



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

Notice of Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002700

[REDACTED]

Dear Ms. [REDACTED]

On June 22, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's termination of your Medicaid Managed Care coverage effective February 28, 2015.

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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DEPARTMENT OF HEALTH
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Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002700

[REDACTED]

Issue

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

Did the Marketplace properly terminate your coverage with UnitedHealthcare Medicaid Managed Care plan effective February 28, 2015?

Procedural History

On November 5, 2014, the Marketplace issued a notice that stated it was time for you to renew your health insurance. That notice stated that based on information from federal and state sources, the Marketplace determined that you were still qualified to get health care coverage under Medicaid, and confirmed that your coverage under the UnitedHealthcare Medicaid Managed Care (MMC) plan would continue effective January 1, 2015. If this was incorrect, you would need to update your account between November 16, 2014 and December 15, 2014 in order for any such changes to be effective by January 1, 2015.

Your account was updated on November 18, 2014.

On December 12, 2014, the Marketplace issued an enrollment notice confirming your enrollment in the UnitedHealthcare MMC plan as of November 18, 2014. It further stated that your insurance coverage through Medicaid would begin January 1, 2015 and your enrollment with UnitedHealthcare MMC would begin "February 1, 2014" (*sic*).

On February 11, 2015, the Marketplace received a revised application in which you attested to an annual household income of \$23,000.00.

On February 11, 2015, the Marketplace issued an eligibility redetermination notice stating that you remained eligible for Medicaid. This eligibility determination was effective February 1, 2015.

On February 12, 2015, your enrollment details in your Marketplace account reflect that your coverage under the UnitedHealthcare MMC plan was terminated effective February 28, 2015. No notice of disenrollment was issued in connection with this termination of coverage.

On February 17, 2015, the Marketplace received a further revised application in which your annual household income was reduced to \$730.00 and reflected an adjustment in your tax filing status as well as the number of dependents you intended to claim.

On February 17, 2015, your account details reflected that were you were enrolled in Medicaid Fee-For-Service on February 1, 2015 and reenrolled in the UnitedHealthcare MMC plan with a coverage start date of April 1, 2015. No notice of enrollment was issued in formalizing your enrollment details reflected as of February 17, 2015.

On February 19, 2015, the Marketplace issued an eligibility redetermination notice stating that you remained conditionally eligible for Medicaid. This notice requested that you provide documentation to confirm your "Information about good cause or information about absent parent" by May 20, 2015. This eligibility determination was effective February 1, 2015.

On April 28, 2015, the Marketplace issued an eligibility redetermination notice stating that you were conditionally eligible for Medicaid. This notice requested that you provide documentation to confirm your "Information about good cause or information about absent parent" by July 26, 2015. This eligibility determination was effective April 1, 2015.

On April 28, 2015, the Marketplace issued an enrollment notice confirming your enrollment in the UnitedHealthcare MMC plan made on April 27, 2015. It further stated that your insurance coverage through Medicaid would begin April 1, 2015 and your enrollment with the UnitedHealthcare MMC plan would begin June 1, 2015.

On May 2, 2015, you spoke to the Marketplace's Account Review Unit and appealed your enrollment in the UnitedHealthcare MMC plan insofar as you were seeking coverage under that MMC plan during the month of March 2015.

On May 3, 2015, the Marketplace issued a cancellation notice confirming receipt of your May 2, 2015 requested to cancel your UnitedHealthcare MMC coverage. The notice further stated that your request was processed and you would not have coverage under the UnitedHealthcare MMC plan.

Separately, on May 3, 2015, the Marketplace issued an enrollment notice confirming as of May 2, 2015 you enrollment in a Fidelis Care MMC plan. It further stated that your insurance coverage through Medicaid would begin April 1, 2015 and your enrollment with Fidelis Care MMC would begin June 1, 2015.

