



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

Notice of Decision

Decision Date: June 26, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001869

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 3, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 25, 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 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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Issue

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

Did the Marketplace properly determine that enrollment in Excellus Health Plan, Inc. should be effective April 1, 2015?

Procedural History

On March 14, 2014, an eligibility determination notice was issued stating that you are eligible for Medicaid because your household income of \$4,500.00 is at or below the allowable income limit. The notice also stated that you had selected Excellus Health Plan, Inc. with an effective date of April 1, 2014.

On January 8, 2015, the Marketplace issued a notice that it was time to renew your health insurance. That notice stated that based on information from federal and state sources, the Marketplace could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update our account by February 15, 2015 or you might lose the financial assistance you were currently receiving.

On February 17, 2015, 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 February 20, 2015, the Marketplace issued a disenrollment notice stating that your coverage would end effective February 28, 2015.

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On February 24, 2015 your application was rerun by the Marketplace. A preliminary eligibility determination was rendered that stated you were eligible for Medicaid.

Also on February 24, 2015, you spoke to the Marketplace's Account Review Unit and appealed the fact that your coverage under your Medicaid Managed Care plan was effective April 1, 2015.

On February 25, 2015, the Marketplace issued an eligibility redetermination notice stating that you were eligible for Medicaid because your household income of \$4,500.00 is at or below the allowable income limit. This eligibility was effective February 1, 2015.

Also on February 25, 2015, the Marketplace issued a letter to confirm your coverage through Medicaid will begin February 1, 2015 and that your enrollment in Excellus Health Plan, Inc. would begin April 1, 2015.

On April 3, 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

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

1. You are applying for health insurance through the Marketplace for yourself only.
2. You testified that you first became aware that your Medicaid Managed Care plan was ending when at a dermatologist appointment in Pennsylvania.
3. You updated your information on your Marketplace account on February 24, 2015 (2/24/2015 Marketplace notice).
4. You re-enrolled in the same managed care plan that you were enrolled in last year (2/24/2015 Marketplace notice).
5. Your household income on your March 13, 2014 and February 24, 2015 Marketplace applications was \$4,500.00.

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

Applicable Law and Regulations

Annual Eligibility Redetermination

The Marketplace must redetermine the eligibility for health insurance and financial assistance to help pay for that 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 (45 CFR § 155.335(c)), 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 Excellus Health Plan, Inc. was effective April 1, 2015.

You were originally found eligible for Medicaid based on a household income of \$4,500.00 on March 14, 2014. This eligibility was effective March 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 January 8, 2015 renewal notice stated that there was not enough information to determine whether you were eligible for financial assistance for health insurance coverage in 2015. As a result, you were terminated from their Medicaid Managed Care plans effective February 28, 2014.

On February 24, 2015, you spoke to the Marketplace and verbally updated the information on your Marketplace account.

On February 25, 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

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household income was \$4,500.00. Furthermore, the record reflects that you reenrolled in the exact same managed care plans for 2015 that you were enrolled in for 2014.

Since your eligibility for Medicaid never lapsed, your income remained unchanged, and you reenrolled into the same managed care plans that you would have been reenrolled in had your plan not been terminated, the February 25, 2015 enrollment confirmation notice is MODIFIED to state that the enrollment in Excellus Health Plan, Inc. is effective March 1, 2015.

Decision

The February 25, 2015 enrollment confirmation notice is MODIFIED to state that your enrollment with Excellus Health Plan, Inc. will begin March 1, 2015.

Effective Date of this Decision: June 26, 2015

How this Decision Affects Your Eligibility

You are enrolled in Excellus Health Plan, Inc. effective March 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:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
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- By fax: 1-855-900-5557

Summary

The February 25, 2015 enrollment confirmation notice is MODIFIED to state that you are enrolled with Excellus Health Plan, Inc. with the effective date of March 1, 2015.

You are enrolled in Excellus Health Plan, Inc. effective March 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]
[REDACTED]