



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

Notice of Decision

Decision Date: June 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001457

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 26, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's October 18, 2014 disenrollment notice.

The attached 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).

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[REDACTED]
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Issue

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

Did the Marketplace properly terminate your Medicaid Managed Care plan enrollment in UnitedHealthcare of New York, Inc. as of October 18, 2014, retroactively effective to December 31, 2013?

Procedural History

You initially applied for health insurance through the Marketplace on October 4, 2013.

Between October 5, 2013 and December 23, 2013, your account was modified multiple times.

On December 23, 2013, the Marketplace received your modified application for health insurance and prepared a preliminary eligibility determination. It stated that the information you provided did not match what the Marketplace obtained from State and Federal data sources, therefore you must submit documents to confirm that the additional information in your application is accurate.

On December 26, 2013, you faxed a copy of your New York State Department of Labor Unemployment Insurance Monetary Benefit Determination to the Marketplace. It was uploaded to your Marketplace account on January 7, 2014.

Your account was modified multiple times between December 26, 2013 and January 19, 2014.

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On January 19, 2014, the Marketplace received your modified application for health insurance and prepared a preliminary eligibility determination in your case. It stated that you are eligible for Medicaid effective February 1, 2014 based on an expected household income of \$3,068.00. The Marketplace system also indicated a Medicaid coverage start date of February 1, 2014 and an end date of January 31, 2015.

On January 30, 2014, supporting documentation was uploaded to your Marketplace account; this documentation included a copy of your New York State Department of Labor Unemployment Insurance Benefits Online Payment History, as proof of your income, and a copy of your EmblemHealth Certificate of Creditable Group Health Plan Coverage, as confirmation from HIP that your coverage ended effective November 15, 2012.

On February 5, 2014, the Marketplace issued an eligibility determination that you may be eligible for health insurance through New York State of Health but more information is needed to make a determination.

On February 11, 2014, the Marketplace issued an eligibility redetermination that you are eligible for Medicaid based on a household income of \$0.00. It also stated that your coverage through Medicaid will begin February 1, 2014 but you must choose a health plan.

On March 27, 2014, the Marketplace issued a notice confirming that you requested an appeal on March 18, 2014.

On April 29, 2014, the Marketplace issued two eligibility redeterminations based on the December 23, 2013 application. They stated that you may be eligible for health insurance through New York State of Health but more income information is needed to make a determination.

Also on April 29, 2014, the Marketplace issued an eligibility redetermination that you are eligible to enroll in a qualified health plan without a subsidy through the Marketplace because your household income of \$58,240.00 is above the allowable Medicaid income limit of \$15,856.00, is above the allowable tax credit income limit of \$45,960.00, and is above the allowable cost-sharing reduction limit of \$28,725.00.

On October 22, 2014, the Marketplace verified your proof of income submitted on January 30, 2014.

On October 18, 2014, the Marketplace issued a disenrollment notice terminating your enrollment with UnitedHealthcare of New York, Inc. effective December 31, 2013 because you are no longer eligible to remain enrolled in the current health plan.

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On November 27, 2014, the Marketplace issued an eligibility redetermination in your case that you are eligible for Medicaid effective October 1, 2014.

Also on November 27, 2014, the Marketplace issued an eligibility redetermination in your case that you are eligible for Medicaid effective January 1, 2014.

On December 9, 2014, the Marketplace issued a notice confirming your enrollment in UnitedHealthcare of New York, Inc. effective December 1, 2014.

On, or around, January 13, 2015, you spoke to the Marketplace's Account Review Unit and appealed the October 18, 2014 notice insofar as it retroactively terminated your Medicaid Managed Care plan enrollment with UnitedHealthcare of New York, Inc. effective December 2013, therefore resulting in a reversal of paid medical bill claims.

On February 26, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed and left open for up to 15 days to provide you an opportunity to submit supporting evidence of medical bill claims that were reversed from June 2014 to November 2014.

On February 27, 2015, you uploaded the evidence requested by the Hearing Officer. The Marketplace's Appeals Unit received this evidence on March 3, 2015, which included a copy of your Claim Summary for dates of service between March 19, 2014 and February 23, 2015. The evidence was collectively marked as Appellant's Exhibit 1 and incorporated into the record. The record was closed on March 13, 2015.

Findings of Fact

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

- 1) You are the only person in your tax household.
- 2) You testified, and the record reflects, that you initially applied for health insurance through New York State of Health in October 2013 and were determined eligible for Medicaid effective February 1, 2014. The record also reflects that your Medicaid Managed Care enrollment through UnitedHealthcare of New York, Inc. initially began on April 1, 2014. The record further reflects that your enrollment with UnitedHealthcare of New York, Inc. was backdated to March 1, 2014.
- 3) The record reflects that you submitted your New York State Department of Labor Unemployment Insurance Monetary Benefit (UIB) Determination to the Marketplace via fax on December 26, 2013. This document indicated that your UIB claim at a rate of \$118.00 per week

was effective December 16, 2013 and ends on December 21, 2014. The record further reflects that this documentation was uploaded to your Marketplace account on January 7, 2014.

