



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

Notice of Decision

Decision Date: August 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002607

[REDACTED]

Dear [REDACTED],

On June 22, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 18, 2015 eligibility determination 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 letter.

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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Issues

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

Did the Marketplace properly determine that you are not eligible for financial assistance or enroll in a qualified health plan at full cost through the Marketplace as of April 18, 2015?

Did the Marketplace properly determine that your enrollment with Independent Health Association, Inc. will begin July 1, 2015?

Procedural History

On March 9, 2015, the Marketplace issued a notice stating that the New York State of Health did not have enough information from federal and state data sources to determine if you could get help paying for your insurance or what kind of coverage you could have for 2015. The notice directs you to “update the information in your [Marketplace] account by April 15, 2015 so we can make an appropriate decision. If you miss the deadline, the financial assistance you are getting now may end.”

On April 18, 2015, the Marketplace issued a notice of eligibility determination stating that you are not eligible for Medicaid, Child Health Plus, receive tax credits or cost-sharing reductions, or enroll in a qualified health plan at full cost through the Marketplace, because you did not complete your renewal within the required timeframe.

On April 19, 2015, the Marketplace issued a disenrollment notice that your coverage with Independent Health Association will end effective April 30, 2015.

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On April 27, 2015 your Marketplace account was updated.

On that same day you spoke to the Marketplace Account Review Unit and requested an appeal insofar as your coverage with Independent Health Association was ending effective April 30, 2015.

On April 28, 2015, the Marketplace issued a notice that you may be eligible for health insurance through the Marketplace but more information is needed to make a determination.

On May 22, 2015, your Marketplace account was updated.

On May 23, 2015, the Marketplace issued an eligibility determination notice stating that you are eligible for Medicaid effective May 1, 2015. The Marketplace also issued an enrollment notice confirming your enrollment with Independent Health Association, Inc. effective July 1, 2015.

On June 22, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken at the hearing under oath. The record is now complete and closed.

Findings of Fact

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

- 1) The Marketplace issued a March 9, 2015 notice stating that a decision could not be made on whether you qualified to enroll in a qualified health plan and receive financial help paying for health coverage for 2015. The notice directs you to, "please update your NY State of Health account by April 15, 2015."
- 2) You testified that you found out that your Independent Health Association, Inc. health plan was to be discontinued when you received the Notice of Disenrollment from the Marketplace.
- 3) You submitted your initial application to the Marketplace for 2015 health insurance coverage on April 27, 2015.
- 4) On May 22, 2015, the Marketplace issued a notice confirming that your insurance coverage through Medicaid will begin January 1, 2015 and enrollment with Independent Health Association, Inc. will begin July 1, 2015.
- 5) You testified that you did not receive a notice by the Marketplace to renew your 2015 health insurance coverage.

- 6) Your Marketplace Account indicates that you did not elect to have the Marketplace send you electronic correspondence.

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)). The notice must allow a reasonable amount of time for the qualified individual to respond and for the Marketplace to implement any changes that the individual has elected (45 CFR § 155.335(d)(2)(ii)). 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(h)(i)). The Marketplace must ensure this redetermination is effective on the first day of the coverage year (45 CFR § 155.335(i)).

Medicaid Managed Care effective date

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR 435.915(b)).

Medicaid Managed Care (MMC) plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see, §1115 Soc. Sec. Act; N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR 360-10.3(h)).

Legal Analysis

The Marketplace must determine an applicant's eligibility promptly and without undue delay and then provide a timely notice to the applicant of the eligibility

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determination made. The applicant must be notified if the application does not contain sufficient information to permit the Marketplace to conduct an eligibility determination for enrollment in a qualified health plan (QHP) or insurance affordability programs through the Marketplace.

On March 19, 2015, the Marketplace issued a notice stating that New York State of Health did not have enough information from federal and state data sources to determine if you could get help paying for your insurance or what kind of coverage you could have for 2015. The notice directed you to return to your account by April 15, 2015 and provide more information.

On April 18, 2015, the Marketplace issued a notice of eligibility determination stating that you were not eligible to enroll in a plan or receive financial assistance because you did not complete your renewal within the required timeframe.

On April 19, 2015, the Marketplace issued a disenrollment notice that your coverage with Independent Health Association, Inc. will end effective April 30, 2015.

On April 27, 2015, you spoke to the Marketplace's Account Review Unit and requested an appeal with respect to the start date of your health insurance coverage through Fidelis Care.

You testified that the Marketplace never mailed you a notice to renew your 2015 health insurance coverage. On March 19, 2015 the Marketplace issued a renewal notice and there is no evidence in the record to suggest that the notice was undeliverable.

Accordingly, the April 18, 2015 eligibility determination that you are not eligible to enroll in a qualified health plan or receive financial assistance because you did not complete your renewal within the required timeframe is AFFIRMED.

On May 23, 2015, the Marketplace issued a notice confirming your enrollment in Independent Health Association, Inc. health plan effective July 1, 2015.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment.

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.

You selected your Medicaid Managed Care plan on May 22, 2015, so it must take effect on the first day of the second month after May; that is, on July 1, 2015.

Therefore the May 23, 2015 notice stating that your Medicaid Managed Care coverage would take effect on July 1, 2015 is correct and must be AFFIRMED.

Decision

The notice of eligibility determination issued on April 18, 2015 is AFFIRMED.

The May 23, 2015 enrollment notice is AFFIRMED.

Effective Date of this Decision: August 27, 2015

How this Decision Affects Eligibility

Your enrollment in Independent Health Association ended effective April 30, 2015.

You are eligible for coverage in Independent Health Association, Inc. effective July 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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Summary

The notice of eligibility determination issued on April 18, 2015 is AFFIRMED.

The May 23, 2015 enrollment notice is AFFIRMED.

Your enrollment in Independent Health Association ended effective April 30, 2015.

You are eligible for coverage in Independent Health Association, Inc. effective July 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:

