



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: AP000000001878

[REDACTED]

Dear [REDACTED],

On April 15, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 14, 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 Code of Federal Regulation (CFR) 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]
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[REDACTED]

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 effective January 1, 2015, and not November 1, 2014?

Procedural History

The Marketplace received your application for health insurance on January 13, 2015. During the application process, you were asked if you wanted assistance in paying for medical bills for the previous three months; your reply was no.

On January 14, 2015, the Marketplace issued a notice of eligibility determination stating that you were eligible for Medicaid effective January 1, 2015. This eligibility determination relied upon an attested expected household income of \$15,600.00.

On February 25, 2015, you spoke with the Marketplace's Account Review Unit and appealed that determination insofar as it did not retroactively begin your Medicaid coverage effective November 1, 2014.

On April 15, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and left open for up to 15 days to provide you an opportunity to submit evidence supporting your position.

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On April 23, 2015, you uploaded supporting evidence to your Marketplace account. The documentation included a copy of your paystubs from October 31, 2014 to April 17, 2015, a copy of two doctor's notes from [REDACTED], and a copy of a doctor's note from [REDACTED]. These documents were collectively marked as Appellant's Exhibit 1 and incorporated into the record.

The record was closed on April 23, 2015.

Findings of Fact

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

- 1) You testified that you are seeking retroactive coverage through Medicaid for the months of November and December 2014 because you had unpaid medical expenses incurred during those months.
- 2) You testified that, during the month of November 2014, you expected to file your taxes with a tax filing status of single and claim no dependents on your tax return.
- 3) You testified that you were unable to work in November 2014 because you were hospitalized. You further testified that you went on medical leave from your employment for 2 to 3 weeks in November 2014. You testified that you were unable to return to work until December 2014. You provided evidence that you were hospitalized from November 22, 2014 to November 25, 2014 (Appellant's Exhibit 1, April 23, 2015). Though the doctor's note written by [REDACTED] indicated a hospital stay from November 22, 2015 to November 25, 2015, it is reasonable to infer that this was simply a typographical error and that the correct dates of hospitalization occurred in 2014.
- 4) You testified that your income fluctuates bi-weekly depending on hours worked. You further testified that you earn \$12.50 per hour before taxes are deducted, plus commissions. You testified, however, that you were only able to work for one week during November 2014.
- 5) You provided evidence that you earned \$1,623.84 on November 14, 2014 before taxes are deducted; \$1,756.44 on November 28, 2014 before taxes were deducted; \$976.72 on December 12, 2014 before taxes were deducted; and \$1,367.51 on December 26, 2014 before taxes were deducted (Appellant's Exhibit 1, April 23, 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)).

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 for which you are requesting retroactive Medicaid eligibility, that was the 2014 FPL, which is \$11,670.00 for a one-person household (79 Fed. Reg. 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 at that time (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 issue is whether your Medicaid coverage should have been made effective before January 1, 2015.

You are single and do not expect to claim any dependents; therefore, you are a one-person household.

On January 14, 2015, you were initially found eligible for Medicaid effective January 1, 2015.

You testified that you were seeking to have your Medicaid coverage retroactively applied for the months of November and December 2014.

Medicaid coverage can be made effective retroactively for up to three months prior to an individual's application if the individual received medical services that would have been covered under Medicaid and if they would have been eligible for Medicaid 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 qualify for Medicaid in November or December 2014, you must have met the non-financial criteria and had an income no greater than 138% of the FPL, which is \$1,343.00 per month, during those months.

There is no contention, and there is no indication in the record, that you fail to meet any of the non-financial criteria for Medicaid eligibility.

You provided a copy of your paystubs for the month of November 2014. The record reflects that you earned \$1,623.84 on November 14, 2014 before taxes were deducted and \$1,756.44 on November 28, 2014 before taxes were deducted. Therefore, you earned \$3,380.28 during the month of November 2014.

Since your income of \$3,380.28 was greater than the \$1,343.00 Medicaid limit for November 2014, you were not eligible for Medicaid coverage for the month of November 2014.

You also provided a copy of your paystubs for the month of December 2014. The record reflects that you earned \$976.72 on December 12, 2014 before taxes were deducted and \$1,367.51 on December 26, 2014 before taxes were deducted. Therefore, you earned \$2,344.23 during the month of December 2014.

Since your income of \$2,344.23 was greater than the \$1,343.00 Medicaid limit for December 2014, you were also not eligible for Medicaid coverage for the month of December 2014.

Decision

The January 14, 2015 notice of eligibility determination is AFFIRMED insofar as it properly began your Medicaid eligibility effective January 1, 2015.

Effective Date of this Decision: August 21, 2015

How this Decision Affects Your Eligibility

You were not Medicaid eligible for the months of November or December 2014.

You became eligible for Medicaid effective January 1, 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 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):

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- By calling the Customer Service Center at 1-855-355-5777
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Summary

The January 14, 2015 notice of eligibility determination is AFFIRMED insofar as it properly began your Medicaid eligibility effective January 1, 2015.

You were not Medicaid eligible for the months of November or December 2014.

You are eligible for Medicaid effective January 1, 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:

