



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

Notice of Decision

Decision Date: June 26, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001641

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On March 5, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 26, 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 letter.

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).

This page intentionally left blank.



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

Decision

Decision Date: [REDACTED]

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001641

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Issues

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

Did the Marketplace properly determine that you were not eligible for retroactive Medicaid coverage from January 1, 2014, until January 31, 2014?

Procedural History

On February 18, 2014, the Marketplace received your application for health insurance. The Marketplace prepared a preliminary eligibility determination stating that you are eligible to receive Medicaid.

On March 1, 2014, the Marketplace issued an eligibility determination notice stating that you are eligible for Medicaid effective February 1, 2014.

On June 16, 2014, you uploaded to your Marketplace Account: (1) A statement explaining your need for retroactive Medicaid coverage for January 2014; (2) Your final two Earnings Statements from your former employer; (3) A separation letter from your former employer; (4) Access NY Health Care application.

On January 26, 2015, the Marketplace issued a notice stating that you have been determined not eligible for Medicaid coverage for the period of January 1, 2014, to January 31, 2014.

On January 30, 2015, you spoke to the Account Review Unit and appealed that determination.

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).

On March 5, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during that hearing and closed at the end of the hearing.

Findings of Fact

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

1. You are applying for health insurance through the Marketplace for yourself only (2/18/2014 Marketplace Application; Testimony).
2. You are seeking retroactive Medicaid coverage for the month of January 2014 (2/18/2014 Marketplace Application; Testimony).
3. You plan to file a U.S. Income Tax Return for 2014, file as single, and claim no dependents on that return (2/18/2014 Marketplace Application).
4. You were determined eligible for Medicaid with an effective date of February 1, 2014 (NYSOH 3/1/2014 notice).
5. Your last day of employment was January 17, 2014.
6. You submitted your final two Earnings Statements to the Marketplace on June 16, 2014: (1) Check date 1/16/2014 (Check No. [REDACTED]) indicates gross earnings of \$880.00, and (2) Check date 1/30/2014 (Check No. [REDACTED]) indicates gross earnings of \$726.66.
7. You testified that you were reassured with every contact with the Marketplace Customer Service Unit that your outstanding medical bills from January 2014 would be covered by the Medicaid program.
8. The Marketplace issued an eligibility determination on January 26, 2015, stating that you are not eligible for Medicaid coverage for the period of January 1, 2014, to January 31, 2014.

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

Applicable Law and Regulations

Medicaid:

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

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).

Medicaid State plan in accordance with subpart B of this part; and (5) have a household modified adjusted gross income that is at or below 138% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

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 by the US Department of Health and Human Services, March 19, 2014).

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 (2014)).

Medicaid Retroactive Coverage:

If an applicant for health insurance is determined Medicaid eligible, coverage will begin on the first day of the first month that the applicant was determined eligible. However, the applicant may be determined retroactively eligible for coverage for up to three months prior to their application, if they would have been eligible for during the month when medical care or services were received (18 NYCRR § 360-2.4(c))

Legal Analysis

Currently at issue is whether the Marketplace properly determined that you were not eligible for retroactive coverage of Medicaid from January 1, 2014, until January 31, 2014.

As of your February 18, 2014 application, your household size for Medicaid purposes was one. You expected to file your 2014 federal income tax return as “single” and claim no dependents on that return.

Since you were determined Medicaid eligible on February 18, 2014, you are entitled to begin your Medicaid coverage on February 1, 2014. However, on your February 18, 2014 Marketplace application, you indicated that you want help paying for medical bills from the last three months. Since you were determined eligible to receive Medicaid coverage on February 1, 2014, you may also be entitled to receive retroactive coverage beginning no earlier than January 1, 2014, provided however, that you would have been eligible for Medicaid had an application been completed in January 2014.

On June 16, 2014, you submitted your final two Earnings Statements from your employment to the Marketplace; (1) Check date 1/16/2014 (Check No.

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).

██████████) indicates gross earnings of \$880.00, and (2) Check date 1/30/2014 (Check No. ██████████) indicates gross earnings of \$726.66. The credible evidence reflected in the record indicates that your household income for the month of January 2014 was at least \$1606.66.

Medicaid can be provided through the Marketplace to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138% of the Federal Poverty Level (FPL) for the applicable family size.

On the date of your initial application, the FPL was \$11,670.00 for a one-person household. Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits may be based on current monthly household income and family size. To be eligible for Medicaid, you must meet the nonfinancial criteria and have an income no greater than 138% of the FPL. In order to be eligible for Medicaid a household of one must not exceed a monthly income limit of \$1,343.00.

Since the January 26, 2015 eligibility determination properly states that you are not eligible for Medicaid coverage for the coverage period of January 1, 2014, to January 31, 2014, it is correct and is AFFIRMED.

Decision

The January 26, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: June 26, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You remain eligible for Medicaid effective February 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.

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).

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 January 26, 2015 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

You remain eligible for Medicaid effective February 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]
[REDACTED]