On June 22, 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 support the following findings of fact:

- 1) You testified that you did not receive any notices from the Marketplace regarding the need to renew your information to ensure that your coverage would not be interrupted.
- 2) Your Marketplace account indicates that notice were sent to you through regular U.S. Mail.
- 3) Based on the renewal notice issued on November 5, 2015, you continued to be eligible for Medicaid, and enrollment under the UnitedHealthcare Medicaid Managed Care (MMC) plan effective January 1, 2015.
- 4) Your Marketplace account reflects that you updated the information in your Marketplace Account on February 11, 2015 and then again on February 17, 2105
- 5) Your Marketplace enrollment details reflect that as of February 12, 2015, your UnitedHealthcare MMC coverage was terminated effective February 28, 2015.
- 6) Your Marketplace enrollment details reflect that as of February 17, 2015, your coverage under the UnitedHealthcare MMC resumed on April 1, 2015.
- 7) There is nothing in the record to indicate that you were seeking to cancel you coverage under the UnitedHealthcare MMC plan until you had switched plan coverage to the Fidelis Care MMC plan beginning June 1, 2015.

- 8) You testified that you first became aware that you did not have your MMC coverage when you incurred \$57.00 in out-of-pocket costs relating to care provided for your newborn daughter.
- 9) You testified that you reenrolled into the same MMC plan that you had been enrolled in last year, and you weren't clear why you did not have coverage during the month of March 2015.
- 10) Your annual household income on your February 11, 2015 application was \$23,000.00 and on your February 17, 2015 Marketplace application your income was \$730.00. This reduction in income was due, in part, to your receipt of unemployment benefits and that your children, [REDACTED] and [REDACTED] would be claimed by their grandparent.

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

Applicable Law and Regulations

Medicaid Renewal

In general, the Marketplace must review Medicaid eligibility once every 12 months or "whenever it receives information about a change in a beneficiary's circumstances that may affect eligibility" (42 CFR § 435.916(a)(1), (d)). The Marketplace must make its "redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency" (42 CFR § 435.916(a)(2)).

The Marketplace must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, the Marketplace must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR § 155.335(h)).

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Medicaid Managed Care (MMC) plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first

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day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see, §1115 Soc. Sec. Act; N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR 360-10.3(h)).

Electronic Notices

Applicants may choose to receive notices and information from the Marketplace by either electronic or regular mail. If the applicant elects to receive electronic notices, the Marketplace must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

Legal Analysis

The issue is whether the Marketplace properly terminated your coverage under the Medicaid Managed Care (MMC) plan effective February 28, 2015.

Generally, the Marketplace must redetermine a qualified individual's eligibility for Medicaid once every 12 months eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. The Marketplace's November 5, 2015 renewal notice stated you were eligible for Medicaid coverage effective January 1, 2015 and would remain under your existing UnitedHealthcare MMC plan, with such coverage also starting January 1, 2015.

On February 12, 2015, your Marketplace account details indicated that your coverage under the UnitedHealthcare MMC plan was terminated effective February 28, 2015. Your account details further reflect that your coverage under the UnitedHealthcare MMC plan was later restored effective April 1, 2015. This caused you to have no Medicaid MMC coverage during the month of March 2015. No notices of enrollment were issued regarding these enrollment/disenrollment dates.

You credibly testified that at you did not request to discontinue your coverage under that UnitedHealthcare MMC plan until you had switched to the Fidelis Care MMC plan effective June 1, 2015.

Since the credible evidence of record reflects that your eligibility for Medicaid never lapsed and you never sought to terminate your coverage, your coverage under the UnitedHealthcare MMC is extended from January 1, 2015 to May 31, 2015.

Decision

Your coverage under the UnitedHealthcare Medicaid Managed Care (MMC) plan is extended from January 1, 2015 to May 31, 2015.

Your case is RETURNED to the Marketplace to effectuate this period of coverage under your United Healthcare MMC plan and to issue a notice to this effect.

Effective Date of this Decision: November 09, 2015

How this Decision Affects Your Eligibility

You are enrolled in the UnitedHealthcare MMC plan from January 1, 2015 to May 31, 2015.

The Marketplace will effectuate coverage for this period under your United Healthcare MMC plan and will issue you a notice to this effect.

You remain enrolled in the Fidelis Care MMC plan effective June 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.

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

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Summary

Your coverage under the UnitedHealthcare Medicaid Managed Care (MMC) is extended from January 1, 2015 to May 31, 2015.

Your case is RETURNED to the Marketplace to effectuate this period of coverage under your United Healthcare MMC plan and to issue a notice to this effect.

You are enrolled in the UnitedHealthcare MMC plan from January 1, 2015 to May 31, 2015.

You remain enrolled in the Fidelis Care MMC plan effective June 1, 2015.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