- 4) The record reflects that supporting documentation was uploaded to your Marketplace account on January 30, 2014. This documentation included a copy of your New York State Department of Labor Unemployment Insurance Benefits Online Payment History, as proof of your current income. It also included a copy of your EmblemHealth Certificate of Creditable Group Health Plan Coverage, as confirmation from HIP that your previous coverage ended effective November 15, 2012.
- 5) The record reflects that your supporting documentation submitted on January 30, 2014 was not verified until October 22, 2014.
- 6) The record reflects that you were told by Marketplace Customer Service Representatives that you experienced system defects since October 2013 and December 2013 (Marketplace Complaint Tracking Numbers [REDACTED], [REDACTED]).
- 7) The record reflects that you were told by Marketplace Customer Service Representatives that your Medicaid Managed Care plan enrollment with UnitedHealthcare of New York, Inc. was erroneously terminated in October 2014 because the eMedNY system indicated that you had Third Party Health Insurance (Marketplace Complaint Tracking Numbers [REDACTED], [REDACTED]).
- 8) You testified that you did not receive notices from the Marketplace reflecting the changes made to your account, but were notified through telephone conversations with Marketplace Customer Service Representatives.
- 9) You testified that the first notice you received from the Marketplace came in an email issued in October 2014 indicating that you had a notice waiting for you to view. You further testified that this notice disenrolled you from coverage with UnitedHealthcare of New York, Inc. backdated to December 31, 2013.
- 10) You testified that due to the October 18, 2014 disenrollment notice, all claims paid by UnitedHealthcare of New York, Inc. from June 2014 to November 2014 were reversed. You further testified that you are now receiving bills for medical services you received for those months in which the claims were reversed. You provided evidence that medical bill claims for dates of service between June 18, 2014 and October 19,

2014 were paid and then subsequently denied (Appellant's Exhibit 1, February 27, 2015).

- 11) Your Marketplace Enrollment History reflects that your initial Medicaid Fee-For-Service coverage began on February 1, 2014 and was to end January 31, 2015. It also reflects that your Medicaid Fee-For-Service coverage was initiated again effective January 1, 2014 and was to end December 31, 2014.
- 12) Your Marketplace Enrollment History reflects that your initial enrollment with UnitedHealthcare of New York, Inc. began on April 1, 2014 and was to end March 31, 2015. It also reflects that this enrollment was modified to begin March 1, 2014 and end February 28, 2015.
- 13) Your Marketplace Enrollment History reflects that your enrollment with UnitedHealthcare of New York, Inc. was modified to begin June 1, 2014 and end retroactively on December 31, 2013. It further reflects that this termination was an "Auto Enrollment Requested Termination."
- 14) You are requesting reimbursement of all medical bills incurred retroactively from June 2014 to November 2014 due to the Marketplace's disenrollment of your coverage with UnitedHealthcare of New York, Inc.

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

Applicable Law and Regulations

Medicaid

Medicaid can be provided through the Marketplace to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

In an analysis of Medicaid eligibility, the determination is based on the FPL "for the applicable budget period used to determine an individual's eligibility" (42 CFR § 435.4). On the date of your December 18, 2014 redetermination, that was still

the 2014 FPL, which is \$11,670.00 for a one-person household (79 Fed. Reg. 3593, 3593).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

Medicaid Continuous Coverage

Under New York's Social Services Law, a person who is found eligible for Medicaid based on his household's MAGI but loses that eligibility "for a reason other than citizenship status, lack of state residence, or failure to provide a valid social security number" keeps their Medicaid for twelve months, "provided that federal financial participation in the costs of such assistance is available" (Soc. Serv. Law § 366(4)(c)). This provision is referred to as "continuous coverage" and the twelve-month period of continuous coverage is based on the date of Medicaid eligibility.

Completed Applications

When an individual applies for insurance through the Marketplace, the Exchange must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 FR § 435.1200(b)(3)(iii)).

To properly make an eligibility determination, the Exchange must base the determination on a completed application. If the applicant submits an incomplete application, or there is not sufficient information for the Exchange to make an eligibility determination, then the Exchange must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

Legal Analysis

The only issue is whether the Marketplace properly terminated your Medicaid Managed Care plan enrollment with UnitedHealthcare of New York, Inc. retroactively to December 31, 2013.

The record reflects that you began your application for health insurance through New York State of Health on October 4, 2013.

