



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

Notice of Decision

Decision Date: May 29, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001411

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 18, 2015, you and your Authorized Representative appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 30, 2014 and December 12, 2014 eligibility determinations.

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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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did the Marketplace properly determine that you became eligible for Medicaid effective October 1, 2014?

Procedural History

You filed an application for health insurance, with financial assistance, on June 9, 2014. On June 10, 2014, the Marketplace issued a notice of eligibility determination stating that, with a household income of \$27,416.00, you were eligible to enroll in a qualified health plan; eligible to receive an advance premium tax credit of up to \$166.00 per month; and, if you selected a silver-level plan, eligible for cost-sharing reductions. It also found you ineligible for Medicaid.

Your application was modified and resubmitted on June 17, 2014 and several times thereafter. In each application, you attested to an expected yearly income of \$8,821.38. The Marketplace responded with requests for additional income information until October 23, 2014, when it made a preliminary determination that you were eligible for Medicaid effective October 1, 2014.

On November 30, 2014, the Marketplace issued a notice of eligibility determination on your October 23, 2014 application. The notice stated that you were eligible for Medicaid effective October 1, 2014.

On December 11, 2014, the Marketplace received an application in which you again attested to an expected yearly income of \$8,821.38.

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On December 12, 2014, the Marketplace issued a notice of eligibility redetermination based on your December 11, 2014 application. It stated that you were eligible for Medicaid effective December 1, 2014.

On January 9, 2015, you spoke with the Marketplace's Account Review Unit to appeal the effective date of your Medicaid eligibility. You appealed the November 30, 2014 notice of eligibility redetermination insofar as it set your Medicaid effective date on October 1, 2014 and the December 12, 2014 notice of eligibility redetermination insofar as it set your Medicaid effective date on December 1, 2014. You asked that your Medicaid coverage take effect on June 1, 2014.

On February 18, 2015, you and your Authorized Representative appeared for a telephone hearing. The record was developed during the hearing and held open to give you an opportunity to submit additional evidence on your income. The record was to be closed 15 days after the hearing date or upon the receipt of the income information, whichever occurred earlier. That same day, you faxed your income information to the Appeals Unit, and the record was closed.

Findings of Fact

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

- 1) During the February 18, 2015 hearing, you appointed your Authorized Representative to act on your behalf.
- 2) On June 9, 2014, you submitted an application for health insurance with financial assistance. A notice of determination issued June 10, 2014 stated, among other things, that you were ineligible for Medicaid.
- 3) On June 17, 2014, you filed an application in which you attested to expected household income of \$8,821.38 and requested help paying for medical bills for the preceding three months. The Marketplace responded with requests for additional income information.
- 4) In multiple applications submitted after June 17, 2014, you again attested to expected annual household income of \$8,821.38. The Marketplace responded to each with a request for additional income information.
- 5) You have two employers and work part time for each.
- 6) You testified that, due to an injury, you did not work for either employer between May 18, 2014 and July 11, 2014.

- 7) June 19, 2014 correspondence from one employer confirms your status as a part-time employee and states that the last day you worked was May 17, 2014. You testified that you returned to work for this employer on July 14, 2014.
- 8) The record contains a provided Self-Declaration of Income (Form DOH-4444) in which you attest that, on June 23, 2014, you requested a letter from your other part-time employer to confirm the last day you had worked for them. You testified that the last day you worked for this employer, before your accident, was approximately May 1, 2015. You testified that you returned to work for this employer on or about July 11, 2014.
- 9) The record contains documentary evidence that you received \$907.38 in disability benefits for the period that you were out of work. You testified that you do not recall when you received this payment, but it was probably during late July or early August.
- 10) On November 30, 2014, the Marketplace issued a notice of eligibility determination stating that you were eligible for Medicaid as of October 1, 2014.
- 11) On December 12, 2014, the Marketplace issued a notice of eligibility determination stating that you were eligible for Medicaid as of December 1, 2014.
- 12) Earnings statements from one employer confirm that you received \$100.00 on July 25, 2014. Additional earnings statements from that employer confirm that you were also paid on August 15, 22, and 29 and on September 5, 12, 19, and 26.
- 13) Earnings statements from your other employer confirm that you received \$228.00 on July 24, 2014 and \$408.50.00 on July 31, 2014. Additional earnings statements from that employer confirm that you were also paid on August 7, 14, 21, 26 and September 4, 11, 18, and 25.

