



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

## Notice of Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001985



Dear Mr. [REDACTED]

On October 8, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 4, 2015 determination on your retroactive Medicaid eligibility request.

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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## Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001985

[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 not eligible for retroactive Medicaid coverage during the months of July 2014 and August 2014?

## Procedural History

The Marketplace received your initial application for health insurance on September 25, 2014. In that application, you stated that a parent would be claiming you as a dependent and you requested help in paying for medical bills from the prior three months.

On September 26, 2014, the Marketplace issued an eligibility determination notice finding you eligible for Medicaid. The notice further stated that your insurance coverage through Medicaid would begin on September 1, 2014, and instructed you to select a health plan soon or one would be chosen for you. The notice finally requested that you provide proof of income for the period from June 1, 2014 to August 31, 2014, by October 10, 2014.

On October 17, 2014 and October 21, 2014, the Marketplace received multiple copies of six earnings statements issued to you by your employer, the [REDACTED] [REDACTED] dated between June 27, 2014 and September 5, 2014.

On October 20, 2014, the Marketplace received a revised application.

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On November 27, 2014, the Marketplace issued an eligibility redetermination notice stating that you remained eligible for Medicaid. This eligibility determination was effective October 1, 2014. This notice also requested that you provide proof of income for the period from June 1, 2014 to August 31, 2014 by October 25, 2014.

On December 9, 2014, the Marketplace issued an enrollment notice confirming your enrollment in a UnitedHealthcare Medicaid Managed Care (MMC) plan. The notice stated that you had been enrolled in this MMC because you had not selected a health plan. The notice further stated that your insurance coverage through Medicaid would begin October 1, 2014 and your coverage under your MMC would begin November 1, 2014.

On March 3, 2015, the Marketplace reviewed and verified the earning statements you provided on October 17, 2014. On that same date, the Marketplace determined you eligible for retroactive Medicaid coverage for the month of June 2015 because your income of \$1,307.25 was below the \$1,343.00 income limit for that program. You were not eligible for the months of July 2014 and August 2014 because your income for those months was \$1,687.88 and \$1,380.76, respectively, which exceeded the \$1,343.00 income limit for that program. No written notice was issued by the Marketplace formalizing this eligibility determination for retroactive Medicaid coverage.

On March 4, 2015, the Marketplace issued an enrollment notice confirming that your coverage through Medicaid would begin "July 1, 2014" (*sic*), but adding that you must choose a health plan or one would be chose for you.

On March 9, 2015, you spoke to the Marketplace's Account Review Unit and appealed the March 3, 2015 eligibility determination insofar as you were found ineligible for Medicaid coverage during the month of August 2014.

On October 8, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and remained open as the Hearing Officer directed you to provide as additional evidence to corroborate your testimony: (1) a copy of your parents' 2014 joint tax return claiming you as a dependent and (2) a letter issued by your father's employer confirming gross income received during months of July 2014 and August 2014. The record was to be closed 15 days after the hearing date, or upon the receipt of the above referenced documents, whichever occurred earlier.

No additional documents were received from you by October 23, 2015.

Accordingly, the record was closed on October 23, 2015.

## Findings of Fact

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

- 1) Your relevant application was received on September 25, 2014, in which you requested assistance with paying for medical bills incurred during the previous three months.
- 2) Based on the September 25, 2014 application, you were found eligible for Medicaid coverage beginning September 1, 2014.
- 3) On October 17, 2014, and then again on October 20, 2014, the Marketplace received earning statements issued by the [REDACTED], reflecting that you received: (1) \$483.00 on June 27, 2014, (2) \$824.25 on July 11, 2014, (3) \$863.63 on July 25, 2014, (4) \$926.63 on August 8, 2014, (5) \$454.13 on August 22, 2014, and \$609.00 on September 5, 2014.
- 4) On March 3, 2015, the Marketplace found you eligible for retroactive Medicaid coverage for the month of June 2014, but ineligible for such coverage for the months of July 2014 and August 2014. No notice of eligibility determination was issued formalizing this determination by the Marketplace.
- 5) You testified that while you had filed taxes in 2014, your parents had claimed you as a dependent on their tax return. You testified that your parents filed their 2014 tax return as married filing jointly, and claimed you as their sole dependent.
- 6) You testified that you would like to be determined eligible for Medicaid coverage for the months of July 2014 and August 2014. In particular, you were seeking Medicaid coverage for the month of August 2014 since that coincides with medical expenses you incurred when you dislocated your finger.
- 7) You testified that you believed that the income you accrued for work performed between July 29, 2014 and August 1, 2014, for which you were paid a total of \$926.53 on August 8, 2014, should be prorated between the months of July 2014 and August 2014, rather than having all of the income count toward your eligibility during August 2014.
- 8) You testified that your father is currently employed by [REDACTED] and reported an adjusted gross income of \$22,782.00 on his 2014 tax return. You further testified that all earnings he received were from his employer.

- 9) You testified that your mother, [REDACTED], has been unemployed for at least five years and has received no other income that you are aware of.

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

## **Applicable Law and Regulations**

### Marketplace Eligibility Determinations

When an individual applies for insurance through the Marketplace, the Marketplace must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 FR § 435.1200(b)(3)(iii)).

The Marketplace is required to provide "timely written notice to an applicant of any eligibility determination" made pursuant to 45 CFR Part 155, Subpart D, which sets out requirements for functions in the Individual Marketplace (45 CFR § 155.310(g)).

An applicant or enrollee has the right to appeal an eligibility determination or redetermination or a failure by the Marketplace to provide timely notice of eligibility determination (45 CFR § 155.505(b)).

### 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 \$19,790.00 for a three-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 (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)).

### Household Composition

In the case of an individual who expects to file a tax return and does not expect to be claimed by another taxpayer, the household consists of the taxpayer and all persons whom such individual expects to claim as a tax dependent (42 CFR § 435.603(f)(1)). However, for individuals claimed as a tax dependent, the household is the household of the taxpayer claiming such individual as a tax dependent (42 CFR § 435.603 (f)(2)).

### Modified Adjusted Gross Income

A taxpayer's household income includes the MAGI of all the individuals in the taxpayer's family who are required to file a return for the taxable year (26 CFR § 1.36B-1(e)(2)).

The income of children is not included within the MAGI-based income of an individual if the child is not required to file a tax return under 26 USC § 6012 (45 CFR § 155.300(a), 42 CFR § 435.603(d)(2)). A child whose gross income is less than the federal standard deduction applicable to them is not required to file a federal income tax return (26 USC § 6012(a)(1)). The 2015 federal standard deduction for a tax dependent with a "single" filing status is \$6,300 (IRS Publication IR-2014-104 (Oct. 30, 2014)).

## **Legal Analysis**

You submitted applications on September 25, 2014 and October 20, 2014 and while the Marketplace made a decision on your eligible for retroactive Medicaid on March 3, 2015, the record reflects that you were never issued a written determination on the issue of retroactive Medicaid coverage.

Although the Marketplace did not issue a timely notice of eligibility determination, this does not prevent the Appeals Unit from reaching the merits of your case on your March 9, 2015 appeal request. Under 45 CFR § 155.505(b), you are as entitled to appeal a Marketplace failure to timely issue a notice of eligibility determination as you are to appeal an adverse notice of eligibility determination.

The issue under review is whether the Marketplace properly determined that you were ineligible for retroactive Medicaid coverage for the months of July 2014 and August 2014.

You are in a three-person household; while you intend to file your 2014 tax return, your parents claimed you as a dependent on their joint tax return filed during 2015. You testified that you were the only dependent that they claimed on that tax return.

You were initially found eligible for Medicaid in the September 26, 2014 eligibility determination notice based on your September 25, 2015 application. On that same date, you were later found fully eligible for Medicaid based on a subsequent application filed on November 25, 2015. Since the initial application that resulted in a determination of Medicaid eligibility was filed during September 2014, your coverage with Medicaid began September 1, 2014.

You testified that you are seeking to have your Medicaid coverage retroactively applied for the months of July 2014 and August 2014, since those were the months that you incurred medical expenses and were found not to have been eligible for retroactive Medicaid coverage.

Medicaid coverage can be provided for medical expenses incurred 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 the individual would have been eligible for Medicaid in those three months had he or she 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 July 2014 and August 2014, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the FPL for a three-person household, which is \$2,275.85 per month.

While you provided documentation reflecting income you received from your position at the [REDACTED] between June 27, 2015 and September 5, 2015, your father's income would also be included as part of your household income.

The Hearing Officer directed you to provide as proof of your household income your parents' 2014 joint tax return claiming you as a dependent and a letter issued by your father's employer confirming the gross income he received during months of July 2014 and August 2014. No documentation was received from you prior to the record closing on October 23, 2015.

Since we have insufficient information in order to calculate your household income during the months of July 2014 and August 2014, we are unable to redetermine your eligibility for retroactive Medicaid during those months.

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).



Accordingly, the March 3, 2015 eligibility determination, which found you ineligible for Medicaid coverage during the months of July 2014 and August 2014, is AFFIRMED.

## **Decision**

The March 3, 2015 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** November 09, 2015

## **How this Decision Affects Your Eligibility**

You remain eligible for Medicaid coverage beginning September 1, 2014.

You are ineligible for retroactive Medicaid coverage during the months of July 2014 and August 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 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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Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The March 3, 2015 eligibility determination is **AFFIRMED**.

You remain eligible for Medicaid coverage beginning September 1, 2014.

You are ineligible for retroactive Medicaid coverage during the months of July 2014 and August 2014.

## **Legal Authority**

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

**A Copy of this Decision Has Been Provided To:**