In order to make a proper eligibility determination, the Marketplace must do so on a completed application.

On December 23, 2013, the Marketplace prepared a preliminary eligibility determination, which stated that the Marketplace could not make a determination

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because the information you provided did not match what the Marketplace obtained from State and Federal data sources. It further stated that you must provide documentation to confirm that the information in your application was accurate.

The record reflects that you submitted a copy of your New York State Department of Labor Unemployment Insurance Monetary Benefit (UIB) Determination via fax on December 26, 2013. This documentation provided proof that you were receiving UIB benefits effective December 16, 2013 at a rate of \$118.00 per week. The record also reflects that this document was not uploaded to your Marketplace account until January 7, 2014.

The record further reflects that on January 30, 2014, you submitted a copy of your online UIB payment history from October 28, 2012 to December 29, 2013 as well as proof that your previous Third Party Health Insurance (TPHI) with EmblemHealth ended on November 15, 2012. Since you provided proof of your income as well as proof of your previous TPHI, your application was considered complete as of January 30, 2014.

On February 4, 2014, your application was modified to reflect an expected household income of \$0.00 for a household of one. The eligibility determination relied upon that information. That income equals 0.00% of the 2014 federal poverty level (FPL) for a one-person household. Since 138% of the FPL is the income threshold for Medicaid, the Marketplace properly determined that at 0.00% of the relevant FPL, you qualified for Medicaid.

On February 11, 2014, the Marketplace issued an eligibility determination that you are Medicaid eligible effective February 1, 2014. This eligibility determination corresponds to your Marketplace Enrollment History, which also indicates a Medicaid Fee-For-Service coverage start date of February 1, 2014 and a coverage end date of January 31, 2015. These twelve months of coverage are consistent with the continuous Medicaid coverage section of the New York Social Services Law.

Your Marketplace Enrollment History reflects that you were initially enrolled in UnitedHealthcare of New York, Inc. effective April 1, 2014 and an end date of March 31, 2015. It also reflects that your enrollment with UnitedHealthcare of New York, Inc. was modified to begin on March 1, 2014 and end on February 28, 2015. Though this is a twelve month coverage period, you were determined Medicaid eligible effective February 1, 2014. Therefore, your Medicaid Managed Care plan enrollment with UnitedHealthcare of New York, Inc. should continue to the end of your Medicaid eligibility year, which ends January 31, 2015.

On October 18, 2014, the Marketplace issued an eligibility determination that your enrollment with UnitedHealthcare of New York, Inc. was retroactively terminated effective December 31, 2013. However, this determination terminated

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your coverage prior to end of your twelve months of continuous Medicaid coverage as granted by the New York Social Services Law. Since the Marketplace improperly terminated your coverage prior to January 31, 2015, the October 18, 2014 disenrollment notice is RESCINDED.

Your case is REMANDED to the Marketplace to reinstate your enrollment with UnitedHealthcare of New York, Inc. effective March 1, 2014 to January 31, 2015, which coincides with the remainder of your twelve months of continuous Medicaid eligibility.

You testified that medical bill claims from June 2014 to November 2014 have been reversed. Since you were improperly terminated from your enrollment with UnitedHealthcare of New York, Inc., you are eligible for reimbursement by Medicaid for medical bill claim payments that were reversed between the months of June 2014 and November 2014.

Your case is being referred to the Marketplace's Third Party Resource Unit to process your request.

Decision

The October 18, 2014 disenrollment notice is RESCINDED.

Your case is REMANDED to the Marketplace to reinstate your enrollment with UnitedHealthcare of New York, Inc. effective March 1, 2014 to January 31, 2015, which coincides with the remainder of your twelve months of continuous Medicaid eligibility.

You are eligible for reimbursement by Medicaid for medical bill claim payments that were reversed between the months of June 2014 and November 2014.

Your case is being referred to the Marketplace's Third Party Resource Unit to process your request.

Effective Date of this Decision: June 10, 2015

How this Decision Affects Your Eligibility

Your Medicaid Fee-For-Service coverage began on February 1, 2014 and it continues until January 31, 2015.

You are eligible for reimbursement by Medicaid for medical bill claim payments that were reversed between the months of June 2014 and November 2014. Your

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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

The October 18, 2014 disenrollment notice is RESCINDED.

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Your case is REMANDED to the Marketplace to reinstate your enrollment with UnitedHealthcare of New York, Inc. effective March 1, 2014 to January 31, 2015, which coincides with the remainder of your twelve months of continuous Medicaid eligibility.

You are eligible for reimbursement by Medicaid for medical bill claim payments that were reversed between the months of June 2014 and November 2014.

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:

[REDACTED]
[REDACTED]
[REDACTED]