



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

Notice of Decision

Decision Date: October 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002257

[REDACTED]

Dear [REDACTED],

On May 13, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 5, 2015 enrollment confirmation 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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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did the Marketplace properly determine the effective date of your children's Medicaid managed care plan?

Did the Marketplace properly determine the effective date of your Medicaid managed care plan?

Procedural History

On November 13, 2014 the Marketplace received your updated application for health insurance.

On November 29, 2014 the Marketplace issued eligibility determination notices that stated you were eligible for Medicaid effective October 1, 2014. The notices further stated that your children were eligible for Medicaid effective November 1, 2014.

On December 13, 2014 the Marketplace issued an enrollment confirmation notice that stated as of November 14, 2014 your four children's insurance coverage through Medicaid would begin November 1, 2014 and that their enrollment in UnitedHealthcare of New York, Inc., a Medicaid managed care plan, would begin November 1, 2014. The notice further stated that your insurance coverage through Medicaid began October 1, 2014 but that you must choose a health plan for yourself soon or one will be chosen for you.

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On December 16, 2014 the Marketplace received your household's updated application for health insurance.

On December 19, 2014 the Marketplace issued an eligibility determination notice that stated you and your four children were eligible for Medicaid effective December 1, 2014.

On December 21, 2014 the Marketplace issued an enrollment confirmation notice that stated you and your four children's coverage through Medicaid began December 1, 2014 but that you must choose a health plan soon or one would be chosen for you.

On December 28, 2014 the Marketplace issued a disenrollment notice that stated your four children's coverage with UnitedHealthcare of New York, Inc. would end effective December 31, 2014 and that their coverage and your coverage with Medicaid fee-for-service would end on December 31, 2014.

On January 5, 2015 the Marketplace issued an enrollment confirmation notice that stated your family's coverage through Medicaid began December 1, 2014, that your children's enrollment in UnitedHealthcare of New York, Inc. would begin February 1, 2015, and that your enrollment in Healthfirst would begin February 1, 2015.

On March 31, 2015 you spoke to the Marketplace's Account Review Unit and appealed the start date of your family's Medicaid managed care plan.

On May 13, 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 are appealing the start date of the Medicaid managed care plans for you and your four children.
- 2) You testified that you selected your Medicaid managed care plan in January because you did not receive the notice that you were eligible for Medicaid until the end of December.
- 3) You testified that you want to be enrolled in Healthfirst as your Medicaid managed care plan and that your children should be enrolled in UnitedHealthcare of New York, Inc. as their Medicaid managed care plan.

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

Applicable Law and Regulations

Medicaid for Children between One Year of Age and Nineteen Years of Age

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if his or her household's modified adjusted gross income (MAGI) falls at or below 154% of the federal poverty level (FPL) (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13ADM-03).

Medicaid-eligible children under the age of 19 are provided with 12 months of continuous coverage, even if the household's income increases above eligibility levels during that period (N.Y. Soc. Serv. Law § 366(4)(b)(3)(i)).

Medicaid for Adults

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)).

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 12 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 12-month period of continuous coverage is based on each eligibility determination date of Medicaid eligibility.

Managed Care Plans

All newly mandated Medicaid recipients will have 30 days to choose a managed care plan. New Medicaid applicants will be required to choose a health plan at

application or they will be automatically assigned to a random plan by the State Department of Health (N.Y. Soc. Servs. L. §364-j(4)(f)(i) (Amended by 2011 Sess. Law News of N.Y. Ch. 59)).

Legal Analysis

The first issue under review is whether or not the Marketplace properly determined the effective date of your children's Medicaid managed care plan.

On November 29, 2014 the Marketplace issued an eligibility determination notice that stated your children remained eligible for Medicaid effective November 1, 2014.

On December 13, 2014 the Marketplace issued an enrollment confirmation notice that stated as of November 14, 2014 your four children's enrollment in UnitedHealthcare of New York, Inc. would begin November 1, 2014.

In New York State, once a child is eligible for Medicaid, that eligibility continues for 12 months after each new eligibility determination of Medicaid eligibility, even if information relating to their eligibility such as household size and income subsequently changes. This provision is called "continuous coverage."

Once your children became eligible for Medicaid and enrolled in a Medicaid managed care plan that eligibility should have remained in place for 12 continuous months. The January 5, 2015 enrollment confirmation notice should not have changed the effective date of the Medicaid managed care plan. Therefore, the January 5, 2015 enrollment confirmation notice is MODIFIED to say that your children's enrollment in UnitedHealthcare of New York, Inc. began November 1, 2014.

The second issue under review is whether or not the Marketplace properly determined the effective date of your Medicaid managed care plan.

Under New York Social Services law, once a person becomes eligible for Medicaid they have 30 days to select a managed care plan or else one will be selected for them. You were found eligible for Medicaid effective October 1, 2014 so you should have been enrolled in a managed care plan as of October 30, 2014. The record indicates that a plan was not selected by you or by the Marketplace on your behalf until January. You testified that you did not select a plan until January because you were not aware you were eligible for Medicaid until the end of December.

Since the law mandates that a person be enrolled in a Medicaid managed care plan 30 days after they are found eligible for Medicaid, the January 5, 2015

enrollment confirmation notice is also MODIFIED to state that your enrollment in Healthfirst began November 1, 2014.

Decision

The January 5, 2015 enrollment confirmation notice is MODIFIED to state that your children's enrollment in UnitedHealthcare of New York, Inc. and your enrollment in Healthfirst began November 1, 2014.

Your case is RETURNED to the Marketplace to effect this change to your Marketplace account.

Effective Date of this Decision: October 10, 2015

How this Decision Affects Your Eligibility

You and your children are enrolled in your Medicaid managed care plans effective November 1, 2014 and continuing until the end of your benefit 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. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

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If You Have Questions about this Decision (Customer Service Resources):

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Summary

The January 5, 2015 enrollment confirmation notice is MODIFIED to say that your children's enrollment in UnitedHealthcare of New York, Inc. and your enrollment in Healthfirst began November 1, 2014.

Your case is RETURNED to the Marketplace to effect this change to your Marketplace account.

You and your children are enrolled in your Medicaid managed care plans effective November 1, 2014.

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:

