



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

Notice of Decision

Decision Date: July 24, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002795

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On June 10, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 28, 2014 eligibility determination notice.

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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Issue

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

Did the Marketplace properly determine that your Medicaid coverage was effective no earlier than October 1, 2014?

Procedural History

The Marketplace received your application for health insurance on October 16, 2014.

On November 28, 2014, the Marketplace issued a notice of eligibility determination based on your application that stated you were eligible for Medicaid and that your insurance coverage through Medicaid would begin October 1, 2014.

On March 12, 2015, paystubs for the months of August and September 2014 were uploaded to your Marketplace account.

On May 7, 2015, you called the Marketplace's Account Review Unit and appealed the effective date of your Medicaid coverage.

On June 10, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

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Findings of Fact

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

- 1) Your application states that you intend to file your taxes with a tax filing status of single and will claim no dependents on that tax return.
- 2) You testified that you are seeking additional Medicaid coverage for the months of July, August, and September 2014.
- 3) You testified that you are paid every other week.
- 4) You provided copies of the checks you received from your job for the month of August. You provided a check dated August 14, 2014 for the gross pay amount of \$858.61 and a check dated August 28, 2014 for the gross pay amount of \$851.13.
- 5) You provided copies of the checks you received from your job for the month of September. You provided a check dated September 11, 2014 for a gross pay amount of \$742.33 and a check dated September 25, 2014 for the gross pay amount of \$960.61.

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

Applicable Law and Regulations

Medicaid for Adults between the Ages of 19 and 65

Medicaid through the Marketplace can be provided 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 federal poverty level (FPL) for the applicable family size (42 CFR §§ 435.119(b), 435.911(b)(1), 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).

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of application if the individual received medical services that would have been covered under Medicaid and the individual 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 at issue is when your Medicaid coverage should have been made effective.

Based on the information in your application, you were initially found eligible for Medicaid in the November 28, 2014 eligibility determination notice. According to this notice, your coverage with Medicaid began October 1, 2014.

You testified that you are seeking to have your Medicaid coverage be made effective prior to October 1, 2014; specifically you are requesting that your Medicaid coverage be made effective for July, August, and September 2014.

Medicaid coverage can be made effective retroactively three months prior for an individual who would have been eligible in those three months had they applied. However, you did not provide evidence of your income for the month of July so we cannot determine whether you should have been eligible for that month.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. You are in a one person household; you intend to file your taxes with a tax filing status of single and will claim no dependents on that tax return. To be eligible for Medicaid in August 2014, you would need to meet the non-financial criteria and have an income no greater than 138% of the federal poverty level (FPL), which is \$1,343.00 per month for a one person household.

You testified that you are paid every other week. You provided copies of the checks you received from your job for the month of August 2014. You provided a check dated August 14, 2014 for the gross pay amount of \$858.61 and a check dated August 28, 2014 for the gross pay amount of \$851.13.

Since your August 2014 income of \$1,709.74 exceeds the Medicaid limit of \$1,343.00 per month, you are not eligible for Medicaid for the month of August.

You provided copies of the checks you received from your job for the month of September. You provided a check dated September 11, 2014 for a gross pay amount of \$742.33 and a check dated September 25, 2014 for the gross pay amount of \$960.61.

Since your September 2014 income of \$1,702.94 exceeds the Medicaid limit of \$1,343.00 per month, you are not eligible for Medicaid for the month of September.

Therefore, the November 28, 2014 eligibility determination finding you eligible for Medicaid effective October 1, 2014 is AFFIRMED.

Decision

The November 28, 2014 eligibility determination is AFFIRMED.

Effective Date of this Decision: July 24, 2015

How this Decision Affects Your Eligibility

You are eligible for Medicaid effective October 1, 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.

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 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).

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 November 28, 2014 eligibility determination is AFFIRMED.

You became eligible for Medicaid effective October 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]