



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: AP000000003947

[REDACTED]

Dear [REDACTED],

On October 2, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 15, 2015 disenrollment notice regarding your infant child.

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 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

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NY State of Health Number: [REDACTED]  
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## Issue

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

Did the Marketplace properly determine that your child's enrollment in a Medicaid Managed Care plan ended effective May 1, 2015?

Did the Marketplace properly determined that your child's enrollment in a Medicaid Managed Care plan next became effective on August 1, 2015?

## Procedural History

On March 27, 2015, the Marketplace issued a notice of eligibility determination stating in relevant part that your child was conditionally eligible for Medicaid effective March 1, 2015. The notice instructed you to submit proof of your child's citizenship status and Social security Number by June 24, 2015.

On March 28, 2015, the Marketplace issued an enrollment notice confirming that you and your child had insurance coverage through Medicaid beginning March 1, 2015 and both of your enrollments in UnitedHealthcare of New York, Inc., a Medicaid Managed Care (MMC) plan, will begin May 1, 2015.

On April 13, 2015, you updated your Marketplace account and provided your child's Social Security Number.

On April 14, 2015, the Marketplace issued a notice of eligibility redetermination based on your updated information and found, in relevant part, that your child's eligibility for Medicaid was no longer conditional and was effective as of March 1, 2015.

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On April 15, 2015, the Marketplace issued a cancellation notice that stated your child's insurance coverage with UnitedHealthcare of New York Inc. will end effective May 1, 2015, on the basis that she is no longer eligible to enroll in her current health insurance.

On April 16, 2015, the Marketplace issued an enrollment notice confirming, in part, that your child did not need to pick a health plan and her coverage through Medicaid will begin March 1, 2015.

On July 9, 2015, the Marketplace issued another notice of eligibility redetermination indicating in part that your child was eligible for Medicaid, effective March 1, 2015.

On July 10, 2015, the Marketplace issued an enrollment notice confirming in part that your child's enrollment in UnitedHealthcare of New York, Inc. is effective August 1, 2015.

On July 20, 2015, you spoke to the Marketplace's Account Review Unit and appealed the enrollment confirmation notice insofar as it began your child's coverage under your Medicaid Managed Care plan on August 1, 2015, and not as of May 1, 2015.

On October 2, 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**

- 1) On March 26 and 27, 2015, your child was found conditionally eligible for Medicaid based on the information contained in your Marketplace application.
- 2) You selected a Medicaid Managed Care plan for yourself and your child and on March 28, 2015, the Marketplace issued an enrollment notice confirming your selection of UnitedHealthcare of New York, Inc.
- 3) You testified and your Marketplace account reflects that on April 13, 2015, you updated your Marketplace application by adding your child's Social Security Number.
- 4) On April 14, 2015, the Marketplace removed the conditional eligibility of your child but then issued a cancellation notice on April 15, 2015 indicating her coverage with UnitedHealthCare of New York, Inc., which was slated to begin May 1, 2015, was cancelled effective that date.
- 5) You testified that you spoke with many Marketplace representatives, one of whom admitted that your child's cancellation was a "glitch" in the system.

- 6) You testified that your request to have your child's coverage backdated to May 1, 2015 when her Medicaid Managed Care plan should have started went unanswered by the Marketplace, so you filed an appeal.
- 7) You testified that you paid approximately \$270.00 out-of-pocket for her pediatric care during May, June, and July 2015, and still owe about \$250.00 for her care when she should have been covered by UnitedHealthcare of New York, Inc. those months.
- 8) You testified that you want your child's Medicaid Managed Care plan to take effect on May 1, 2015 and the pediatric bills to be covered.

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

## **Applicable Law and Regulations**

### Medicaid

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)).

Generally, with regard to enrollment in a Medicaid Managed Care plan, 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)).

Medicaid Managed Care 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 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)).

## **Legal Analysis**

The issue is whether the Marketplace properly determined that your child's enrollment in your Medicaid Managed Care plan was cancelled effective May 1, 2015.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

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On March 27, 2015, you selected a Medicaid Managed Care plan for you and your child such that it must take effect on the first day of the second month after March 2015; that is, as of May 1, 2015.

In your case, you provided the Marketplace with your child's Social Security Number on April 13, 2015, which resulted in the Marketplace cancelling her coverage in UnitedHealthcare of New York Inc., the Medicaid Managed Care plan you had selected, before its start date of May 1, 2015. The Marketplace has provided no justification as to why the cancellation notice was issued for your child, who remained eligible for Medicaid as of March 1, 2015. As such, that notice was issued in error.

Therefore, the March 28, 2015 enrollment confirmation notice stating that your child's Medicaid Managed Care coverage would take effect on May 1, 2015 is correct and must be AFFIRMED.

## **Decision**

The March 28, 2015 enrollment confirmation notice is AFFIRMED.

The April 15, 2015 cancellation notice is RESCINDED.

The April 16, 2015 enrollment confirmation notice is RESCINDED.

The July 10, 2015 enrollment confirmation notice as it relates to your child is MODIFIED to state her enrollment in UnitedHealthcare of New York, Inc. is effective May 1, 2015.

Your case is RETURNED to the Marketplace to effectuate the correct effective date of May 1, 2015 for your child's enrollment in UnitedHealthcare of New York, Inc.

**Effective Date of this Decision:** November 09, 2015

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

This decision does not change your child's eligibility for Medicaid.

The effective date of your child's Medicaid Managed Care plan is May 1, 2015, not August 1, 2015.

The Marketplace will correct the start date of your child's enrollment in UnitedHealthcare of New York, Inc. to May 1, 2015.

You will receive a corrected enrollment notice from the Marketplace.

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).

## **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 March 28, 2015 enrollment confirmation notice is AFFIRMED.

The April 15, 2015 cancellation notice is RESCINDED.

The April 16, 2015 enrollment confirmation notice is RESCINDED.

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The July 10, 2015 enrollment confirmation notice as it relates to your child is MODIFIED to state her enrollment in UnitedHealthCare of New York, Inc. is effective May 1, 2015.

Your case is RETURNED to the Marketplace to effectuate the correct effective date of May 1, 2015 for your child's enrollment in UnitedHealthcare of New York, Inc.

This decision does not change your child's eligibility for Medicaid.

The effective date of your child's Medicaid Managed Care plan is May 1, 2015, not August 1, 2015.

The Marketplace will correct the start date of your child's enrollment in UnitedHealthcare of New York, Inc. to May 1, 2015.

You will receive a corrected enrollment notice from the Marketplace.

## **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:**

