



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

## Notice of Decision

Decision Date: July 15, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002018

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On April 28, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 7, 2014 disenrollment notice and December 25, 2015 enrollment 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 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).

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## Decision

Decision Date: July 15, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002018

[REDACTED]  
[REDACTED]  
[REDACTED]

## Issue

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

Was your Medicaid Managed Care enrollment with United Healthcare of New York, Inc. properly terminated as of November 30, 2014?

## Procedural History

On October 8, 2014, the Marketplace received your initial application for health insurance.

That same day, the Marketplace prepared a preliminary eligibility determination that you were eligible for Medicaid effective November 1, 2014, and enrolled you in a Medicaid Managed Care plan, United Healthcare of New York, Inc., a United Healthcare Community Plan, effective November 1, 2014.

On October 9, 2014, you uploaded a copy of your United Healthcare Community Plan insurance identification card for Family Health Plus (FHP) coverage with a print date of August 17, 2013 (Appellant's Exhibit A); and a copy of Page One of a notice of decision on your medical assistance from New York Health Options, dated October 2, 2014. The notice stated, in relevant part, that the FHP Program itself was being discontinued and

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your coverage under that program would end effective November 1, 2014 (Appellant's Exhibit B).

On November 7, 2014, the Marketplace issued a disenrollment notice that said your insurance with United Healthcare of New York, Inc. through New York State of Health is terminated as of November 30, 2014, because you are no longer eligible to remain enrolled in your current health plan.

On December 2, 2014, the Marketplace redetermined your eligibility and issued five notices that said:

- 1) As of October 24, 2014, you remain conditionally eligible for Medicaid effective November 1, 2014, but need to provide documentation regarding benefit information for third party health insurance by November 10, 2014 to confirm your eligibility;
- 2) As of October 27, 2014, you remain conditionally eligible for Medicaid effective November 1, 2014, but need to provide documentation regarding benefit information for third party health insurance by November 10, 2014;
- 3) As of October 28, 2014, you remain eligible for Medicaid effective November 1, 2014 and you can choose to stay with your current health plan or pick a new health plan. The notice further informed you that more information about choosing a health plan can be found in the "Health Plan Enrollment" section of the notice;
- 4) As of October 29, 2014, you remain eligible for Medicaid effective November 1, 2014 and you can choose to stay with your current health plan or pick a new health plan. The notice further informed you that more information about choosing a health plan can be found in the "Health Plan Enrollment" section of the notice; and,
- 5) As of November 5, 2014, you are eligible for Medicaid effective December 1, 2014, you do not need to choose a plan, and you can find more information about Fee-For-Service Medicaid within the notice.

On December 3, 2014, the Marketplace issued a notice of eligibility redetermination that, as of November 19, 2014, you are conditionally eligible for Medicaid effective November 1, 2014, but need to provide documentation regarding benefit information for third party health insurance by December 6, 2014.

On December 12, 2014, the Marketplace issued a notice of eligibility redetermination that, as of December 11, 2015, you are eligible for Medicaid effective December 1, 2015 and need to pick a health plan.

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On December 15, 2014, the Marketplace issued a letter confirming that you have been enrolled with United Healthcare of New York, Inc., a Medicaid Managed Care plan, effective November 1, 2014.

On December 24, 2014, the Marketplace issued another letter confirming that your insurance coverage through Fee-For-Service Medicaid would begin December 1, 2014 and your enrollment with United Healthcare of New York, Inc. would begin February 1, 2015.

On January 3, 2015, the Marketplace issued another letter confirming that your insurance coverage through Fee-For-Service Medicaid would begin December 1, 2014 and your enrollment with United Healthcare of New York, Inc. would begin February 1, 2015.

On March 12, 2015, you spoke with a representative from the Marketplace's Account Review Unit and appealed the start date of your United Healthcare coverage of February 1, 2015, because you believed it had begun as of December 1, 2014.

On April 28, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. 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 that you had been insured for the past eight years under Family Health Plus (FHP), and you received a decision, dated October 2, 2014, that the program was being discontinued and your coverage under that program would end November 1, 2014.
- 2) You testified that you did not have third party insurance at the time you applied for health insurance through the Marketplace in October 2014, but had FHP through United Healthcare Community Plan until November 1, 2014.
- 3) On November 7, 2014, the Marketplace issued a disenrollment notice ending your Medicaid Managed Care coverage with United Healthcare of New York, Inc. effective November 30, 2014
- 4) You are only seeking review of your eligibility determination insofar as your enrollment in a Medicaid Managed Care plan became effective February 1, 2015, whereas you want it to be effective December 1, 2014.

