



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

Notice of Decision

Decision Date: July 30, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002096

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 29, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 26, 2015 disenrollment and February 6, 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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[REDACTED]

Issue

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

Did the Marketplace properly determine that your North Shore-LIJ Care Connect Gold EPO (CareConnect Gold EPO) coverage will end effective December 31, 2014?

Did the Marketplace properly determine that you are newly eligible to purchase a qualified health plan at full cost effective March 1, 2015?

Procedural History

On November 3, 2014, the Marketplace issued an eligibility determination notice stating that it was time to renew your health insurance coverage for 2015. The notice stated that based on federal and state data sources, you now qualify for health care coverage under Medicaid effective January 1, 2015. You were directed that if this was a mistake to update the information in your Marketplace Account by December 15, 2014 to be effective January 1, 2015.

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

On December 26, 2014, the Marketplace issued a disenrollment notice that your CareConnect Gold EPO would end effective December 31, 2014.

On February 5, 2015, the information in your Marketplace account was updated.

On February 6, 2015, the Marketplace issued an eligibility determination notice stating that you are newly eligible to purchase a qualified health plan at full cost through the Marketplace effective March 1, 2015.

Also on February 6, 2015, the Marketplace issued an enrollment confirmation notice that you were enrolled in CareConnect Gold EPO with a premium responsibility of \$476.00. The notice further stated that if you have a premium responsibility, you must pay the monthly premium before coverage can begin and it could start as early as March 1, 2015.

On that same day the Marketplace issued a disenrollment notice stating that “[y]our Medicaid Fee-For-Service will be discontinued as of February 28, 2015.”

On February 23, 2015, your Marketplace account was updated.

On February 24, 2015, the Marketplace issued an eligibility determination notice stating that you are eligible to receive up to \$296.00 monthly of advance premium tax credits and cost-sharing reductions, if you select a silver-level qualified health plan effective April 1, 2015.

On March 18, 2015, you spoke to the Marketplace Account Review Unit and requested an appeal insofar as the disenrollment and effective date of your CareConnect Gold EPO health plan.

On April 29, 2015, with the assistance of your authorized representative, [REDACTED], you had a telephone hearing with a Hearing Officer from the Marketplace’s Appeals Unit. The record was developed during the hearing and left open until April 29, 2015 to allow you to submit additional documentation.

On April 29, 2015 the Marketplace Appeals Unit received a three page fax from your authorized representative. It consisted of: (1) cover page; (2) A copy of a billing statement from CareConnect for the period of January 1, 2015 to January 31, 2015; (3) An itemized list of payments made by the appellant to CareConnect for the service dates of November 1, 2014 through May 31, 2015. This three-page fax was made part of the record and marked as “Appellant’s Exhibit A.” The record is now closed.

Findings of Fact

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

1. On April 22, 2015, a statement was faxed to the Marketplace authorizing [REDACTED] as your authorized representative during the hearing.

2. You testified that you are applying for health insurance through the Marketplace for yourself only.
3. You testified that you enrolled with CareConnect Gold EPO effective January 1, 2014.
4. You testified that your authorized representative contacted CareConnect Gold EPO on December 8, 2014, and was told that nothing needed to be done to be re-enrolled in the health plan for 2015.
5. You were disenrolled from CareConnect Gold EPO effective December 31, 2014 and enrolled in Medicaid effective January 1, 2015.
6. You testified that you did not receive any notice from the Marketplace to renew your health insurance coverage.
7. You testified that you became aware that you were no longer enrolled in CareConnect Gold EPO on February 4, 2015, when [REDACTED] [REDACTED] was denied payment from CareConnect for services provided in January 2015.
8. You testified that you contacted the Marketplace on January 5, 2015 and were informed that you were auto-enrolled in Medicaid effective January 1, 2015.
9. You testified that [REDACTED] does not accept Fee-For-Service Medicaid.
10. You testified that you have outstanding medical bills for services provided by [REDACTED] in January 2015.
11. You paid the CareConnect monthly health insurance premiums for the service dates of October 1, 2014 through May 31, 2015 (Appellant's Exhibit A p. 3).
12. You testified that you are seeking to have your insurance coverage through CareConnect Gold EPO to be effective January 1, 2015.

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

Applicable Law and Regulations

Annual Eligibility Redetermination:

Generally, if a person has been determined eligible to enroll in a qualified health plan (QHP) through the Marketplace, the Marketplace “must redetermine” the eligibility of that person “on an annual basis” (45 CFR §§ 155.335(a), 155.20). There are two exceptions to this rule. First, the Marketplace does not redetermine eligibility to enroll in a QHP if the person’s eligibility was redetermined during the prior year, if the person was not enrolled in a QHP through the Marketplace when the redetermination was made, and if the person has not enrolled in a QHP through the Marketplace since the redetermination was made (45 CFR §§ 155.335(m)). Second, if the Marketplace is not authorized to obtain tax data as part of the redetermination process, the Marketplace must redetermine eligibility for QHP enrollment but cannot redetermine eligibility for insurance affordability programs until that authorization is obtained or the person requests an eligibility determination for the insurance affordability programs (45 CFR §§ 155.335(l), 155.310(b)).

The Marketplace must provide an annual redetermination notice with the person’s projected eligibility determination for the following year, “including, if applicable, the amount of any advance payments of the premium tax credit and the level of any costsharing reductions or eligibility for Medicaid, [Child Health Plus], or the [Basic Health Plan]” (45 CFR § 155.335(c)(3)).

QHP Termination:

The Marketplace may initiate termination of an enrollee’s enrollment in a QHP through the Exchange, and must permit a QHP issuer to terminate such coverage or enrollment when the enrollee is no longer eligible for coverage in a QHP through the Marketplace (45 CFR § 155.430(b)(2)(i)). If an enrollee is newly eligible for Medicaid, the last day of coverage for the qualified health plan is the day before the Medicaid coverage begins. (45 CFR §155.430(d)(2)(iv)).

QHP Effective Dates:

“For the benefit year beginning on January 1, 2015, the [Marketplace] must ensure coverage is effective (i) January 1, 2015, for QHP selections received by the [Marketplace] on or before December 15, 2014[;] (ii) February 1, 2015, for QHP selections received by the [Marketplace] from December 16, 2014 through January 15, 2015[;] (iii) March 1, 2015, for QHP selections received by the [Marketplace] from January 16, 2015 through February 15, 2015” (45 CFR 155.410(f)(1)).

Legal Analysis

The first issue is whether the Marketplace properly ended your CareConnect Gold EPO coverage effective December 31, 2014.

On November 3, 2014, the Marketplace issued an annual renewal notice in your case. Although you stated that you did not receive the notice, the notice that was issued appears in your account, and there is no indication it was returned as undeliverable.

The November 3, 2014 renewal notice stated that based on information from federal and state sources, you now qualify for health care coverage under Medicaid effective January 1, 2015. The notice stated it could not enroll you in your current plan and you needed to select a different health plan if you wanted coverage in 2015. If a mistake had been made, you were asked to update the information in your NY State of Health account by December 15, 2014.

No updates were made to your Marketplace account by December 15, 2014. Since no changes were made to your account, the Marketplace issued a disenrollment notice on December 26, 2014 which states that your coverage with CareConnect will end effective December 31, 2014.

The Marketplace may initiate termination of an enrollee's enrollment in a qualified health plan (QHP) through the Marketplace, and must permit a QHP issuer to terminate such coverage or enrollment when the enrollee is no longer eligible for coverage in a QHP through the Marketplace. If an enrollee is newly eligible for Medicaid, the last day of coverage for the QHP is the day before the Medicaid coverage begins.

Since you were found eligible for Medicaid effective January 1, 2015, your enrollment through your QHP, CareConnect, should have been terminated effective December 31, 2014. Therefore, the December 31, 2014 disenrollment notice is AFFIRMED.

The second issue is whether the Marketplace properly determined that your enrollment in CareConnect is effective March 1, 2015.

On February 5, 2015, you updated the information in your Marketplace account. This resulted in a February 6, 2015 notice of eligibility redetermination that stated you were newly eligible to purchase a QHP at full cost through the Marketplace.

Under federal regulations governing the Marketplace, a QHP selection received between January 16, 2015 and February 15, 2015 takes effect on March 1, 2015. Since you selected CareConnect Gold EPO, on February 5, 2015, the effective date for that coverage is March 1, 2015. Therefore, the Marketplace's February 6, 2015 eligibility determination was correct and is AFFIRMED.

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).

Decision

The December 26, 2014 disenrollment notice is AFFIRMED.

The February 6, 2015 notice of eligibility redetermination is AFFIRMED.

Effective Date of this Decision: July 30, 2015

How this Decision Affects Your Eligibility

You were not enrolled in CareConnect Gold EPO for January or February 2015.

Your health insurance coverage with CareConnect Gold EPO ended effective December 31, 2014 due to being determined Medicaid eligible effective January 1, 2015.

You are eligible for health coverage with CareConnect EPO Gold 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):

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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The December 26, 2014 disenrollment notice is AFFIRMED.

The February 6, 2015 notice of eligibility redetermination is AFFIRMED.

You were not enrolled in CareConnect Gold EPO for January or February 2015.

Your health insurance coverage with CareConnect Gold EPO ended effective December 31, 2014 due to being determined Medicaid eligible effective January 1, 2015.

You are eligible for health coverage with CareConnect Gold EPO effective March 1, 2015.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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