMED.

Your case is RETURNED to the Marketplace to issue a determination regarding your request for retroactive Medicaid for the months of December 2014 to February 2015, and facilitate reimbursement of medical bills if eligible.

This decision does not change your eligibility.

It does send your case back to the Marketplace to determine your eligibility for retroactive Medicaid for the months of December 2014, January 2015, and February 2015, and to facilitate reimbursement of medical bills, if eligible.

The effective date of your Medicaid Managed Care plan is May 1, 2015.

## **Legal Authority**

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



**A Copy of this Decision Has Been Provided To:**

