



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

## Notice of Decision

Decision Date: November 16, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003973

[REDACTED]

Dear [REDACTED]

On October 28, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 7, 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 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

Decision Date: November 16, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003973

[REDACTED]

## Issue

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

Did the Marketplace properly determine that March 1, 2015 is the effective date of your family's coverage through your Medicaid Managed Care health plans?

## Procedural History

On February 6, 2015, the Marketplace issued a notice of eligibility determination stating that you, your spouse and five-children are eligible for Medicaid effective February 1, 2015.

On February 7, 2015, the Marketplace issued an enrollment notice confirming that all family members had health insurance coverage through Medicaid, effective February 1, 2015; you and your youngest child were enrolled in UnitedHealthcare of New York, Inc., a Medicaid Managed Care (MMC) plan; and your spouse and four other children were enrolled in Health Insurance Plan of Greater New York, an MMC plan. Coverage for both MMC plans was effective March 1, 2015.

On July 21, 2015, you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as your Medicaid Managed Care enrollment would not take effect until March 1, 2015.

On October 28, 2015 you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken during the hearing. The record is now complete and closed.

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## Findings of Fact

A review of the record supports the following findings of fact:

1. You testified that you and your family were enrolled in Medicaid and a Medicaid Managed Care health plan through the Human Resources Administration until January 31, 2015.
2. On February 5, 2015, an account was created and an application for health insurance was completed through the Marketplace.
3. On February 5, 2015, you and your youngest child were enrolled in UnitedHealthcare of New York, Inc., and your spouse and four other children were enrolled in Health Insurance Plan of Greater New York, both of which are Medicaid Managed Care (MMC) plans.
4. On February 7, 2015, the Marketplace issued an enrollment notice confirming that health insurance coverage through Medicaid for all family members was effective February 1, 2015, and coverage under both MMC plans was effective March 1, 2015.
5. You testified that you have \$840.00 in outstanding medical bills from February 2015 medical appointments for you and your 18-year-old child.
6. You testified you want both Medicaid Managed Care health plans to take effect on February 1, 2015.

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 (MMC) plan can take effect depends on the day a person selects the plan for enrollment.

An MMC 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.

An MMC 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 MMC plans on February 5, 2015, so coverage must take effect on the first day of the following month; that is, on March 1, 2015.

Therefore the February 7, 2015 notice stating that your family's Medicaid Managed Care coverage would take effect on March 1, 2015 is correct and must be AFFIRMED.

## **Decision**

The February 7, 2015 notice is AFFIRMED.

**Effective Date of this Decision:** November 16, 2015

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

This decision does not change your eligibility.

The effective date of your family's Medicaid Managed Care plans is March 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.

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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  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The February 7, 2015 notice is AFFIRMED.

This decision does not change your eligibility.

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

### **Legal Authority**

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

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).

**A Copy of this Decision Has Been Provided To:**

