



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

Notice of Decision

Decision Date: February 4, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004882

[REDACTED]

Dear [REDACTED],

On December 18, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's September 5, 2015 enrollment 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 and the NY State of Health number at the top of this notice.

Legal Authority

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

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 son's coverage in his Medicaid Managed Care plan was effective October 1, 2015, rather than September 1, 2015?

Procedural History

On September 17, 2014, the Marketplace received an application for health insurance.

On September 18, 2014, the Marketplace issued an eligibility determination notice stating that you and your son were eligible for Medicaid because your household income of \$0.00 was at or below the allowable income limit. This eligibility was effective September 1, 2014. This notice also confirmed the enrollment of you and your son in your Medicaid Managed Care (MMC) plan, with such coverage beginning November 1, 2014.

On July 14, 2015, the Marketplace issued a notice that it was time to renew your family's health insurance. That notice stated that based on information from federal and state sources, the Marketplace could not make a decision about whether you or your son would qualify for financial help paying for your health coverage, and that you needed to update your account by August 15, 2015 or you family might lose the financial assistance it was currently receiving.

No updates to your account were received by August 15, 2015.

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On August 17, 2015, the Marketplace issued an eligibility redetermination notice stating that you had not responded to the renewal notice and that your son was therefore no longer eligible for financial assistance. The notice further stated that your son's eligibility would end effective August 31, 2015.

On August 18, 2015, the Marketplace issued a disenrollment notice stating that your coverage would end effective August 31, 2015.

On September 4, 2015, your eligibility was redetermined by the Marketplace. The Marketplace prepared a preliminary eligibility determination finding that you and your son were eligible for Medicaid effective September 1, 2015. No written notice of eligibility determination was issued formalizing the findings contained in the September 4, 2015 preliminary determination.

On September 5, 2015, issued an enrollment confirmation notice that stated that your coverage with your MMC would begin November 1, 2015 and your son's enrollment would begin on October 1, 2015.

On October 7, 2015, you spoke to the Marketplace's Account Review Unit and appealed the September 5, 2015 enrollment notice.

On December 18, 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) Your son first became eligible for Medicaid on September 1, 2014.
- 2) You selected UnitedHealthcare of New York, Inc. (UnitedHealthcare) as your son's Medicaid Managed Care (MMC) plan. Coverage under this plan for your son began on November 1, 2014.
- 3) Your Marketplace account indicates that you receive notices from the Marketplace via regular U.S. mail.
- 4) You testified that you did not receive any notices in the mail regarding the need to update your Marketplace account to ensure that your sons' coverage would not be interrupted.
- 5) No notices sent to you at the address listed on your Marketplace account have been returned as undeliverable.

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- 6) You testified that you first became aware your son had been disenrolled from your MMC plan when you took your son to an eye doctor during September 2015. You incurred approximately \$150.00 in out-of-pocket costs since he was not covered under his MMC.
- 7) You testified that you updated the information in your Marketplace Account on September 4, 2015.
- 8) On September 4, 2015, you again selected UnitedHealthcare as your son's MMC plan.
- 9) Your son was reenrolled in his MMC effective October 1, 2015.
- 10) You testified that you were seeking to backdate your son's MMC coverage to September 1, 2015 in order to recover out-of-pocket medical expenses incurred when your son was not covered during September 2015.

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 twelve 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 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 42 USC § 1315; 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 the enrollment of your son in UnitedHealthcare of New York, Inc. (UnitedHealthcare), as his Medicaid Managed Care (MMC), was effective October 1, 2015.

Your son was originally found eligible for Medicaid based on a household income of \$0.00 on September 18, 2014. This eligibility was effective September 1, 2014.

Generally, the Marketplace must redetermine a qualified individual's eligibility for Medicaid once every twelve 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 July 14, 2015 renewal notice stated that there was not enough information to determine whether your son was eligible to continue his financial assistance for health insurance, and that you needed to supply additional information by August 15, 2015, or your son's financial assistance might end.

Because there was no timely response to this notice, your son was terminated from his MMC plan effective August 31, 2015.

You testified that you did not receive the notice informing you that your application needed to be updated.

The record indicates that the notices were issued to the address you have listed on your Marketplace account, and that there is no indication that any of the notices were returned to the Marketplace as undeliverable.

On September 4, 2015, you updated the information in your Marketplace account.

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

A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month.

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On September 4, 2015, you selected your son's MMC plan, so it must take effect on the first day of the following month after September 4, 2015; that is, on October 1, 2015.

Therefore, the September 5, 2015 enrollment confirmation notice stating that your son's MMC coverage would take effect on October 1, 2015 is correct and must be AFFIRMED.

Decision

The September 5, 2015 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: February 4, 2016

How this Decision Affects Your Eligibility

This decision does not change your son's eligibility.

The effective date of your son's Medicaid Managed Care plan is October 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

The September 5, 2015 enrollment confirmation notice is AFFIRMED.

This decision does not change your son's eligibility.

The effective date of your son's Medicaid Managed Care plan is October 1, 2015.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

