



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

Notice of Decision

Decision Date: August 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002047

[REDACTED]

Dear [REDACTED]

On April 30, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 24, 2015 enrollment notification.

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 Date: August 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002047

[REDACTED]

Issue

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

Did the Marketplace properly determine that [REDACTED]
[REDACTED] enrollment in their Medicaid Managed
Care plans began June 1, 2015?

Procedural History

On March 3, 2015, the Marketplace issued an eligibility determination notice stating, in relevant part, that your three oldest children were eligible for Child Health Plus (CHP) at a reduced monthly premium rate of \$9.00 per month, effective April 1, 2015. Your youngest child was found ineligible for Medicaid, but her Medicaid coverage would continue until November 30, 2015, because certain individuals who have been determined eligible for Medicaid remain eligible for benefits for 12 continuous months from the date that they were last determined eligible.

On March 13, 2015, you spoke with the Marketplace's Account Review Unit and appealed that determination insofar as your children were found ineligible for Medicaid.

On March 17, 2015, the Marketplace received (1) several earnings statements issued to your spouse by [REDACTED], (2) a letter issued by [REDACTED] [REDACTED] dated March 12, 2015, confirming that your spouse is a current employee and that you have never been employed by the company, and (3) a

letter stating, among other things, that your spouse is the “sole income provider for [your] household.”

On March 19, 2015, the Marketplace issued an eligibility redetermination notice stating that your children were eligible for Medicaid, effective March 1, 2015. The notice also instructed you to pick a plan for their coverage.

On March 20, 2015, the Marketplace issued a notice confirming as of March 19, 2015 your selection of and enrollment of your children in the UnitedHealthcare of New York, Inc. Medicaid managed care (MMC) plan, but did not specify a start date for their coverage under this plan.

On April 24, 2015, the Marketplace issued an additional notice confirming their enrollment in the UnitedHealthcare of New York, Inc. MMC plan. It further stated in each case that “[their] insurance coverage through Medicaid will begin March 1, 2015 and enrollment with UnitedHealthcare of New York, Inc. will begin June 1, 2015.”

On April 30, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace’s Appeals Unit. The record was developed during the hearing and remained open for the sole purpose of providing you an opportunity to submit as additional evidence: (1) January 2015 and March 2015 earnings statements received by your spouse (or a signed letter from the employer reflecting same) and (2) a filed version of 2014 U.S. Income Tax Return. The record was to be closed 15 days after the hearing date, or upon the receipt of the above referenced documents, whichever occurred earlier. No documents were received from you by May 15, 2015.

Accordingly, the record was closed on May 15, 2015

Findings of Fact

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

- 1) You testified that you were no longer appealing your children’s eligibility for Child Health Plus (CHP) since, prior to the hearing, they had been found eligible for Medicaid on March 19, 2015. However, you clarified that you wanted to continue with the appeal solely because they were not found eligible for coverage under the UnitedHealthcare of New York, Inc. MMC) plan until June 1, 2015.
- 2) Your children were found eligible for fee-for-service Medicaid beginning March 1, 2015.

- 3) On March 20, 2015, the Marketplace issued a notice confirming your selection of the UnitedHealthcare of New York, Inc. MMC on March 19, 2015.

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

Applicable Law and Regulations

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 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)).

Generally, with regard to enrollment in a Medicaid managed care (MMC) plan , Medicaid recipients, except for those who are eligible for an exemption or an exclusion, must enroll in an MMC. For MMC plan selections made by the 15th of any month, coverage will be effective the first day of following month. For MMC plan selections made after the 15th of the month, coverage will be effective the first day of the second month following the plan selection. (18 NYCRR § 360-10.4(a); 13 OHIP/ADM-03, Section III, Subsection F).

Legal Analysis

The only issue under appeal is when [REDACTED] enrollment in the UnitedHealthcare of New York, Inc. Medicaid managed care (MMC) plan should have begun.

You children were found eligible for Medicaid on March 19, 2015, with such coverage to take effect on March 1, 2015.

The credible evidence of record confirms that UnitedHealthcare of New York, Inc. as a MMC provider was first chosen for their plan coverage on March 19, 2015.

Accordingly, there is sufficient evidence that the enrollment notification issued on April 24, 2015 should be MODIFIED solely to the extent that [REDACTED] [REDACTED] insurance coverage through the UnitedHealthcare of New York, Inc. MMC plan be made effective May 1, 2015.

Decision

The April 24, 2015 enrollment notification is MODIFIED solely to the extent that [REDACTED] insurance coverage through the UnitedHealthcare of New York, Inc. MMC plan be made effective May 1, 2015.

Effective Date of this Decision: August 27, 2015

How this Decision Affects Your Eligibility

[REDACTED] insurance coverage through Medicaid began March 1, 2015.

[REDACTED] insurance coverage through the UnitedHealthcare of New York, Inc. MMC plan began May 1, 2015.

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 April 24, 2015 enrollment notification is MODIFIED solely to the extent that [REDACTED] insurance coverage through the UnitedHealthcare of New York, Inc. MMC plan be made effective May 1, 2015.

[REDACTED] insurance coverage through Medicaid began March 1, 2015.

[REDACTED] insurance coverage through the UnitedHealthcare of New York, Inc. MMC plan began May 1, 2015.

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:

