



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

Notice of Decision

Decision Date: February 4, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004824

[REDACTED]

Dear [REDACTED],

On December 22, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 23, 2014 eligibility determination.

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.

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

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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004824

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Issue

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

Was the March 23, 2014 eligibility determination subject to appeal as of September 15, 2015?

Procedural History

On March 21, 2014, the Marketplace received an application for health insurance in which you attested to a household income of \$10,530.00.

On March 23, 2014, the Marketplace issued an eligibility determination notice, stating that both you and your domestic partner were eligible for Medicaid coverage, effective March 1, 2014. The notice confirmed that both you and your domestic partner were eligible for Medicaid fee-for-service coverage beginning March 1, 2014. The notice further confirmed, however, that while your domestic partner's enrollment with Amerigroup New York, LLC (Amerigroup) would begin April 1, 2014, your coverage with Amerigroup would not begin until May 1, 2014.

On September 15, 2015, you spoke to the Marketplace's Account Review Unit and appealed the eligibility determination insofar as you were seeking a coverage start date with Amerigroup of April 1, 2014, rather than May 1, 2014.

On December 22, 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.

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Findings of Fact

- 1) The Marketplace issued an eligibility determination finding you eligible for Medicaid, effective March 1, 2014. This eligibility determination also confirmed that your Medicaid fee-for-service coverage would begin March 1, 2014, and your enrollment with Amerigroup New York, LLC (Amerigroup) would begin May 1, 2014.
- 2) The record reflects that you first contacted the Marketplace on September 15, 2015 to appeal the Marketplace's determination of your coverage start date under the Amerigroup.
- 3) You testified that there was a technical error that prevented you obtaining a coverage start date of April 1, 2014 with Amerigroup. You further testified that as a result this technical error, you were not covered through Amerigroup during the month April 2014.
- 4) You testified that you incurred out-of-pocket medical expenses during April 2014 as a result of not having coverage through Amerigroup during that month.
- 5) You testified that you were seeking to backdate your coverage start date with Amerigroup to April 1, 2014.

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

Applicable Law and Regulations

Appeal Timeliness

The Marketplace "appeals entity must allow an applicant or enrollee to request an appeal within (1) 90 days of the date of the notice of eligibility determination; or (2) a timeframe consistent with the state Medicaid agency's requirement for submitting fair hearing requests, provided that timeframe is no less than 30 days, measured from the date of the notice of eligibility determination" (45 CFR § 155.520(b)). In New York State, the Medicaid agency permits submission of fair hearing requests within 60 days of the date of the notice of eligibility determination (N.Y. Soc. Serv. Law § 22(4)(a)), and this timeframe has been adopted by the Marketplace.

Legal Analysis

On September 15, 2014, you spoke with the Marketplace's Account Review Unit and appealed the March 23, 2014 eligibility determination.

Eligibility determinations may be appealed within 60 days of issue. The eligibility determination was issued on March 23, 2014. Since the March 23, 2014 eligibility determination was issued more than 60 days before September 15, 2015, the appeal is untimely and is dismissed.

The March 23, 2014 eligibility determination continues in effect.

Decision

The September 15, 2015 appeal of the March 23, 2014 eligibility determination is untimely and dismissed.

Effective Date of this Decision: February 4, 2016

How this Decision Affects Your Eligibility

Your eligibility is unchanged.

Your coverage under the Amerigroup Medicaid Managed Care plan began May 1, 2014.

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)).

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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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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The September 15, 2015 appeal of the March 23, 2014 eligibility determination is untimely and dismissed.

Your eligibility is unchanged.

Your coverage under the Amerigroup Medicaid Managed Care plan began May 1, 2014.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

