



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

## Notice of Decision

Decision Date: October 10, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002401

[REDACTED]

Dear [REDACTED],

On May 21, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 29, 2015 enrollment 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: October 10, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002401

[REDACTED]

## Issue

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

Did the Marketplace properly determine that your enrollment in your Medicaid managed care plan, New York State Catholic Health Plan, Inc., should be effective May 1, 2015?

## Procedural History

On May 1, 2014, an eligibility determination notice was issued stating that you were eligible for Medicaid because your household income of \$14,448.00 was at or below the allowable income limit of \$16,105.00. The notice also stated that you had selected New York State Catholic Health Plan, Inc. as your Medicaid managed care (MMC) plan, with an effective date of May 1, 2014.

On February 11, 2015, the Marketplace issued a notice that it was time for you 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 March 15, 2015 or you might lose the financial assistance you were currently receiving.

Your account was not updated by March 15, 2015.

On March 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.

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On March 19, 2015, the Marketplace issued a disenrollment notice stating that your coverage with your MMC plan would end effective March 31, 2015.

On March 28, 2015, the Marketplace received a revised application in which you attested to an expected yearly income of \$14,688.00.

On March 29, 2015, the Marketplace issued an eligibility redetermination notice stating that you were eligible for Medicaid, effective March 1, 2015.

Also on March 29, 2015, the Marketplace issued a letter to confirm your coverage through Medicaid will begin March 1, 2015 and that your enrollment in your MMC plan, New York State Catholic Health Plan, Inc., would begin May 1, 2015.

On April 14, 2015, you spoke to the Marketplace's Account Review Unit and appealed the March 29, 2015 enrollment notice insofar as your enrollment in the New York State Catholic Health Plan, Inc. could begin no earlier than May 1, 2015.

On May 21, 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 received e-mails from the Marketplace on or about February 10, 2015, but had difficulty entering into your account. You further testified that you had contacted a Marketplace representative about resetting your account password so that you could update your account.
- 3) You testified that you first realized that you had been disenrolled from your Medicaid plan when you visited your doctor during April of 2015 and were informed by that office that you were not covered.
- 4) You testified that you were finally able to update information on your Marketplace account on March 28, 2015.

- 5) You testified that you re-enrolled in the New York State Catholic Health Plan, Inc. on March 28, 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, the Marketplace must conduct annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, such as tax credits and cost-sharing reductions, Medicaid, or Child Health Plus. In such cases, the Marketplace is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 CFR § 155.335(a) and (b)).

The Marketplace must send an annual renewal notice that contains the information by which the Marketplace will use to redetermine a qualified individual's eligibility for that year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, the Marketplace must redetermine that individual's eligibility using the information provided in the annual renewal notice (45 CFR § 155.335(g), (h)). The Marketplace must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)). The rules specified in 45 CFR § 155.330(f) are not pertinent here

### 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 become 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 your insurance coverage through New York State Catholic Health Plan, Inc., your Medicaid managed care (MMC) plan, was effective May 1, 2015.

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You were originally found eligible for Medicaid on May 1, 2014, based on a household income of \$14,448.00. Your eligibility for Medicaid fee-for-service was effective April 1, 2014, and your coverage under the New York State Catholic Health Plan, Inc., your MMC, was effective May 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 February 11, 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, and requested that you update your account by March 15, 2015. The record reflects that no updates were made to your account prior to that date. As a result, you were terminated from New York State Catholic Health Plan, Inc. effective March 31, 2015.

On March 28, 2015, you spoke to the Marketplace and verbally updated the information on your Marketplace account.

On March 29, 2015, the Marketplace issued an eligibility redetermination notice that stated that you were eligible for Medicaid effective March 1, 2015. On that same date, you selected for your Medicaid coverage New York State Catholic Health Plan, Inc.

A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month.

A plan that is selected between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

Since you selected your Medicaid plan coverage on March 29, 2015, it must take effect on the first day of the second month after March 2015; that is, on May 1, 2015.

Therefore the March 29, 2015 enrollment notice stating that your New York State Catholic Health Plan, Inc. coverage would take effect on May 1, 2015 is correct and must be AFFIRMED.

## **Decision**

The March 29, 2015 enrollment notice is AFFIRMED.

**Effective Date of this Decision:** October 10, 2015

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).

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

This decision does not change your eligibility.

The effective date of your Medicaid fee-for-service coverage remains March 1, 2015 and the effective date of your coverage in New York State Catholic Health Plan, Inc. is May 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.

## **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
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## **Summary**

The March 29, 2015 enrollment notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Medicaid Fee-For-Service coverage remains March 1, 2015.

The effective date of your coverage in New York State Catholic Health Plan, Inc. is May 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:**

