

New York Health Benefit Exchange

Detailed Design Review Summary for Section 3.0 Eligibility and Enrollment October 9 & 10, 2012

<u>Item Number</u>	<u>Topic</u>
3.11	Eligibility Appeals

Overview of Individual Eligibility Appeals Process

As described in Section 2.4, a complaint mechanism will be in place through the Exchange customer support service to handle questions and disputes via an online chat function and by telephone as they may arise throughout the application process. Once an eligibility determination has been made, applicants will receive notice of their determination during their online application process or by mail if the applicant did not apply online. If the applicant has requested to receive notices by mail, they will also be mailed a copy of the determination notice.

The following issues will be appealable:

- Insurance Affordability Program decisions (e.g., found eligible for QHP with a premium tax credit and cost-sharing reduction, attestation supports Medicaid eligibility);
- level of premium tax credit and cost-sharing reduction;
- finding of affordable employer sponsored health insurance or other minimum essential health coverage;
- denial of special enrollment period;
- not recognized as member of a federally recognized tribe which results in the denial of a special enrollment period or greater cost-sharing reduction; and
- finding that an applicant is not a qualified employee.

The notice of determination will explain whether the applicant has been found eligible for an Insurance Affordability Program and provide an explanation of the facts used to arrive at the eligibility decision. Applicants will have the opportunity to discuss this determination with a customer support representative via an online chat function or by telephone if they have questions about the decision and as an informal means to resolving disputes. The decision will also explain how to file an appeal if needed. Applicants for Exchange appeals will be offered the choice of filing an appeal online, by mail or by fax. Applicants for Medicaid appeals will apply for fair hearings through the State's current fair hearing process. Applicants for both appeals processes will also be offered pre-appeals conferences by phone. The type of appeal will derive from the information the applicant attested to in their application.

Medicaid Fair Hearing Process

If the applicant's information as attested supports Medicaid eligibility, but the data received from the federal and/or state data hub supports an eligibility decision for another Insurance Affordability Program and the applicant was unable

to resolve this inconsistency during the application process, the applicant will be referred to the State Medicaid fair hearing process. If the applicant is able to provide the necessary documents to support a Medicaid determination during the fair hearing process, they will be enrolled in Medicaid. If the applicant is unable to provide documentation necessary for a Medicaid determination and the hearing decision upholds the eligibility decision, the applicant will be enrolled in the applicable Insurance Affordability Program.

Exchange Appeals Process

If the applicant's information as attested supports eligibility for enrollment in a qualified health plan with or without a premium tax credit and/or cost-sharing reduction, or Child Health Insurance Program eligibility at a level that provides greater financial relief than supported by data obtained from the federal and/or state data hub, the applicant may appeal through the Exchange appeals process. The default procedure for appeals through the Exchange will be telephone. Appeals on submission or in-person will also be available upon request. Once the appeal has been filed, appellants will have the opportunity to submit supporting evidence through their online account, by fax or by mail. The appellant will also be entitled to review evidence used by the Exchange in making its eligibility determination in advance of the appeal date. Evidence requested by the appellant will be available through the appellant's online account, by fax or by mail. The appeals process will be handled by a vendor with oversight by State staff from the Office of Health Insurance Programs and/or the New York Health Benefit Exchange.

Overview of SHOP Appeals Process

The SHOP Exchange is determining the processes and systems it will use to manage eligibility appeals by employers who have been determined ineligible to participate in the Exchange, as well as by employees who are deemed ineligible. The SHOP will develop functionality to facilitate eligibility appeals processing for employers and employees that mirrors to the extent possible that provided for individuals. Consideration is being given to how this consumer support function will be best achieved.