



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

Notice of Decision

Decision Date: August 26, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000620

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On June 5, 2014, your Authorized Representative appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 21, 2014 eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the 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).

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

Decision

Decision Date: August 26, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000620

[REDACTED]
[REDACTED]
[REDACTED]

Issue

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

Is [REDACTED] eligible for emergency Medicaid before June 1, 2014, when his Child Health Plus coverage began?

Procedural History

The Marketplace received your application on April 12, 2014.

On April 13, 2014, a notice was sent to you, advising you that you might be eligible for health insurance through New York State of Health, but that more information was needed to make a determination. [REDACTED] was not referenced in this notice.

On April 21, 2014, the Marketplace prepared a preliminary eligibility that [REDACTED] was eligible for Child Health Plus beginning June 1, 2014.

On May 2, 2014, you spoke with the Marketplace's Customer Service unit and appealed that determination insofar as it did not also find [REDACTED] eligible for retroactive emergency Medicaid.

The Marketplace sent you a Notice of Telephone Hearing on May 15, 2014, for a telephone hearing scheduled for June 5, 2014.

On June 5, 2014, your Authorized Representative, [REDACTED], participated in a telephone hearing with a Hearing Officer from the Marketplace's Appeals

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).

Unit. The Authorized Representative stated that the appeal concerned [REDACTED] [REDACTED] and that you agreed with the Marketplace's preliminary eligibility determination that [REDACTED] was eligible for Child Health Plus. The only issue you raised was that the Marketplace had not determined that he was eligible for emergency Medicaid for the three months before his Marketplace application was filed.

The record was developed during the hearing and held open until the end of the day in order for the Authorized Representative to submit documents. Documents were submitted and marked as Appellant Exhibit 1, at which point the record was closed.

Findings of Fact

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

- 1) [REDACTED] is 12 years old and lives with his mother, [REDACTED], and his 3-year old sister, [REDACTED], in Queens County.
- 2) [REDACTED] has a household income is \$7,800, and she does not file a tax return.
- 3) The US Department of Health and Human Services Office of Refugee Resettlement, Division of Children's Services, issued a Verification of Release Form pursuant to the Homeland Security Act § 462, dated October 29, 2013, which stated that [REDACTED] [REDACTED] was released into the care of his mother, [REDACTED] [REDACTED]. According to the Marketplace, this document was verified on April 16, 2014.
- 4) According to the Marketplace application [REDACTED] children, each have an income of \$0.00. Neither one files a tax return.

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

Applicable Law and Regulations

Medicaid may be available to infants and children under age 19 when the household income is at or below the income standard established in New York State's Medicaid plan (42 CFR § 435.118(b)). The household income standard in

New York is 133% of the federal poverty level (FPL) plus a 5% disregard where applicable (42 CFR 435.911(b)(1); 42 CFR 435.603(d)(4)).

The 2014 FPL for a household of three people is \$19,790.00 (79 Fed. Reg. 3953).

When an applicant qualifies for Medicaid before filing a Marketplace application for health insurance and requesting financial support, authorization the treatment of an emergency medical condition may be available retroactively for up to three months before the application date (see 42 USC § 1396a, 18 NYCRR § 360-7.4(a)(4)(i)).

Otherwise-qualified aliens are entitled to treatment of an emergency medical condition, without having to present evidence of citizenship or status as a qualified immigrant in order to receive assistance (18 NYCRR § 360-3.2(j)(3)(ii)(a)).

Legal Analysis

The 2014 FPL for a household of three people is \$19,790.00. Therefore, the Medicaid income limit standard for a three-person household is \$27,310.20 (138% of \$19,790.00). Here, the household income of \$7,800.00 is within that limit, so the household meets the income requirement for Medicaid. The credible evidence of record confirms that the household income was at this same level during the three months before on April 12, 2014, the date on which the household's Marketplace application was received.

Although [REDACTED] does not qualify for regular Medicaid, under the relevant state regulation, he may be eligible for medical assistance for emergency medical conditions.

Decision

The preliminary eligibility determination of April 21, 2014 is MODIFIED to state that [REDACTED] should be evaluated for eligibility for Medicaid for treatment of emergency medical conditions for three months prior to April 12, 2014.

Effective Date of this Decision: April 21, 2014

How this Decision Affects Eligibility

██████████ eligibility for Child Health Plus is unchanged.

Additionally, ██████ should be evaluated for Medicaid for treatment of emergency medical conditions for the three months prior to April 12, 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.

If you do not agree with this Decision, you have the right to appeal outside the Marketplace and may:

- Make an appeal request to the U.S. Department of Health and Human Services appeals entity within 30 days of the date of the Decision Date, which appears on the first page of the Decision (45 CFR § 155.520[c]).

AND/OR

- Bring a lawsuit in state court in accordance with Article 78 of the Civil Practice Law and Rules within four months after the date of the Decision Date, which appears on the first page of the Decision.

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 for assistance.

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
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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The preliminary eligibility determination of April 21, 2014 is MODIFIED to state that [REDACTED] should be evaluated for eligibility for Medicaid for treatment of emergency medical conditions for three months prior to April 12, 2014.

[REDACTED] eligibility for Child Health Plus is unchanged.

Additionally, [REDACTED] should be evaluated for Medicaid for treatment of emergency medical conditions for the three months prior to April 12, 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]

[REDACTED]
[REDACTED]
[REDACTED]