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

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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 (MAGI) that is at or below 138% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

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 \$11,670.00 for a one-person household (79 Fed. Reg. 3593, 3593).

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 March 19, 2014).

When it has been determined that an applicant or recipient is eligible for Medicaid, the authorization is “effective back to the first day of the first month for which eligibility is established, except as otherwise provided in this Part. A retroactive authorization will be issued for medical expenses incurred during the three months prior to the month of application for [Medicaid], provided the applicant was eligible in the month in which the medical care and services were received” (18 NYCRR § 360-2.4 (c)).

Legal Analysis

The only issue raised on appeal is the date on which your Medicaid eligibility took effect.

On June 9, 2014, you submitted an application for health insurance with financial assistance. The eligibility determination issued on June 10, 2014 found that, on the information provided, you were eligible for an advance premium tax credit and cost-sharing reductions. You were denied eligibility for Medicaid. That decision has not been appealed and is not under review here.

On June 17, 2014 and later, you filed applications in which you attested to expected household income of \$8,821.38 and requested help paying for medical bills for the preceding three months. The Marketplace did not deny your applications; it responded with requests for additional income information.

Due to an injury you sustained, you were out of work from May 18, 2014 until July 11, 2014. You did not work for either of your employers during that period. Earnings statements confirm that both of your employers pay you on a weekly basis and indicate that there is generally a lag of less than two weeks between

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the end of a one-week pay period and the date on which you were paid for the work performed. Thus the documentary evidence indicates that you were not paid by either employer during June 2014. You did qualify for disability benefits for June 2014, but they were not paid to you until at least July 2014. Therefore, the record as now developed confirms that your income for June 2014 was \$0.00.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. To be eligible for Medicaid, you would need to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,342.05 per month for a one-person household.

On June 17, 2014, you submitted an application for health insurance with financial assistance. Since your income that month was \$0.00, your income was below the threshold for Medicaid eligibility and you qualified for Medicaid effective June 1, 2014.

Since you were eligible for Medicaid effective June 1, 2014, the November 30, 2014 and December 12, 2014 eligibility determinations are MODIFIED to reflect this.

In your June 17, 2014 application, you asked for help paying medical bills for the preceding three months. An applicant may be determined retroactively eligible for Medicaid coverage for up to three months prior to their application, provided that the applicant would have been eligible for during the month when medical care or services were received.

Since the record does not contain information on your income for the months of March, April, and May 2014, this issue cannot be addressed. If you still need help with medical costs for those months, you can provide income information to the Marketplace and resubmit your request.

Decision

The November 30, 2014 and December 12, 2014 eligibility determinations are MODIFIED to state that you are eligible for Medicaid effective June 1, 2014.

Effective Date of this Decision: June 1, 2014.

How this Decision Affects Your Eligibility

You became eligible for Medicaid effective June 1, 2014.

The record does not contain your income information for March, April, and May 2014, so no determination can be made on your eligibility for retroactive Medicaid benefits for those months.

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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P.O. Box 11729
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- By fax: 1-855-900-5557

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Summary

The November 30, 2014 and December 12, 2014 eligibility determinations are MODIFIED to state that you are eligible for Medicaid effective June 1, 2014.

You became eligible for Medicaid effective June 1, 2014.

The record does not contain your income information for March, April, and May 2014, so no determination can be made on your eligibility for retroactive Medicaid benefits for those months.

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]