



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: AP000000002453

[REDACTED]

Dear [REDACTED],

On May 20, 2015, [REDACTED] appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 11, 2015 eligibility determination and April 12, 2015 disenrollment 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 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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Decision

Decision Date: October 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002453

[REDACTED]

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 with UnitedHealthcare of New York, Inc. effective April 30, 2015, resulting in a gap in coverage for the month of May?

Procedural History

On February 13, 2015, the Marketplace issued a notice of eligibility determination in response to your February 12, 2015 application, stating that you are eligible for Medicaid effective February 1, 2015.

Also on February 13, 2015, the Marketplace issued a notice confirming your coverage through Medicaid effective November 1, 2014, and your enrollment with UnitedHealthcare of New York, Inc., your Medicaid managed care plan, effective March 1, 2015.

Your account was updated on February 15, 2015.

On February 16, 2015, the Marketplace issued a notice of eligibility redetermination stating that you remained eligible for Medicaid effective February 1, 2015.

Also on February 16, 2015, the Marketplace issued a new notice confirming your coverage through Medicaid effective February 1, 2015, and your enrollment with

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UnitedHealthcare of New York, Inc., your Medicaid managed care plan, effective March 1, 2015.

On March 2, 2015, all four notices issued on February 13, 2015 and February 16, 2015 were returned to the Marketplace, marked as "RETURN TO SENDER/ATTEMPTED – NOT KNOWN/UNABLE TO FORWARD."

On April 11, 2015, the Marketplace issued a notice of eligibility redetermination stating that you were not eligible for Medicaid effective April 30, 2015. The notice further stated,

We sent you NY State of Health information, including notices about your eligibility and coverage, by U.S. mail to the mailing address provided in your account. However, this information was returned to the Marketplace as undeliverable. Please update your mailing address so you can remain eligible for health coverage through NY State of Health.

On April 12, 2015, the Marketplace issued a disenrollment notice stating that your coverage with UnitedHealthcare of New York, Inc. would end effective April 30, 2015 because you were no longer eligible to enroll in health insurance through New York State of Health.

Your account was updated on April 16, 2015.

On April 17, 2015, the Marketplace issued a notice of eligibility redetermination stating that you were eligible for Medicaid effective April 1, 2015.

Also on April 17, 2015, the Marketplace issued a notice confirming your insurance coverage through Medicaid effective April 1, 2015, and your enrollment with UnitedHealthcare of New York, Inc. effective June 1, 2015.

Also on April 17, 2015, you spoke with the Marketplace's Account Review Unit and appealed the enrollment confirmation notice insofar as it restarted your enrollment with UnitedHealthcare of New York, Inc. effective June 1, 2015, and not May 1, 2015, resulting in a gap of coverage during the month of May 2015.

On May 20, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that time, [REDACTED] appeared on your behalf. 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) Your eligibility for Medicaid began on February 1, 2015. Your initial enrollment with UnitedHealthcare of New York, Inc. as your Medicaid Managed Care (MMC) plan began on March 1, 2014.
- 2) The notices issued by the Marketplace on February 13, 2015 and February 16, 2015, were addressed:
[REDACTED]
- 3) [REDACTED] appeared on your behalf at the May 20, 2015 telephone hearing, and testified that you received your Medicaid insurance cards in February 2015.
- 4) [REDACTED] testified that the first notice you received from the Marketplace was the April 12, 2015 disenrollment notice. This notice was addressed the same as the February 13 and February 16, 2015 notices. No further documents have been returned to the Marketplace as undeliverable; subsequent notices included a reference to your specific apartment.
- 5) [REDACTED] testified that you and he had been living at the same address since December 2014.
- 6) [REDACTED] testified that you are pregnant and had a doctor's appointment in May 2015. You are requesting reinstatement with UnitedHealthcare of New York, Inc. for the month of May 2015.
- 7) The record reflects that your name as listed in your Marketplace account has since changed to [REDACTED].

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

Applicable Law and Regulations

A person whose Medicaid eligibility is based on the modified adjusted gross income of the person or the person's household remains Medicaid eligible for 12 months unless the person becomes ineligible due to "citizenship status, lack of [New York] state residence, or failure to provide a valid social security number" (N.Y. Social Services Law § 366.4(c)).

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Legal Analysis

The only issue is whether the Marketplace properly terminated your enrollment with UnitedHealthcare of New York, Inc. effective April 30, 2015, which caused a gap in coverage when you were unable to reenroll earlier than June 1, 2015.

On February 13, 2015, and again on February 16, 2015, the Marketplace issued notices of eligibility determination stating that you were eligible for Medicaid effective February 1, 2015. These determinations have not been appealed and are not under review here.

Also on February 13, 2015, and on February 16, 2015, the Marketplace issued notices confirming your enrollment with UnitedHealthcare of New York, Inc. effective March 1, 2015. These notices have not been appealed are similarly not under review here.

The notices issued on February 13 and February 16, 2015 were addressed to [REDACTED],” which is how your account listed your name at the time. Those notices also failed to include your specific apartment. These notices were returned to the Marketplace as undeliverable.

On April 11, 2015, the Marketplace issued a notice stating that you were not eligible for Medicaid because notices issued by the Marketplace were returned as undeliverable; it therefore could not confirm you were a New York State residence and your coverage was terminated.

However, the record also reflects that the April 12, 2015 disenrollment notice that you received was addressed in the same manner as the February 13, 2015 and February 16, 2015 notices, but was not returned to the Marketplace. Moreover, it cannot be determined whether the notices were returned because you had not updated your account to include your married name, because the Marketplace failed to include your apartment designation, because of a combination of the two factors, or for unrelated reasons.

Because the notices sent to you did not include your full address, it is found that your coverage should not have been terminated simply because those notices were returned by the postal service.

Therefore, the April 11, 2015 notice of eligibility determination was issued in error and is **RESCINDED**.

The April 12, 2015 disenrollment notice is also **RESCINDED** insofar as it improperly terminated your coverage with UnitedHealthcare of New York, Inc. effective April 30, 2015.

Your case is REMANDED to the Marketplace to reinstate your coverage with UnitedHealthcare of New York, Inc. effective May 1, 2015 for the remainder of your 12-month continuous Medicaid coverage period.

Continuous coverage lasts only one year, so when your Medicaid coverage is exhausted, you must reapply for health insurance coverage through the Marketplace.

Decision

The Marketplace's April 11, 2015 notice of eligibility determination is RESCINDED.

The April 12, 2015 disenrollment notice is RESCINDED.

Your case is REMANDED to the Marketplace to reinstate your coverage with UnitedHealthcare of New York, Inc. effective May 1, 2015 for the remainder of your 12-month continuous Medicaid coverage period.

Effective Date of this Decision: October 10, 2015

How this Decision Affects Your Eligibility

Your Medicaid coverage, which began on February 1, 2015, continues until January 31, 2016.

Your enrollment with United Healthcare of New York, Inc., which began on March 1, 2015, continues until January 31, 2016.

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.

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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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- By fax: 1-855-900-5557

Summary

The Marketplace's April 11, 2015 notice of eligibility determination is **RESCINDED**.

The April 12, 2015 disenrollment notice is **RESCINDED**.

Your case is **REMANDED** to the Marketplace to reinstate your coverage with UnitedHealthcare of New York, Inc. effective May 1, 2015 for the remainder of your 12-month continuous Medicaid coverage period.

Your Medicaid coverage, which began on February 1, 2015, continues until January 31, 2016.

Your enrollment with United Healthcare of New York, Inc., which began on March 1, 2015, continues until January 31, 2016.

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]