

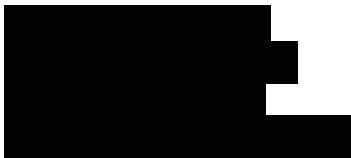


STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: December 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004638



Dear [REDACTED],

On November 23, 2015, your Authorized Representative appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's September 1, 2015 notice of 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 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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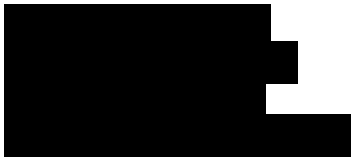


STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: December 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004638



Issue

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

Did the Marketplace properly determine that your eligibility effective date for Medicaid was August 1, 2015?

Procedural History

On August 3, 2015, the Marketplace received your paper application, signed July 17, 2015. An online account was created for you on August 5, 2015.

On August 6, 2015, the Marketplace issued a notice stating it had received your application for health insurance dated July 17, 2015, but it was not possible to make a determination because more information was needed.

On September 1, 2015, the Marketplace issued an eligibility determination notice stating that you were conditionally eligible for Medicaid, effective August 1, 2015.

On September 8, 2015, your mother spoke to the Marketplace's Account Review Unit and appealed the effective date of your Medicaid insofar as your coverage began on August 1, 2015.

On November 23, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At the hearing, [REDACTED] appeared as your Authorized Representative and testified on your behalf. 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) According to your Marketplace application, you are single, you will be filing a tax return, and you will be claiming no children as tax dependents.
- 2) Your paper application for health insurance was signed on July 17, 2015. Your Authorized representative testified that she submitted a paper application to your Local Department of Social Services.
- 3) On July 20, 2015, the Local Department of Social Services received your paper application.
- 4) On August 3, 2015 the Marketplace received your paper application. It was accompanied by an attachment entitled MAGI Group Screening Tool for Applications Referred from Local Districts to New York State of Health. The attachment stated in part that the Date of District Referral was July 23, 2015.
- 5) Your Authorized Representative testified that you are seeking Medicaid coverage to be effective as of the date of your July 2015 application as well as retroactive Medicaid for April, May, and June 2015.
- 6) Your Authorized Representative testified that you are not employed and that your parents provide you with financial support. She further testified that your monthly income has been \$0.00 since April 2015.
- 7) Your paper application states that you stopped working in May 2015.

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)).

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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 2015 FPL, which is \$11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

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)).

Modified Adjusted Gross Income

The Marketplace bases its eligibility determinations on modified adjusted gross income as defined in the federal tax code (45 CFR § 155.300(a)). The term “modified adjusted gross income” means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3) Social Security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

Generally, payments made for the support of children are not included in the gross income of the parent receiving the payment (26 USC § 71(c)(1)).

Legal Analysis

The issue under review is whether the Marketplace properly determined that your eligibility effective date for Medicaid was August 1, 2015.

On September 1, 2015, the Marketplace issued an eligibility determination notice stating that you were conditionally eligible for Medicaid, effective August 1, 2015.

Your Authorized Representative testified that you are seeking Medicaid coverage to be effective as of the date of your July 2015 application as well as retroactive Medicaid for April, May, and June 2015.

For purposes of Marketplace applications for Medicaid, you are in a one-person tax household because you are single, and you have no dependents.

In New York State, Medicaid coverage begins on the first day of a month, if the applicant was eligible at any time during that month. Coverage is available retroactively for three months, if the person would have been eligible in those three months had he applied.

Your paper application for health insurance was signed on July 17, 2015. Your Authorized representative testified that she submitted a paper application to your Local Department of Social Services. On July 20, 2015, the Local Department of Social Services received your paper application. On August 3, 2015 the Marketplace received your paper application. It was accompanied by an attachment entitled MAGI Group Screening Tool for Applications Referred from Local Districts to New York State of Health. The attachment stated in part that the Date of District Referral was July 23, 2015.

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 in July 2015, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,354.00 per month for a household of one person.

Your Authorized Representative testified that you are not employed and that your parents provide you with financial support. She further testified that your monthly income has been \$0.00 since April 2015. However, the application that was submitted states that you were employed until May 2015.

Since your application was referred to the Marketplace on July 23, 2015 and you qualified for Medicaid during July 2015 based on a household income of \$0.00, your Medicaid eligibility should have begun on July 1, 2015, not August 1, 2015. Accordingly, the September 1, 2015 notice of eligibility determination is MODIFIED to state that your Medicaid coverage began effective July 1, 2015.

There is no indication in the record that the Marketplace has made a determination on your request for retroactive coverage, so the Appeals Unit cannot reach this issue.

Your case is returned to the Marketplace to consider your request for retroactive coverage during April, May, and June 2015. Since your Authorized Representative's testimony regarding to your employment end date is not consistent with what was written in your paper application, you will need to provide documentation of your last day of work as well as any paystubs you received in April, May, and June 2015.

Decision

The September 1, 2015 notice of eligibility determination is MODIFIED to state that your Medicaid coverage began effective July 1, 2015.

Your case is RETURNED to the Marketplace to determine your eligibility for retroactive Medicaid coverage, you must submit documentation of your monthly income for April, May, and June 2015.

Effective Date of this Decision: December 18, 2015

How this Decision Affects Your Eligibility

Your Medicaid coverage began on July 1, 2015 rather than on August 1, 2015.

The Marketplace will decide if you are also entitled to retroactive Medicaid coverage for the months of April, May, and June 2015.

Since your Authorized Representatives testimony is not in line with what was written in your paper application in regards to your employment end date, you will need to provide documentation of your last day of work as well as any paystubs you received in April, May, and June 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 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

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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 September 1, 2015 notice of eligibility determination is MODIFIED to state that your Medicaid coverage began effective July 1, 2015.

Your case is RETURNED to the Marketplace to determine your eligibility for retroactive Medicaid coverage, you must submit documentation of your monthly income for April, May, and June 2015.

Your Medicaid coverage began on July 1, 2015 rather than on August 1, 2015.

The Marketplace will decide if you are also entitled to retroactive Medicaid coverage for the months of April, May, and June 2015.

Since your Authorized Representatives testimony is not in line with what was written in your paper application in regards to your employment end date, you will need to provide documentation of your last day of work as well as any paystubs you received in April, May, and June 2015.

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:

