



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

Notice of Decision

Decision Date: June 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001493

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 12, 2015, you and your spouse appeared by telephone at a hearing on your appeal of NY State of Health Marketplace’s January 17, 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 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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Appeal Identification Number: AP000000001493

[REDACTED]
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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 enrollment in Medicaid managed care plans for you, your spouse, and your son was effective March 1, 2015?

Procedural History

On February 21, 2014, an eligibility determination notice was issued. That notice stated that you, your spouse, and your son remained eligible for Medicaid because your household income of \$24,000.00 was at or below the allowable income limit. The notice also stated that you and your spouse had selected New York State Catholic Health Plan Inc. as your health plan. Your son selected Affinity Health Plan, Inc. as his health plan.

On November 6, 2014, the Marketplace issued a notice that it was time to renew your health insurance coverage for 2015. That notice stated that based on information from federal and state sources, the Marketplace could not make a decision about whether you, your spouse, and your son would qualify for financial help paying for your health coverage, and that you needed to update your account by December 15, 2014 or you might lose the financial assistance you were currently receiving.

No updates were made to your account before December 15, 2014.

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On December 22, 2014, the Marketplace issued a notice stating that you had not responded to the renewal notice and that you were therefore no longer eligible for financial assistance.

On December 27, 2014, the Marketplace issued a disenrollment notice that stated your family's coverage would end effective December 31, 2014.

On January 16, 2015, your application was updated, and the Marketplace made preliminary determination that stated you, your spouse, and your son were eligible for Medicaid.

On January 16, 2015, you spoke to the Marketplace's Account Review Unit and appealed the fact that your family's coverage under their Medicaid managed care plans would not be effective until March 1, 2015.

On January 17, 2015, the Marketplace issued an eligibility redetermination notice. That notice stated that you, your spouse, and your son were eligible for Medicaid because your household income of \$24,000.00 was at or below the allowable income limit. This eligibility was effective January 1, 2015.

Also on January 17, 2015, the Marketplace issued a letter to confirm that coverage for your family through Medicaid began January 1, 2015 and that your enrollment in your managed care plans would begin March 1, 2015.

On February 12, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. You verbally requested that your spouse testify on your behalf at the hearing. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) Your spouse testified that neither of you received any notice from the Marketplace regarding the need for renewal of your information to ensure that your coverage would not be interrupted.
- 2) Your Marketplace account indicates that alerts were sent to you via email.
- 3) Your spouse testified that she first became aware that your family members had been terminated from their managed care plans when she took your son to the dentist on January 6, 2015.

- 4) Your wife testified that she updated the information on your Marketplace account on the phone with a Marketplace representative.
- 5) Your wife testified that you, she, and your son reenrolled into the same managed care plans that you had been enrolled in last year.
- 6) The household income on your January 30, 2014 application was \$24,000.00.
- 7) The household income on your January 16, 2015 application was \$24,000.00; your wife testified that your expected annual household income for 2015 is \$24,000.00 and that amount has not changed from last year.

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

Applicable Law and Regulations

Annual Eligibility Redetermination

With few exceptions, the Marketplace must redetermine eligibility for financial assistance to help pay for health insurance of a qualified individual on an annual basis (45 CFR §155.335(a)).

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), and ensure that any redetermination is effective on the first day of the coverage year (45 CFR §155.335 (i)).

Medicaid

Appendix H to New York's Medicaid managed care model contract provides that enrollments in such managed care contracts that occur on or before the 15th of the month are effective the first day of the following month. Enrollments that occur after the 15th of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract, effective 3/1/2014 – 2/28/2019, Appendix H-6(b)(ii) & (iii)).

Legal Analysis

The issue is whether the Marketplace properly determined that the insurance coverage in the Medicaid managed care plans for you, your spouse, and your son became effective March 1, 2015.

You, your spouse, and your son were originally found eligible for Medicaid based on a household income of \$24,000.00 on February 21, 2014. This eligibility was effective January 1, 2014.

The Marketplace must redetermine a qualified individual's eligibility for health insurance and financial assistance to help pay for that health insurance annually, and must provide the individual with notice of the need for the redetermination. The Marketplace's November 6, 2014 renewal notice stated that there was not enough information to determine whether you, your spouse, and your son were eligible for financial assistance for health insurance coverage in 2015, and that you needed to supply additional information by December 15, 2014 or your financial assistance might end.

Because there was no timely response to this notice, your family was terminated from their Medicaid managed care plans effective December 31, 2014.

However, your wife testified credibly that you received no notice advising you of the need to update your account.

On January 16, 2015, your wife spoke to the Marketplace and verbally updated the information on your Marketplace account.

On January 17, 2015, the Marketplace issued an eligibility redetermination notice that stated that you, your spouse, and your son were eligible for Medicaid effective January 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 \$24,000.00. Furthermore, the record reflects that your family reenrolled in the exact same managed care plans 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 your family members from their Medicaid managed care plans without the proper notice. Since your eligibility for Medicaid never lapsed, your income remained unchanged, and your family reenrolled into the same managed care plans that you would have been reenrolled in had your plans not been terminated, the January 17, 2015 enrollment confirmation notice

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is MODIFIED to state that the enrollment in your managed care plans for you, your spouse, and your son were effective January 1, 2015.

Decision

The January 17, 2015 enrollment confirmation notice is MODIFIED to state that you and your spouse's enrollment with New York State Catholic Health Plan, Inc. will begin January 1, 2015 and your son's enrollment with Affinity Health Plan, Inc. will begin January 1, 2015.

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

Effective Date of this Decision: June 16, 2015

How this Decision Affects Your Eligibility

You, your spouse, and your son are enrolled in the Medicaid managed care plans effective January 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.

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If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

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Summary

The January 17, 2015 enrollment confirmation notice is MODIFIED to state that enrollment for you, your spouse, and your son in your respective Medicaid managed care plans was effective January 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:

[REDACTED]
[REDACTED]
[REDACTED]