



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

Notice of Decision

Decision Date: August 21, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001874

[REDACTED]

Dear [REDACTED],

On April 13, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 17, 2015 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 notice.

Legal Authority

We are sending you this notice in accordance with Code of 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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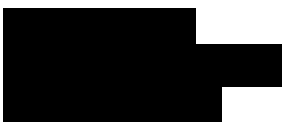


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P.O. Box 11729
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Decision

Decision Date: August 21, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001874



Issue

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

Did the Marketplace properly determine that you were eligible for Medicaid no earlier than February 1, 2015, as reflected in the February 17, 2015 notice of eligibility determination?

Procedural History

On January 21, 2015, the Marketplace received your initial application for health insurance.

On January 22, 2015, the Marketplace issued a notice stating that you might be eligible for health insurance through the NY State of Health but that more information was needed to make a determination. It requested that you provide your income documentation by February 8, 2015.

On January 27, 2015, the Marketplace received a copy of your Official Record of Benefit Payment History issued by the New York State Department of Labor on January 22, 2015.

On January 29, 2015, the Marketplace issued a notice stating that while you had submitted documentation, the documentation provided was insufficient to resolve the request. It further stated that additional documentation regarding your spouse's income was required in order for the Marketplace to make a determination.

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On February 4, 2015, you submitted two revised applications to the Marketplace. The Marketplace prepared a preliminary determination in response to each of your applications. In the first instance, the Marketplace requested that you provide more documentation before a determination could be issued. In the second instance, the Marketplace found you eligible for Medicaid beginning January 1, 2015; however, no notice of eligibility determination was issued in connection with this application or preliminary eligibility determination.

On February 11, 2015, the Marketplace received a copy of your spouse's Social Security Administration (SSA) benefit letter indicating, among other things, your spouse's monthly award beginning July of 2013.

On February 15, 2015, the Marketplace reran your eligibility based on your application submitted on February 4, 2015.

On February 16, 2015, the Marketplace issued a notice of eligibility determination stating that you were eligible for Medicaid effective January 1, 2015.

That same day, the Marketplace received a revised application.

On February 17, 2015, the Marketplace issued a notice of eligibility determination stating that you remained eligible for Medicaid effective February 1, 2015.

That same day, the Marketplace received a copy of your spouse's SSA-1099 – Social Security Benefit Statement.

On February 25, 2015, you spoke with the Marketplace's Account Review Unit and appealed the February 17, 2015 eligibility determination insofar as you were found eligible for Medicaid no earlier than February 1, 2015.

On April 13, 2015, you had a telephone hearing with a Hearing Officer from the Appeals Unit of NY State of Health. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) Your application indicates that you are married and have no children living with you.
- 2) You testified that only you were seeking insurance through your Marketplace account since your spouse already had health coverage.

- 3) You submitted your initial application for health insurance to the Marketplace on January 21, 2015.
- 4) On January 22, 2015, the Marketplace issued a notice stating that you may be eligible for health insurance through the NY State of Health but more information was needed to make a determination. It requested that you provide your income documentation by February 8, 2015.
- 5) On January 27, 2015, you provided the Marketplace with a copy of your Official Record of Benefit Payment History issued by the New York State Department of Labor on January 22, 2015. It reflects that you received thirteen payments of \$362.00 between October 31, 2014 and January 20, 2015.
- 6) On January 29, 2015, the Marketplace issued a notice stating that while you have submitted documentation to resolve the inconsistency, the documentation provided was insufficient to resolve the request. It further stated that additional documentation regarding your spouse's income was required in order for the Marketplace to make a determination.
- 7) You testified that when you received the Marketplace's notice requesting additional documentation, you did not provide documentation regarding your spouse's income since only you were applying for coverage.
- 8) On February 11, 2015, you provided the Marketplace with a copy of your spouse's Social Security Administration (SSA) benefit letter indicating, among other things, your spouse's monthly award beginning July, 2013 of \$1,419.00.
- 9) On February 16, 2015, the Marketplace issued a notice of eligibility determination stating that you were eligible for Medicaid beginning January 1, 2015.
- 10) On February 17, 2015, you provided the Marketplace with a copy of your spouse's SSA-1099 – Social Security Benefit Statement, which indicated her receipt of a total of \$17,291.60.
- 11) On February 17, 2015 and February 28, 2015, the Marketplace issued notices of eligibility determination, which stated that you remained eligible for Medicaid, with such coverage beginning February 1, 2015.
- 12) You further testified that since you had submitted your initial application in January 2015, your Medicaid coverage should have begun on January 1, 2015, not February 1, 2015.

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 (MAGI) that is at or below 138% of the 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)).

Most adults who are determined to be eligible for Medicaid are guaranteed 12 months of Medicaid coverage, even if they lose Medicaid eligibility because of any income increases or updates they make to their Marketplace account. This 12-month period is referred to as “continuous coverage” and is based on the start date of the original Medicaid eligibility determination or the date of a later Medicaid eligibility determination based on modified adjusted gross income (N.Y. Soc. Serv. Law § 366(4)(c)). There are limited exceptions to this rule, such as not being a resident of New York State or failing to provide a valid social security number (*id.*).

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)).

Legal Analysis

The sole issue under appeal is when your Medicaid eligibility should have started.

Your initial application was received by the Marketplace on January 21, 2015. Based on this application, the Marketplace issued a notice requesting additional income documentation no later than February 8, 2015, although it did not specify that your spouse’s documentation was required as well as your own.

On January 27, 2015, you provided the Marketplace with a copy of your Official Record of Benefit Payment History issued by the New York State Department of Labor on January 22, 2015.

On January 29, 2015, the Marketplace issued a notice stating that while you have submitted documentation to resolve the inconsistency, the documentation

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provided was insufficient to resolve the request. It further stated that additional documentation regarding your spouse's income was required in order for the Marketplace to make a determination.

You revised your application on February 4, 2015, and on February 16, 2015, the Marketplace issued a notice of eligibility determination finding you eligible for Medicaid effective January 1, 2015. Under the continuous coverage provision of the Social Services Law, this eligibility continues for 12 months.

Since you were found eligible for Medicaid coverage beginning January 1, 2015, the subsequent February 17, 2015 and February 28, 2015 notices of eligibility determination are MODIFIED solely to reflect that your Medicaid eligibility properly began on January 1, 2015.

Decision

The February 17, 2015 notice of eligibility determination is MODIFIED solely to reflect that your Medicaid eligibility was effective January 1, 2015.

Your case is RETURNED to the Marketplace to effect this change.

Effective Date of this Decision: August 21, 2015

How this Decision Affects Your Eligibility

The Medicaid eligibility that began on January 1, 2015 continues in effect until December 31, 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

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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

Summary

The February 17, 2015 notice of eligibility redetermination are MODIFIED solely to reflect that your Medicaid eligibility was effective January 1, 2015.

Your case is RETURNED to the Marketplace to effect this change.

The Medicaid eligibility that began on January 1, 2015 continues in effect until December 31, 2015.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

