



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: AP000000001615

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 27, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's September 17, 2015 eligibility determination and January 27, 2015 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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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001615

[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 your Medicaid coverage was effective September 1, 2014?

Procedural History

On September 17, 2014, the Marketplace issued a notice of eligibility determination that stated you were eligible for Medicaid effective September 1, 2014, and you were subsequently enrolled in a Medicaid managed care plan.

On January 21, 2015, the Marketplace received your written request for medical expenses to be paid by having your Medicaid coverage start date backdated.

On January 27, 2015, the Marketplace issued a notice that stated "We have received your request for coverage of medical bills within the three month period prior to your application for health insurance dated August 20, 2014. Our records show that the following individuals already have Medicaid coverage through Qualifying Health Plan under Metroplus Silver Plus for the periods listed below..." The notice listed a coverage period from May 1, 2014 to July 1, 2014.

On January 28, 2015, you called the Marketplace's Account Review Unit and appealed the January 27, 2015 notice insofar as it denied payment of your medical bills through Medicaid.

On February 27, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was left open for 15 days to allow time to submit evidence of your income for the months of June, July, and August. On March 9, 2015 you uploaded documentation to your Marketplace account. The record is now closed.

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 prior to September 1, 2014 you were enrolled in MetroPlus Silver Plus.
- 3) You testified that the last time you paid a premium to MetroPlus was on August 8, 2014. Our records indicate that you had coverage with MetroPlus until August 31, 2014.
- 4) You testified that you used your MetroPlus insurance card up until the time you received your Medicaid card.
- 5) You testified that in June 2014 your employment changed and you called to inform the Marketplace of this change in July 2014.
- 6) You testified that there was a gap in your income from the end of June to the beginning of July because you were in the process of starting a new job. You further testified that you began this job at the end of June 2014.
- 7) You provided a copy of your Web Payroll from [REDACTED]. The payroll shows a check date of July 18, 2014 with a gross income of \$332.50, a check date of August 1, 2014 with a gross income of \$215.00, a check date August 15, 2014 with a gross income of \$202.50, and a check date of August 29, 2014 with a gross income of \$220.00.
- 8) You provided a copy of a check dated June 27, 2014 for the amount of \$277.88 from [REDACTED].
- 9) At the time of the September 17, 2014 eligibility determination, your account listed an annual household income of \$7,294.76.
- 10) You testified that you have unpaid medical bills for the month of August and that you are seeking Medicaid coverage for that month. You further

testified that MetroPlus rejected payment of the bills even though they initially agreed to partially cover some of the expenses.

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 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)).

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; if the effective date had been earlier than September 1, 2014, medical expenses you incurred prior to that date might have been covered.

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).

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. Your application lists an annual household income of \$7,294.76.

Based on this information, you were initially found eligible for Medicaid in the September 17, 2014 eligibility determination notice. According to this notice, your coverage with Medicaid began September 1, 2014.

You testified that you are seeking to have your Medicaid coverage be made effective prior to September 1, 2014, specifically you are seeking your Medicaid coverage be made effective August 1, 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.

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 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.

You provided a copy of your payroll which showed the amount of income you received from your job in the month of August 2014. Specifically, it showed a check dated August 1, 2014 with a gross income of \$215.00, a check dated August 15, 2014 with a gross income of \$202.50, and a check dated August 29, 2014 with a gross income of \$220.00.

Since your income was \$637.50 for August 2014, you should have been approved for retroactive Medicaid fee-for-service coverage with an effective date of August 1, 2014.

However, your medical expenses might not be covered under Medicaid fee-for-service, and your health care providers might not be Medicaid fee-for-service participants. Bills that have already been paid by your prior health insurance also will not be paid again. Therefore, the matter is returned to the Marketplace for a determination as to whether any medical expenses incurred during August of 2014 are covered by Medicaid.

Decision

The September 17, 2014 eligibility determination is MODIFIED to state you are eligible for Medicaid and that your insurance coverage through Medicaid is effective August 1, 2014. Your case is returned to the Marketplace for a

determination as to whether any medical expenses incurred during August of 2014 are covered by Medicaid.

Effective Date of this Decision: July 24, 2015

How this Decision Affects Your Eligibility

You are eligible for Medicaid effective August 1, 2014.

However, this is not a determination as to whether individual bills will be covered by this extended eligibility. Instead, the matter is returned to the Marketplace for an evaluation of whether any medical expenses incurred during August of 2014 are covered by Medicaid

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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The September 17, 2014 eligibility determination is MODIFIED to state you are eligible for Medicaid and that your insurance coverage through Medicaid will begin August 1, 2014.

You are eligible for Medicaid effective August 1, 2014.

However, this is not a determination as to whether individual bills will be covered by this extended eligibility. Instead, the matter is returned to the Marketplace for an evaluation of whether any medical expenses incurred during August of 2014 are covered by Medicaid

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]