



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

Notice of Decision

Decision Date: July 15, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001785

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On March 17, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 16, 2015 eligibility redetermination.

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 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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[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 your eligibility for Medicaid Fee for Service will begin April 1, 2014 and enrollment with Affinity Health Plan, Inc., a Medicaid Managed Care plan, will begin May 1, 2015, as of February 15, 2015?

Procedural History

In 2014, you had coverage through Medicaid Fee for Service and then with Affinity Health Plan, Inc., a Medicaid Managed Care plan, through the Marketplace with an end date of March 31, 2015.

On February 12, 2015, the Marketplace issued a notice telling you it was time to renew your health insurance, and that you could not stay in your current plan and needed to select another plan if you want coverage in 2015. That notice also informed you that you no longer qualify for health care coverage under Medicaid, but now qualify to buy a health plan at full cost effective April 1, 2015, based on federal and state data sources that showed your household income is over \$46,680.00, which is above the allowable income limit for Medicaid and other programs.

On February 14, 2015, you spoke to the Marketplace's Account Review Unit and appealed that notice insofar as it said you were no longer eligible for Medicaid based on an inaccurate income of \$46,680.00. You also requested that aid continue pending the outcome of your appeal.

On February 16, 2015, the Marketplace issued a letter confirming your enrollment in Medicaid Fee for Service as of April 1, 2015 and Affinity Health Plan, Inc. as of May 1, 2015.

On February 17, 2015, the Marketplace issued a notice of eligibility redetermination that stated, as of February 16, 2015, you were eligible for Medicaid, effective February 1, 2015, based on your household income of \$4,747.80 which is below the allowable income limit of \$16,105.00.

That same day, the Marketplace issued a letter confirming your enrollment in Medicaid Fee for Service as of February 1, 2015 and Affinity Health Plan as of May 1, 2014.

On February 21, 2015, the Marketplace issued a disenrollment notice based on your February 20, 2015 request to end your insurance coverage with Affinity Health Plan, Inc., which disenrollment was made effective February 28, 2014.

That same day, the Marketplace issued a notice of eligibility redetermination that you remain eligible for Medicaid effective April 1, 2015.

That same day, the Marketplace also issued a letter confirming your enrollment in Affinity Health Plan, Inc. beginning April 1, 2015.

On March 7, 2015, based on your request for aid to continue, the Marketplace backdated your Affinity Health Plan, Inc. coverage to March 1, 2015 through March 31, 2015 to ensure you did not have a gap in coverage.

On March 17, 2015, you were contacted by a Hearing Officer to conduct the telephone hearing. The record was developed and closed at the end of the hearing.

Findings of Fact

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

- 1) You testified that you are single, have no dependents, are not claimed as a dependent by anyone else for tax purposes, and, if required to file taxes in 2015, plan on filing your federal income tax return as single.
- 2) You testified and uploaded a statement to your Marketplace account that you live with your parents, who provide financial support (Appellant's Exhibit A, p.2).
- 3) You testified that your expected 2015 income is from ordinary dividends of approximately \$4,747.80.

- 4) You testified that you thought you were going to have a gap in health insurance coverage for the month of March 2015, but you were given Medicaid Fee for Services for that month.
- 5) You testified that your Affinity Health Plan, Inc. coverage was declined in March 2015 when you tried to pick up a prescription from your pharmacy. You did not attempt to use your Medicaid benefit card at that time.
- 6) You were able to use your coverage under Medicaid Fee for Services for a dental appointment in March 2015.
- 7) You want to know when your coverage in the Affinity Health Plan, Inc. has taken effect and where you can submit your prescription bill to be reimbursed.

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

Applicable Law and Regulations

An enrollee has the right to appeal: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure by the Exchange to provide timely notice of an eligibility determination and (5) a denial of a request to vacate dismissal made by the NY State of Health Appeals Unit (45 CFR § 155.505).

Legal Analysis

The only matters at issue is when your health insurance coverage with Affinity Health Plan, Inc. takes effect and where you can submit your prescription bill to be reimbursed.

Although these are not appealable issues, in the interest of clarity, the Marketplace's Appeals Unit will address your concern.

At the hearing, the Hearing Officer confirmed for you that you had no gap in coverage with Affinity Health Plan, Inc. because the Marketplace backdated your coverage under your current plan to ensure you had aid to continue. It was explained that this likely took place simultaneously with or after you had tried to use your Affinity Health Plan, Inc. insurance cards to purchase a prescription in the beginning of March 2015.

The Hearing Officer also provided you with your plan identification number and a telephone number for you to contact your health plan to confirm independently that your

coverage was backdated to March 1, 2015 and that you had no gap in coverage, as well as what you needed to do to put in a claim for reimbursement of the cost of your prescription medication.

Decision

The February 12, 2015 notice of renewal and eligibility determination is **RESCINDED**.

The February 16 and 17, 2015 notices confirming your enrollment effective dates in Medicaid programs are **RESCINDED**.

The February 17, 2015 notice of eligibility redetermination has been superseded (replaced) by the February 21, 2015 notice of eligibility redetermination and is, therefore, moot.

The February 21, 2015 notice of eligibility redetermination continues in effect.

Based on the Marketplace's override to backdate your health insurance with Affinity Health Plan, Inc. from March 1, 2015 to March 31, 2015, there is no gap in coverage.

Effective Date of this Decision: July 15, 2015

How this Decision Affects Your Eligibility

You had health insurance with Affinity Health Plan, Inc. under aid to continue from March 1, 2015 to March 31, 2015.

Your coverage with Affinity Health Plan, Inc. next became effective April 1, 2015.

As such, you do not have a gap in coverage of your health insurance with Affinity Health Plan, Inc.

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.

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).

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

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The February 16 and 17, 2015 notices confirming your enrollment effective dates in Medicaid programs are **RESCINDED**.

The February 17, 2015 notice of eligibility redetermination has been superseded (replaced) by the February 21, 2015 notice of eligibility redetermination and is, therefore, moot.

Based on the Marketplace's override to backdate your health insurance with Affinity Health Plan, Inc. from March 1, 2015 to March 31, 2015, there is no gap in coverage.

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).

The February 21, 2015 notice of eligibility redetermination continues in effect. Your coverage with Affinity Health Plan, Inc. next became effective April 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]