



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

Notice of Decision

Decision Date: August 12, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001691

[REDACTED]

Dear [REDACTED],

On March 5, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's denial of your request to change your son's Medicaid managed care plan.

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 Code of Federal Regulation (CFR) 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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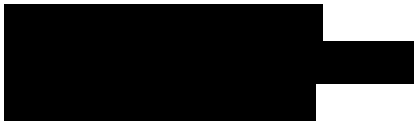


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Issue

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

Did the Marketplace properly deny your request to change your son's Medicaid managed care plan enrollment from UnitedHealthcare of New York, Inc. to a different plan?

Procedural History

The Marketplace received your initial application for health insurance for your son on February 1, 2014.

Between February 1, 2014 and May 6, 2014, you modified your application several times.

On May 16, 2014, the Marketplace issued an eligibility determination notice, stating that your son remained conditionally eligible for Medicaid effective May 1, 2014. The notice further stated that you had chosen for him to be enrolled in UnitedHealthcare of New York, Inc. as his Medicaid managed care plan. This eligibility was effective June 1, 2014. The notice also directed you to produce proof of your son's citizenship by August 7, 2014, your eligibility to enroll or to receive financial assistance might end.

On September 27, 2014, the Marketplace issued an eligibility redetermination notice, stating that your son remained eligible for Medicaid effective May 1, 2014. The notice further stated that he should choose a health plan soon or one would be chosen for him.

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On December 13, 2014 and February 5, 2015, the Marketplace issued a enrollment confirmation notices, which stated that your son was enrolled in UnitedHealthcare of New York, Inc. as his Medicaid Managed Care plan because he did not select a health plan. The notice further stated that this enrollment begins June 1, 2014.

On February 4, 2015, you spoke with the Marketplace's Account Review Unit and appealed the Marketplace's denial of your request to change your son's Medicaid managed care plan.

On March 5, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Interpretation services were provided by Interpreter # [REDACTED]. 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 testified, and the record reflects, that your son was first determined eligible for Medicaid effective February 1, 2014.
- 2) You testified, and the record reflects, that your son was enrolled with UnitedHealthcare of New York, Inc. as his Medicaid managed care (MMC) plan is effective June 1, 2014. The Marketplace system further reflects that this enrollment is effective June 1, 2014 to October 31, 2015.
- 3) You testified that you chose UnitedHealthcare of New York, Inc. as his MMC plan because he was previously enrolled with the same plan provider. The Marketplace issued a notice on May 16, 2014 confirming his enrollment with UnitedHealthcare of New York, Inc. effective June 1, 2014.
- 4) You testified that you attempted to change your son's MMC plan in January 2015. You further testified that you were not aware that he would be "locked-in" and unable to change his MMC plan past the 90-day grace period.
- 5) You testified that when you attempted to change your son's MMC plan, the system prevented you from doing so.
- 6) You testified that you would like to change your son's MMC plan because he is currently receiving treatment from a dermatologist and

the MMC plan refuses to continue paying for non-generic medications. You further testified that his dermatologist keeps switching medications to find one that is effective in clearing the skin on his face. You testified that many of these medications are non-generic and the MMC plan will pay for one prescription, but generally denies further non-generic refills.

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

Applicable Law and Regulations

Changes in Medicaid Managed Care Plan Enrollment

Medicaid enrollees who are enrolled in a Medicaid managed care (MMC) plan have 90 days from their initial enrollment date to change plans. If an enrollee does not change plans within 90 days, the enrollee is “locked-in” to the plan, and cannot change plans for the following nine months, unless they show good cause to do so (18 NYCRR § 360-10.3(f), 18 NYCRR § 360-10.6).

Medicaid enrollees may change or disenroll from an MMC during the lock-in period if:

- The MMC failed to provide accessible and appropriate care, services or supplies;
- The MMC fails to adhere to the standards prescribed by the Commissioner of Health and the failure negatively impacts the enrollee;
- Enrollment in the MMC was not consensual;
- The enrollee, the MMC and the social services district agree that changing plans would be in the best interest of the enrollee;
- The enrollee’s medical condition requires multiple services at the same time that the MMC has elected not to cover, and a physician determines that receiving the services separately would subject the enrollee to unnecessary risk; or
- There exists any other good cause

(18 NYCRR § 360-10.6).

Legal Analysis

The only issue is whether the Marketplace properly denied your request to change your son's Medicaid managed care (MMC) enrollment outside of the 90-day grace period.

You testified, and the record reflects, that your son was determined eligible for Medicaid effective February 1, 2014. The record further reflects that the Marketplace issued a notice on May 16, 2014 confirming his enrollment in UnitedHealthcare of New York, Inc. as his MMC plan effective June 1, 2014. You testified that you chose to enroll him in UnitedHealthcare of New York, Inc. because he was enrolled in a similar plan previously.

The Marketplace allows Medicaid enrollees to change their MMC plans for 90 days from their initial date of enrollment, after which time they are locked-in to their plan for 9 months. Enrollees may only change their MMC during the lock-in period if they are able to show good cause.

You testified that you attempted to change your son's MMC plan in January 2015 because the plan refuses to pay for continuing non-generic dermatological medications. You testified that these medications are to help clear the skin on his face, but the dermatologist keeps switching medications to find more effective solutions. You further testified that the MMC will pay for the first prescription, but will not cover refills for the non-generic medications; therefore, you requested to change your son's MMC plan to avoid further payment issues.

However, January 2015 is seven months from your son's initial enrollment date effective June 1, 2014.

Your request to change your son's MMC plan was made seven months from his initial MMC plan enrollment in June 2014. The record does not support a finding that there is sufficient good cause to change his MMC plan because your son still has access to appropriate care and generic prescriptions. Therefore, the December 13, 2014 and February 5, 2015 enrollment confirmation notices are AFFIRMED.

Decision

The December 13, 2014 and February 5, 2015 enrollment confirmation notices are AFFIRMED.

Effective Date of this Decision: August 12, 2015

How this Decision Affects Your Eligibility

Your son may not change his Medicaid Managed Care plan enrollment with UnitedHealthcare of NY, Inc. until the lock-in period ends.

Your son remains enrolled in UnitedHealthcare of NY, Inc. as his Medicaid Managed Care plan.

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
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Summary

Your request to change your son's Medicaid Managed Care (MMC) plan was made seven months from his initial MMC plan enrollment in June 2014. The record does not support a finding that there is sufficient good cause to change his MMC plan because your son still has access to appropriate care and generic prescriptions. Therefore, the December 13, 2014 and February 5, 2015 enrollment confirmation notices are AFFIRMED.

Your son may not change his Medicaid Managed Care plan enrollment with UnitedHealthcare of NY, Inc. until the lock-in period ends.

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:

