



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

## Notice of Decision

Decision Date: July 24, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002016

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]

On May 1, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 14, 2014 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 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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## Decision

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NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002016

[REDACTED]  
[REDACTED]  
[REDACTED]

## Issue

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

Did the Marketplace properly determine that January 1, 2015 is the effective date of your coverage through a Medicaid Managed Care plan?

## Procedural History

The Marketplace received your initial application for health insurance in 2014 on April 15, 2014.

On November 30, 2014, the Marketplace issued a notice of eligibility redetermination based on your most recent updated information. The notice stated that you and your daughter are each eligible for Medicaid effective November 1, 2014.

On December 14, 2014, the Marketplace issued an enrollment notice confirming that, as of December 4, 2014, you are covered under Medicaid Fee for Service beginning November 1, 2014 and United HealthCare of NY, Inc. beginning January 1, 2015. It also stated that your daughter is covered under Medicaid Fee for Service beginning November 1, 2014 and United HealthCare of NY, Inc., beginning December 1, 2014.

On March 11, 2015, you spoke with a representative from the Marketplace's Account Review Unit and appealed your eligibility redetermination insofar as you were not eligible for and enrolled in the Medicaid Managed Care plan along with your daughter beginning December 1, 2014.

On May 1, 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, at some point during October 2014, you received verbal confirmation from your employer's health plan that your health insurance coverage would end on October 31, 2014 and not October 15, 2014 as you had thought and as stated in your ex-employer's Release and Confidentiality Agreement.
- 2) You testified that your treatment and prescriptions for October 2014 were covered by your employer's health plan but that you still needed insurance coverage beginning November 1, 2014.
- 3) On October 27, 2014, you uploaded to your Marketplace account, proof of your severance package from employment, which consisted of one page entitled "Release and Confidentiality Agreement." This document was made part of the record as "Appellant's Exhibit B."
- 4) Exhibit B identifies the parties to the agreement by stating that:

This Release and Confidentiality Agreement ("Agreement") is between [REDACTED] and [REDACTED] (collectively, the "Parties") and sets forth the terms and conditions under which the Parties have agreed to resolve any and all disputes existing between them, including, but not limited to, any disputes arising from [REDACTED] employment by and separation from employment with [REDACTED].

- 5) On November 12, 2014, you uploaded to your Marketplace account a copy of your termination letter from your employer, dated August 22, 2014, that stated your employment was terminated as of August 31, 2014 (Appellant's Exhibit A).
- 6) According to your Marketplace account, on November 18, 2014, the Marketplace verified your current income and separation from your former employer based on the Release and Confidentiality Agreement document you uploaded to your Marketplace account on October 27, 2014 (Appellant's Exhibit B).

- 7) According to your Marketplace account and your testimony, on December 4, 2014, you spoke with a Marketplace representative who was able to assist you. The representative explained that there was a problem with the document you uploaded on October 27, 2014 (Release and Confidentiality Agreement, Page 2), because it did not have your employer's letterhead on it, so the Marketplace could not verify its accuracy.
- 8) You testified and your Marketplace account reflects that your daughter's coverage in the Medicaid managed care (MMC) plan you selected was made effective December 1, 2014, and you were assured by the Marketplace representative that your renewed escalation request would result in your coverage under the same MMC plan being backdated to December 1, 2014.
- 9) You testified that, based on this assurance, you kept your December 5, 2014 appointment with your specialist only to find out from his receptionist later that your MMC plan was not effective December 1, 2014, the visit would not be covered under Medicaid Fee for Service because the specialist was not a participating provider, and you owed your specialist \$170.00 for the visit.
- 10) You want your MMC plan made effective December 1, 2014 and your cost of the December 5, 2014 visit of \$170.00 paid.
- 11) You are not seeking review of your daughter's enrollment start date in an MMC plan.

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

## **Applicable Law and Regulations**

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, §1115 Soc. Sec. Act; N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR 360-10.3(h)).

## **Legal Analysis**

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 first day and fifteenth day of a month goes into effect on the first day of the following month.

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.

You selected your Medicaid Managed Care plan on December 4, 2014, so technically it takes effect on the first day of the following month after December; that is, on January 1, 2015.

However, you credibly testified and the record reflects that you provided the necessary documentation regarding your current income and separation from employment on October 27, 2014. The record further reflects that the Marketplace did not verify the information until November 18, 2014. In spite of this delay in verifying your information, your application was complete as of October 27, 2014, and had you been able to select an MMC plan before November 15, 2014, your coverage would have started December 1, 2014. Since verification of your current income and separation from employment occurred on November 18, 2014 after the 15<sup>th</sup> of that month and delayed your ability to select an MMC plan to be eligible for December 1, 2014, the December 14, 2014 enrollment notice is MODIFIED to state that your coverage under UnitedHealthcare of New York, Inc. is effective December 1, 2014.

## **Decision**

The December 14, 2014 enrollment notice is MODIFIED to state that your enrollment in UnitedHealthcare of New York, Inc. is effective December 1, 2014.

**Effective Date of this Decision:** July 24, 2015

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

This decision does not change your eligibility.

This decision does not affect your daughter's eligibility or enrollment.

The effective date of your Medicaid Managed Care plan is December 1, 2014.

## **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 December 14, 2014 enrollment notice is MODIFIED to state that your enrollment in UnitedHealthcare of New York, Inc. is effective December 1, 2014.

This decision does not change your eligibility.

This decision does not affect your daughter's eligibility or enrollment.

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).

The effective date of your Medicaid Managed Care plan is December 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:**

[REDACTED]  
[REDACTED]  
[REDACTED]