



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

Notice of Decision

Decision Date: June 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001252

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On January 29, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's September 30, 2014 eligibility determination.

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 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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Decision Date: June 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001252

[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 on September 30, 2014, you and your family's health insurance coverage through Medicaid should have an effective date of September 1, 2014?

Procedural History

On September 25, 2014, you submitted an application for health insurance through the Marketplace. On September 26, 2014, the Marketplace issued an eligibility determination notice stating that you, your spouse and five children are eligible for Medicaid effective September 1, 2014.

On September 29, 2014, you reapplied for health insurance through the Marketplace. On September 30, 2014, the Marketplace issued an eligibility determination notice consistent with the September 26, 2014, determination, and a notice confirming that on September 29, 2014, you selected New York State Catholic Health Plan, Inc. with a start date of November 1, 2014.

On October 30, 2014, your Marketplace Account was modified three times.

On October 30, 2014, you faxed your 2013 Form 1040 U.S Individual Income Tax Return to the Marketplace.

On October 31, 2014, the Marketplace issued an eligibility determination stating that your seventeen-year-old daughter may be eligible for health insurance through New York State of Health but more information is needed to make a determination.

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On November 30, 2014, the Marketplace issued an eligibility notice stating that on November 7, 2014, New York State of Health determined that you and your family remain eligible for Medicaid.

On December 13, 2014, the Marketplace issued a notice confirming that on November 28, 2014, you selected New York State Catholic Health Plan, Inc. with a start date of November 1, 2014. However, your seventeen-year-old daughter's Catholic Health Plan, Inc. coverage will be effective January 1, 2015.

On December 19, 2014, you spoke to the Marketplace Account Review Unit and requested an appeal regarding your September 1, 2014 Medicaid effective coverage date.

On January 29, 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.

Findings of Fact

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

1. You are applying for health insurance through the Marketplace for yourself, your spouse, and five children.
2. You planned to file a U.S. Income Tax Return for 2014, file with the tax status of married jointly, and claim your five children as dependents.
3. On September 29, 2014, you, your spouse and four of your children (22 years old; 20 years old; 19 years old, and 4 years old) were found Medicaid eligible with an effective date of September 1, 2014.
4. According to your September 29, 2014 Marketplace application, your only source of income is [REDACTED].
5. You testified that you are the President of [REDACTED].
6. Your Adjusted Gross Income (AGI) for 2013 was \$11,884.00 (Appellant Exhibit A pg. 1).
7. You testified that your 2014 AGI would be approximately the same as your 2013 AGI.
8. You testified that you are unable to provide records of earnings and expenses for the period of January 2014 through March 2014.

9. You testified that you want your Medicaid coverage to be effective March 1, 2014 and retroactively backdated to January 1, 2014.
10. You testified you have outstanding medical bills from January 2014 through March 2014.
11. You testified that you originally attempted to apply for health insurance through New York State of Health by contacting the Marketplace Customer Service Unit on March 15, 2014. The eligibility result of the application is unknown because the telephone conversation was interrupted and you are not sure if the application was processed.
12. You testified that you attempted to apply for health insurance through New York State of Health on May 29, 2014, with the assistance of a navigator. You stated that the navigator was unable to submit the application because of a defect in the system. The navigator contacted the Marketplace Customer Service Unit to resolve the issue. You stated that you are uncertain of the eligibility results.
13. You testified that you spoke with representatives from the Marketplace on September 12, September 22, and September 30, 2014. You stated that you were notified that the reason you were unable to submit your application was a defect in the computer system.

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

Applicable Law and Regulations

Medicaid for Adults:

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 level (FPL) for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

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).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application, that was the 2014 FPL, which is \$36,030.00 for a seven-person household (79 Fed. Reg. 3593, 3593).

Medicaid for children between ages one and eighteen:

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if his or her household's modified adjusted gross income falls at or below 154% of the FPL (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13ADM-03).

Medicaid for children between ages nineteen and twenty-one:

A child who is at least nineteen years of age but younger than twenty-one, who is living with their parents or caretaker relatives, is eligible for Medicaid if his or her household's modified adjusted gross income falls at or below 155% of the FPL (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13ADM-03).

Medicaid Retroactive Coverage:

The Department of Health must make Medicaid eligibility effective no later than the third month before the month of application if the individual received medical services that would have been covered under Medicaid and would have been eligible for Medicaid at the time he received the services if he had applied (42 CFR 435.915(a)). The Department of Health may make eligibility effective for fee-for-service Medicaid on the first day of the month if an individual was eligible any time during that month (42 CFR 435.915(b)).

Legal Analysis

The only matter under review is when your Medicaid coverage through the Marketplace should have taken effect.

The eligibility determination issued on September 30, 2014 found you, your spouse and four of your children eligible for Medicaid effective September 1, 2014.

However, you testified that you want your Medicaid coverage to be effective March 1, 2014, and retroactively backdated to January 1, 2014, to cover outstanding medical bills from January 2014 through March 2014.

You credibly testified that you originally attempted to apply for health insurance through New York State of Health by contacting the Marketplace Customer Service Unit on March 15, 2014. The eligibility result of the application is unknown because the telephone conversation was abruptly interrupted and you are not certain if the application was processed.

You credibly testified that your second attempt to apply for health insurance through New York State of Health was on May 29, 2014 with the assistance of a navigator. You stated that the navigator was unable to submit the application because of a defect in the system. The navigator contacted the Customer Service Unit to resolve the issue. However, you stated that you are uncertain of the eligibility results.

You credibly testified that you spoke with representatives from the Marketplace on September 12, September 22, and September 30, 2014. You stated that they acknowledged that the reason you were unable to submit your application was a defect in the computer system.

You submitted your 2013 U.S. Individual Income Tax Return (Appellant Exhibit A). The return shows that your Adjusted Gross Income (AGI) for 2013 is \$11,884.00, and you testified during the hearing that your 2014 AGI would be approximately the same as your 2014 AGI.

Since you were unable to complete your Marketplace application in March 2015, the September 30, 2014 eligibility determination notice stating that you and your family's Medicaid is effective September 1, 2014 is RESCINDED.

Your case is returned to the Marketplace to redetermine your and your family's eligibility for Medicaid effective March 1, 2014 and retroactively to January 1, 2014 based on an expected 2014 household income of \$11,884.00.

Decision

The September 30, 2014 eligibility determination is RESCINDED.

Your case is RETURNED to the Marketplace to determine your Medicaid eligibility effective March 1, 2014 and retroactively to January 1, 2014 based on a seven-person household and an expected 2014 household income of \$11,884.00.

Effective Date of this Decision: June 10, 2015

How this Decision Affects Eligibility

This decision does not change your eligibility.

It cancels the September 30, 2014 eligibility determination notice stating that your and your family's Medicaid is effective September 1, 2014.

It returns your case to the Marketplace to redetermine your eligibility for Medicaid based on an expected 2014 household income of \$11,884.00.

The Marketplace will issue a new eligibility determination notice.

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:

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- By fax: 1-855-900-5557

Summary

This decision does not change your eligibility.

This decision cancels the September 30, 2014 eligibility determination notice stating that your and your family's Medicaid is effective September 1, 2014.

This decision returns your case to the Marketplace to redetermine your eligibility for Medicaid based on an expected 2014 household income of \$11,884.00.

The Marketplace will issue a new eligibility determination notice.

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]