



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

## Notice of Decision

Decision Date: December 16, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004275

[REDACTED]

Dear Ms. [REDACTED]

On November 9, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 12, 2015 Marketplace 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: AP000000004275



## Issue

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

Did the Marketplace properly determine that September 1, 2015 is the effective date of your brother-in-law's coverage through Emblem Health?

## Procedural History

On February 15, 2015 the Marketplace issued an eligibility determination notice that your brother-in-law is eligible for Medicaid effective as of February 1, 2015.

On the same day the Marketplace issued a notice stating that "[y]ou have not chosen a health plan yet."

On August 11, 2015 you spoke to the Marketplace Appeals Unit and requested and appeal insofar as the effective date of your brother-in-law's Medicaid Managed Care plan.

On August 12, 2015 the Marketplace issued a notice confirming your enrollment as of August 11, 2015. The notice states that your brother-in-law's coverage through Emblem is effective September 1, 2015.

On the same day the Marketplace issued a notice confirming that on August 11, 2015 you requested a telephone hearing to review the "Denial of Request to Backdate."

On November 9, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken during the hearing. During the hearing, the appellant gave the Hearing Officer permission to request and

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listen to the recorded conversations between the appellant and the Marketplace's Customer Service. The record was left open to allow you to submit additional documentation.

On November 13, 2015 you submitted a 15-page fax to the Marketplace Appeals Unit. This fax was marked as "Appellant Exhibit A" and was made part of the record. The record is now complete and closed.

## **Findings of Fact**

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

- 1) According to your Marketplace account and testimony, you reapplied for health insurance, for your brother-in-law, through the Marketplace.
- 2) On February 15, 2015 the Marketplace issued an eligibility determination notice stating that your brother-in-law was eligible for Medicaid effective February 1, 2015.
- 3) On February 14, 2015 the Marketplace Customer Service representative stated that your brother-in-law was re-enrolled in Emblem Health and the effective date was March 1, 2015.
- 4) You testified that you received an insurance card, from Emblem Health, for your brother-in-law in April 2015.
- 5) You faxed a copy of the insurance card that Emblem Health sent to your brother-in-law in April 2015 (Appellant Exhibit A pgs. 5-6).
- 6) You testified that you were notified by Emblem Health in July 2015 that your brother-in-law was not enrolled in their health insurance plan.
- 7) On August 11, 2015 you spoke with the Marketplace Account Review Unit and requested an appeal.
- 8) On August 12, 2015 the Marketplace issued a notice confirming that on August 11, 2015 you requested a telephone hearing to review the "Denial of Request to Backdate."
- 9) On August 12, 2015 the Marketplace issued a notice confirming your enrollment as of August 11, 2015. The notice states that your brother-in-law's coverage through Emblem Health is effective September 1, 2015.

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

## **Applicable Law and Regulations**

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### Medicaid Effective Dates:

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 issue is whether the Marketplace properly determined that your enrollment in your Medicaid Managed Care plan was effective September 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 first day and fifteenth day of a month goes into effect on the first day of the following month. However, 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.

Based on the record, you contacted the Marketplace on February 14, 2015 to re-enroll your brother-in-law in health insurance through the Marketplace. During that conversation with the Marketplace Customer Service representative, you re-enrolled your brother-in-law in Emblem Health and was told that the coverage would be effective March 1, 2015.

Therefore, the August 12, 2015 enrollment confirmation notice stating that your brother-in-law's coverage would take effect on September 1, 2015 is MODIFIED to state that his coverage will be effective March 1, 2015.

### **Decision**

The August 12, 2015 enrollment notice is MODIFIED to state that your brother-in-law's coverage with Emblem Health is effective March 1, 2015.

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

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

This decision does not change your eligibility.

The effective date of your brother-in-law's Medicaid Managed Care plan 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.

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

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## **Summary**

The August 12, 2015 enrollment notice is MODIFIED to state that your brother-in-law's coverage with Emblem Health is effective March 1, 2015. This decision does not change your eligibility.

The effective date of your brother-in-law'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).

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



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