



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

Notice of Decision

Decision Date: November 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004126

[REDACTED]

Dear [REDACTED],

On October 19, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's determination to terminate your New York State Catholic Health Plan, Inc. effective March 1, 2014.

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).

This page intentionally left blank.



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

Decision

Decision Date: November 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004126



Issue

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

Did the Marketplace properly terminate your New York State Catholic Health Plan, Inc. effective March 1, 2014?

Procedural History

On February 21, 2014, the Marketplace issued an eligibility determination notice that you are eligible for Medicaid effective January 1, 2014.

On the same day the Marketplace issued an enrollment notice confirming that you are enrolled in New York State Catholic Health Plan, Inc. and coverage will begin March 1, 2014.

On March 1, 2014, the Marketplace issued an enrollment notice that you are enrolled in Amerigroup New York, LLC and coverage will begin April 1, 2014.

On July 30, 2015, you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as the termination date of New York State Catholic Health Plan, Inc.

Findings of Fact

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

1. According to your Marketplace account, you enrolled in New York State Catholic Health Plan, Inc. on January 29, 2014.

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).

2. On February 21, 2014, the Marketplace issued a notice that your insurance coverage through Medicaid began January 1, 2014 and enrollment with New York State Catholic Health Plan, Inc. began March 1, 2014.
3. You testified that you changed your health plan from New York State Catholic Health Plan, Inc. to Amerigroup New York, LLC.
4. According to your Marketplace account, you deleted your enrollment in a plan and enrolled in another health plan on February 28, 2014.
5. On March 1, 2014 the Marketplace issued a notice that your insurance coverage through Medicaid will begin January 1, 2014 and enrollment with Amerigroup New York, LLC will begin April 1, 2014.
6. According to your Marketplace account, your New York State Catholic Health Plan, Inc. end date was March 1, 2015.
7. You testified that your New York State Catholic Health Plan, Inc. was denied at a March 31, 2014 medical appointment.
8. You are seeking to be reimbursed the \$75.00 you paid at the March 31, 2014 medical appointment.

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

Applicable Law and Regulations

Disenrollment:

The Marketplace is responsible for processing routine disenrollment requests to take effect on the first day of the following month if the request is made before the fifteenth day of the month. In no event shall the effective date of disenrollment be later than the first day of the second month after the month in which an enrollee requests a disenrollment (Appendix H-7(a)(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)).

Notice of Disenrollment:

The Marketplace is responsible for sending notices to the enrollees regarding their disenrollment status. The notice serves to advise the enrollee of the Marketplace's determination and should include the effective date of disenrollment (Appendix H-7(a)(xvi), 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)).

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).

Legal Analysis

The date on which an enrollee is disenrolled from their Medicaid Managed Care plan depends on the day of the month in which an individual makes the request to be disenrolled.

A request between the first day and fifteenth day of a month goes into effect on the first day of the following month. However, in no event shall the effective date of disenrollment be later than the first day of the second month after the month in which an enrollee requests a disenrollment.

Your Marketplace account shows that you contacted the Marketplace on February 28, 2014 to terminate your coverage through the Marketplace and be enrolled in another health plan.

Since you requested to terminate your New York State Catholic Health Plan, Inc. on February 28, 2014, it must take effect on the first day of the second month after February; that is, on April 1, 2014.

The Marketplace must issue a notice disenrollment to advise the enrollee of the Marketplace's determination and state the effective date of the disenrollment.

The record does not contain a notice of disenrollment advising you of the Marketplace's determination stating the effective date of disenrollment.

The February 21, 2014 Marketplace notice that your insurance coverage through Medicaid began January 1, 2014 and enrollment with New York State Catholic Health Plan, Inc. will begin March 1, 2014 is REINSTATED.

Decision

The February 21, 2014 Marketplace notice that your insurance coverage through Medicaid began on January 1, 2014 and enrollment with New York State Catholic Health Plan, Inc. will begin March 1, 2014 is REINSTATED.

Effective Date of this Decision: November 25, 2015

How this Decision Affects Your Eligibility

This decision reinstates the February 21, 2014 enrollment notice that states that your New York State Catholic Health Plan, Inc. coverage is effective March 1, 2014.

Your New York State Catholic Health Plan, Inc. coverage was effective March 1, 2014 and terminated effective April 1, 2014.

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).

Your Amerigroup New York, LLC coverage began April 1, 2014

Medical expenses that were the result of the Marketplace's error are eligible for reimbursement. Your case is being referred to the Marketplace's Third Party Resource Unit to process your request.

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

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).

The February 21, 2014 Marketplace notice that your insurance coverage through Medicaid began on January 1, 2014 and enrollment with New York State Catholic Health Plan, Inc. will begin March 1, 2014 is REINSTATED.

This decision reinstates the February 21, 2014 enrollment notice that states that your New York State Catholic Health Plan, Inc. coverage is effective March 1, 2014.

Your New York State Catholic Health Plan, Inc. coverage was effective March 1, 2014 and terminated effective April 1, 2014.

Your Amerigroup New York, LLC coverage began April 1, 2014

Medical expenses that were the result of the Marketplace's error are eligible for reimbursement. Your case is being referred to the Marketplace's Third Party Resource Unit to process your request.

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:

