



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

Notice of Decision

Decision Date: October 28, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000747

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On September 2, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's June 7, 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 letter.

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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[REDACTED]
[REDACTED]
[REDACTED]

Issue

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

Did the Marketplace properly determine on June 7, 2014 that your infant son, [REDACTED], was eligible for Medicaid coverage beginning March 1, 2014?

Procedural History

On October 7, 2013, the Marketplace received your initial application for health insurance.

On November 5, 2013, the Marketplace received your modified application for health insurance. This application stated that only you and your spouse, [REDACTED] were seeking health insurance through the Marketplace. In your application you stated that you were pregnant with one child.

On December 15, 2013, the Marketplace issued a notice of eligibility determination based upon your expected yearly income of \$60,200.00. The notice stated that you and your spouse were eligible to enroll in a qualified health plan (QHP) through the Marketplace with up to \$65.00 per month in advance premium tax credits. The notice also stated that because you and your spouse were either a parent, child, caretaker relative, or pregnant, you might be eligible for Medicaid on a different basis. You were given contact information should you wish to investigate this possibility.

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You made no further revisions to your application until June 6, 2014. On June 6, 2014, you updated your application to add your infant son, [REDACTED], as a family member seeking health insurance through the Marketplace, and to reduce your family's expected yearly income to \$45,500.00. At that time, [REDACTED] was five months old.

On June 7, 2014, the Marketplace issued a notice of eligibility redetermination with regard to your son. It found that [REDACTED] was eligible for Medicaid, with such coverage to retroactively begin on March 1, 2014, three months before your application was amended to include him, but that you must choose a health plan for him, or one would be chosen for you.

On July 15, 2014, you spoke with the Marketplace's Customer Service Unit and appealed the June 7, 2014 eligibility redetermination.

On September 2, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and remained open for the sole purpose of providing you an opportunity to submit additional evidence. The record was to be closed after 15 days or upon the receipt of such evidence, whichever occurred earlier.

On September 2, 2014, you provided such additional evidence to the Marketplace Appeals Unit through your online account. As a result, the record was closed that same day.

Findings of Fact

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

- 1) You are married and have two children: your daughter; [REDACTED] (6 years old); and your infant son, [REDACTED] (8 months old as of September 4, 2014).
- 2) [REDACTED] was born on [REDACTED]
- 3) You plan to file a U.S. Income Tax Return for 2014, file as "married, filing jointly," and claim your two children as dependents.
- 4) On your November 11, 2013 application, you stated that you were pregnant and expecting one child. Your expected annual household income as of November 11, 2013 was \$60,200.00.
- 5) You did not modify your application to reflect that you were seeking health insurance through the Marketplace for [REDACTED] until June 6, 2014.

- 6) On your modified June 6, 2014 application, you reduced your household income to \$45,500.00, which included (1) your spouse's expected yearly income of \$31,200.00 from [REDACTED] [REDACTED] minus \$1,000.00 in total deductions from student loan interest and self-employment tax, and (2) your expected yearly income of \$16,500.00 from [REDACTED] [REDACTED] minus \$1,200.00 in total deductions from student loan interest and self-employment tax.
- 7) You testified that as of your November 11, 2013 application you received less income at [REDACTED] as a result of your inconsistent working hours after [REDACTED] birth.

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

Applicable Law and Regulations

Medicaid can be provided through the Marketplace to adults who: (1) are age 19 or older and under age 65; (2) are not pregnant; (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act; (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part; and (5) have a household modified adjusted gross income that is at or below 138% of the federal poverty for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

Infants under the age of one are eligible for Medicaid with MAGI household income up to 223% of the FPL for the applicable family size (13 ADM-03 - Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 9/25/13; N.Y. Soc. Serv. Law § 366(1)(b)(2); see also 42 CFR § 457.310(b)(1)(i)).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

For a Medicaid eligibility determination made on June 7, 2014 for a four-person household is \$23,850.00, or \$1,987.50 per month (79 Fed. Reg. 3593 (2014)).

If an applicant for health insurance is determined Medicaid eligible, coverage will begin on the first day of the first month that the applicant was determined eligible (18 NYCRR § 360-2.4(c)). The applicant may be determined retroactively eligible

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for coverage for up to three months prior to their application, if they would have been eligible for during the month when medical care or services were received (*Id.*).

Legal Analysis

The only matter under review is when ██████████ Medicaid coverage should have taken effect. The eligibility redetermination issued on June 7, 2014 found ██████████ to be eligible for Medicaid, with coverage to begin retroactively on March 1, 2014, three months before you applied for coverage for him.

As of your June 6, 2014 application, your household size for Medicaid purposes was four (you, your spouse, and your two children), and you expected to file as “married filing jointly” and claim your two children as dependents on your U.S. Income Tax return for 2014.

On June 6, 2014, when you first applied for insurance on his behalf, ██████████ was approximately 5 months old, and was found to be eligible for Medicaid at that time because his household income was \$45,500.00, which was less than 223% of the FPL (\$53,185.50). Therefore, the Marketplace’s June 7, 2014 eligibility determination that ██████████ was Medicaid eligible was correct.

Since ██████████ was determined Medicaid eligible on June 7, 2014, he would be generally be entitled to begin his Medicaid coverage on June 1, 2014. Further, since he was determined eligible to receive Medicaid coverage on June 1, 2014, he might also be entitled to receive retroactive coverage beginning no earlier than three months prior to that determination, or March 1, 2014, provided however, that he would have been eligible for Medicaid had an application been made on his behalf at that earlier time.

The credible testimony provided at the hearing and reflected in the record indicates that your household income for the months of March 2014 through May 2014 was \$3,791.67. Your monthly income of \$3,791.67 between March 2014 and May 2014 is less than the \$4,432.13 monthly income limit for Medicaid (223% of the monthly 2014 FPL), therefore the Marketplace’s June 7, 2014 eligibility redetermination that ██████████ Medicaid coverage begin on March 1, 2014 was also correct.

However, there is no provision in 18 NYCRR § 360-2.4(c) for there to be a retroactive finding of eligibility in excess of three months prior to the application date.

Since this finding is entirely consistent June 7, 2014 eligibility redetermination by the Marketplace, it is AFFIRMED.

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Decision

The June 7, 2014 eligibility redetermination is AFFIRMED.

Effective Date of this Decision: October 28, 2014

How this Decision Affects Your Eligibility

██████████ is eligible for Medicaid effective March 1, 2014.

If You Disagree with this Decision (Appeal Rights)

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

Summary

The June 7, 2014 eligibility determination is AFFIRMED.

██████████ is eligible for Medicaid effective March 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]