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- 5) You testified that you applied for health insurance through the Marketplace in October 2014 with the assistance of a Navigator and were told you were enrolled in United Healthcare and “good to go.”
- 6) You testified that, in December 2014, you received several notices of eligibility from the Marketplace that confused you and also received new United Healthcare insurance identification cards around the same time of each notice and twice received enrollment packages.
- 7) You testified that you had a dentist appointment on December 5, 2014, and presented your United Healthcare insurance card believing the services would be covered under your United Healthcare plan because your dentist participated in that plan.
- 8) You testified that you later received a bill for \$205.20 from the dentist because the bill could not be processed under your United Healthcare plan as you did not have coverage under that plan at the time of the visit.
- 9) You testified that you relied on the enrollment letters from the Marketplace informing you that you had coverage under United Healthcare and the insurance identification cards you received in the mail, as well as the Navigator’s statement that you were enrolled in United Healthcare of New York, Inc.
- 10) You testified that you never received a certified benefit insurance card (CBIC) stating you had coverage under Fee-For-Service Medicaid.
- 11) You testified that you would not have gone to the dentist had you received CBIC cards or been aware that you had Fee-For-Service Medicaid from December 1, 2014 to January 31, 2015.
- 12) You are currently enrolled in United Healthcare of New York, Inc. and your coverage began on February 1, 2015.

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

## **Applicable Law and Regulations**

### Medicaid Managed Care Plans

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Generally, with regard to enrollment in a Medicaid Managed Care plan (MMC), Medicaid recipients, except for those who are eligible for an exemption or an exclusion, must enroll in an MMC (18 NYCRR § 360-10.4(a)).

A Medicaid recipient who has primary medical or health care coverage available from a Third-Party payor may be required to enroll with a managed care program when the payment of the premium or cost sharing amounts would be cost effective, as determined by the local social services district (NY Soc. Serv. Law § 364-j(3)(e)(xx)).

## **Legal Analysis**

The only issue is whether the Marketplace properly disenrolled you from your Medicaid Managed Care plan (MMC) plan enrollment with United Healthcare of New York, Inc. as of November 7, 2014, effective November 30, 2014.

You had third party health insurance coverage in Family Health Plus through UnitedHealthcare Community plan that ended November 1, 2014 (Appellant's Exhibit B).

On October 8, 2014, the Marketplace determined that you were eligible for Medicaid effective November 1, 2014; however it did not issue a notice confirming your enrollment. Instead, on November 7, 2014, the Marketplace sent you a disenrollment notice that your coverage with United Healthcare of New York, Inc. would end effective November 30, 2014 because you were no longer eligible to remain enrolled in your current plan.

The credible evidence of record shows that you were not covered under Third Party Health Insurance at the time when your MMC plan with United Healthcare became effective on November 1, 2014. You did not have third party health Insurance on November 7, 2014, when the Marketplace issued a disenrollment notice or when the redetermination notices were issued on December 2, 2014 requesting additional information on third party health insurance. Since you did not have third party health Insurance coverage as of November 1, 2014, the November 7, 2014 notice terminating you from your MMC plan with United Healthcare of New York, Inc., effective November 30, 2014, is RESCINDED as it improperly relied upon the Marketplace's defective determination that you no longer remained eligible to enroll in an MMC because you had third party health insurance coverage.

The December 24, 2014 notice of eligibility redetermination is RESCINDED insofar as it improperly determined that you were eligible for Fee-For Service Medicaid from December 1, 2014 to January 31, 2015, and eligible to enroll in an MMC plan as of February 1, 2015.

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Your case is REMANDED to the Marketplace to reinstate your MMC plan enrollment with United Healthcare of New York, Inc. effective December 1, 2014.

## **Decision**

The November 7, 2014 disenrollment notice is RESCINDED.

The December 24, 2014 eligibility redetermination is RESCINDED.

Your case is REMANDED to the Marketplace to reinstate your Medicaid managed care plan enrollment with United Healthcare of New York, Inc. effective December 1, 2014.

**Effective Date of this Decision:** July 15, 2015

## **How this Decision Affects Your Eligibility**

Your Medicaid managed care plan enrollment with United Healthcare of New York, Inc. began on November 1, 2014 and continues for the remainder of your Medicaid eligibility year.

## **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.

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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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Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The November 7, 2014 disenrollment notice is RESCINDED.

The December 24, 2014 eligibility redetermination is RESCINDED.

Your case is REMANDED to the Marketplace to reinstate your Medicaid managed care (MMC) enrollment with United Healthcare of New York, Inc. effective December 1, 2014.

Your MMC enrollment with United Healthcare of New York, Inc. began on November 1, 2014 and continues for the remainder of your Medicaid eligibility year.

## **Legal Authority**

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).

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**A Copy of this Decision Has Been Provided To:**

[REDACTED]  
[REDACTED]  
[REDACTED]