



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

## Notice of Decision

Decision Date: August 21, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002178

[REDACTED]

Dear [REDACTED],

On May 15, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 3, 2015 disenrollment 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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## Decision

Decision Date: August 21, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002178



## Issue

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

Was your Medicaid Managed Care plan enrollment with Affinity Health Plan, Inc. properly terminated as of March 31, 2015?

## Procedural History

On September 15, 2014, the Marketplace received your initial application for health insurance.

On September 16, 2014, the Marketplace issued a notice of eligibility determination stating that you were conditionally eligible for Medicaid effective September 1, 2014. The notice further stated that, to confirm your eligibility, you must provide documentation of your benefit information for third-party health insurance before October 3, 2014.

On September 22, 2014, a letter to you from EmblemHealth was uploaded to your Marketplace account, confirming that your health care coverage through this provider would end on November 1, 2014.

On December 1, 2014, the Marketplace issued a notice of eligibility redetermination stating that you remained eligible for Medicaid effective November 1, 2014; your eligibility was no longer conditional.

On December 15, 2014, the Marketplace issued a notice confirming that, as of November 9, 2014, you were enrolled in a Medicaid Managed Care (MMC) plan

enrollment with Affinity Health Plan, Inc., and that it would begin November 1, 2014.

On March 2, 2015, your application was modified to reflect an expected annual income of \$14,273.00.

On March 3, 2015, the Marketplace issued a notice of eligibility redetermination stating that you were eligible for Medicaid effective April 1, 2015. Another notice issued that day stated that you did not need to choose a health plan at that time.

Also on March 3, 2015, the Marketplace issued a disenrollment notice stating that your coverage with Affinity Health Plan, Inc. would end effective March 31, 2015 because you were no longer eligible to remain enrolled in your current health insurance plan

On March 9, 2015, a Certificate of Group Health Plan Coverage from EmblemHealth was uploaded to your Marketplace account, which stated that your coverage under Group Health Incorporated (GHI) ended on November 1, 2014.

On March 18, 2015, a letter from EmblemHealth was uploaded to your Marketplace account, which stated that your coverage with GHI was terminated on November 1, 2014.

On March 25, 2015, the Marketplace issued a notice of eligibility redetermination stating that you were eligible for Medicaid effective March 1, 2015. The notice further stated that you needed to pick a health plan.

Also on March 25, 2015, you were enrolled in Affinity Health Plan, Inc. with coverage effective May 1, 2015.

Also on March 25, 2015, you spoke with the Marketplace's Account Review Unit and appealed the effective date of coverage for your enrollment with Affinity Health Plan, Inc., insofar as it created a gap in coverage for the month of April 2015.

On March 26, 2015, the Marketplace issued a notice confirming your enrollment with Affinity Health Plan, Inc. as of March 25, 2015. The notice further stated that your enrollment with Affinity Health Plan, Inc. will begin May 1, 2015.

On May 15, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that time, your Authorized Representative, [REDACTED], appeared on your behalf. 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 were determined conditionally eligible for Medicaid effective September 1, 2014.
- 2) You submitted the documentation requested by the Marketplace regarding your third party health insurance (TPHI) on September 22, 2014. According to this documentation, your TPHI coverage under EmblemHealth terminated on November 1, 2014.
- 3) On November 9, 2014, you were enrolled in Affinity Health Plan, Inc. (Affinity) as your Medicaid Managed Care (MMC) plan with coverage effective November 1, 2014.
- 4) You testified that you contacted the Marketplace in early March 2015 to update your employment status for 2015.
- 5) Your MMC coverage with Affinity was terminated effective March 31, 2015. You testified that you subsequently contacted the Marketplace to see why your MMC coverage was terminated, and were told that the Marketplace records indicate that you have TPHI under Group Health Incorporated (GHI).
- 6) Letters confirming your termination from GHI coverage effective November 1, 2014 were uploaded to your Marketplace account on March 9, 2015 and March 18, 2015.
- 7) You testified that the only TPHI coverage you had was through EmblemHealth GHI, which ended on November 1, 2014.
- 8) You testified that you did not incur medical bills during the month of April 2015. You further testified that you do not want a lapse in MMC coverage reflected in your account.

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

## **Applicable Law and Regulations**

### Medicaid Managed Care Plans

Generally, with regard to enrollment in a Medicaid Managed Care (MMC) plan, Medicaid recipients, except for those who are eligible for an exemption or an

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exclusion, must enroll in an MMC (18 NYCRR § 360-10.4(a); 13 OHIP/ADM-03, Section III, Subsection F).

A Medicaid recipient who has primary medical or health care coverage available from a third-party payor may be required to enroll with a managed care program when the payment of the premium or cost sharing amounts would be cost-effective, as determined by the local social services district (NY Soc. Serv. Law § 364-j(3)(e)(xx)).

## **Legal Analysis**

The only issue is whether the Marketplace properly disenrolled you from your Medicaid Managed Care (MMC) plan with Affinity Health Plan, Inc. (Affinity) effective March 31, 2015.

You had Third Party Health Insurance (TPHI) coverage through Group Health Incorporated (“GHI”) under EmblemHealth, which terminated effective November 1, 2014. Documentation reflecting your TPHI termination date was first uploaded to your Marketplace account on September 22, 2014.

On December 15, 2014, the Marketplace sent you a notice confirming your enrollment in Affinity effective November 1, 2014. You were not covered under TPHI at the time when your MMC with Affinity became effective on November 1, 2014. The credible evidence of the record also indicates that you have not been reenrolled into TPHI since November 1, 2014.

Therefore, you did not have TPHI on March 3, 2015, when the Marketplace issued a notice that stated you were eligible for Medicaid but did not need to pick a plan, and a disenrollment notice stating that you are no longer eligible to remain enrolled in your current health insurance with Affinity.

Since you did not have TPHI coverage as of November 1, 2014, the March 3, 2015 notice terminating you from your MMC with Affinity is **RESCINDED** as it improperly relied upon a previous and erroneous Marketplace’s determination that you had TPHI coverage.

This case is **REMANDED** to the Marketplace to reinstate your MMC enrollment with Affinity effective April 1, 2015.

## **Decision**

The March 3, 2015, disenrollment notice is RESCINDED.

The case is REMANDED to the Marketplace to reinstate your Medicaid Managed Care plan enrollment with Affinity Health Plan, Inc. effective as of April 1, 2015.

**Effective Date of this Decision:** August 21, 2015

## **How this Decision Affects Your Eligibility**

Your Medicaid Managed Care plan enrollment with Affinity Health Plan, Inc. began on November 1, 2014 and continues for the remainder of your Medicaid eligibility year.

## **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.

## **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**

The March 3, 2015, disenrollment notice is RESCINDED.

The case is REMANDED to the Marketplace to reinstate your Medicaid Managed Care plan enrollment with Affinity Health Plan, Inc. effective as of April 1, 2015.

Your Medicaid Managed Care plan enrollment with Affinity Health Plan, Inc. began on November 1, 2014 and continues for the remainder of your Medicaid eligibility year.

## **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]