



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

Notice of Decision

Decision Date: July 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002113

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On April 30, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 10, 2015 and March 27, 2015 eligibility determinations.

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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Decision

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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002113

[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 benefits from March 1, 2014 through May 31, 2014?

Procedural History

On June 16, 2014, the Marketplace received your application for health insurance.

On June 17, 2014, the Marketplace issued a notice stating that you may be eligible for health insurance through the Marketplace but more information is needed to make a determination.

On June 18, 2014, you uploaded additional documentation to your Marketplace account.

On June 20, 2014, the Marketplace issued an eligibility determination notice stating that you and your spouse are eligible for Medicaid coverage effective June 1, 2014 and enrollment with EmblemHealth will begin August 1, 2014.

On February 10, 2015 the Marketplace issued the following eligibility determination notices stating:

- (1) You and your spouse were denied Medicaid eligibility for March 2014 because of insufficient income documentation;
- (2) You and your spouse are not eligible for Medicaid April 2014;
- (3) You and your spouse are eligible for Medicaid May 2014.

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On March 7, 2015, you faxed a formal appeal request regarding your eligibility for retroactive Medicaid benefits.

On March 27, 2015, the Marketplace issued an eligibility determination notice stating that you are not eligible for Medicaid retroactive coverage for the period of April 1, 2014 to May 31, 2014.

On April 30, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken at the hearing. The record was held open until May 14, 2015 to allow you to submit additional documentation.

On April 30, 2015, you faxed to the Marketplace Appeals Unit four pages that have been marked "Appellant's Exhibit A" and been made part of the record. The record is now complete and closed.

Findings of Fact

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

1. On June 16, 2014, you were applying for health insurance through the Marketplace for yourself and your spouse (6/16/2014 Marketplace Application).
2. You indicated on your June 16, 2014 Marketplace Application that you and your spouse wanted help playing for medical bills from the last 3 months.
3. On June 20, 2014, you and your spouse were determined eligible for Medicaid effective June 1, 2014.
4. You testified you filed a U.S. Income Tax Return for 2014 with the tax status of married filing jointly, with your spouse, and claimed no dependents on that return.
5. On March 5, 2014, you received \$866.32 in gross earnings from [REDACTED] (Appellant Exhibit A p. 2).
6. You faxed additional [REDACTED] Earnings Statements to the Marketplace:
 - (a) On March 19, 2014, you received \$978.45 in gross earnings from [REDACTED] [REDACTED] (Advice #: [REDACTED])
 - (b) On April 2, 2014, you received \$827.97 in gross earnings from [REDACTED] [REDACTED] (Advice #: [REDACTED]).
 - (c) On April 16, 2014, you received \$96.85 in gross earnings from [REDACTED] [REDACTED] (Advice #: [REDACTED]).

7. You uploaded a document to your Marketplace account from [REDACTED] [REDACTED] stating that you have been approved for New York State Disability benefit payments from 4/11/2014 through 9/6/2014.
8. You uploaded your disability income payments from [REDACTED] [REDACTED]. Payments were issued on the following dates:
 - (a) \$238.00 on April 21, 2014;
 - (b) \$170.00 on April 23, 2014;
 - (c) \$170.00 on April 30, 2014;
 - (d) \$170.00 on May 7, 2014;
 - (e) \$136.00 on May 9, 2014;
 - (f) \$170.00 on May 15, 2014;
 - (g) \$170.00 on May 23, 2014.
9. You uploaded a statement that your spouse's last day of work at [REDACTED] was May 15, 2014.
10. On August 16, 2014, your spouse's [REDACTED] paystubs were faxed to the Marketplace. His gross earnings were:
 - (a) \$296.00 on 3/27/2014 (Advice # [REDACTED]);
 - (b) \$312.00 on 4/3/2014 (Advice # [REDACTED]);
 - (c) \$312.00 on 4/10/2014 (Advice # [REDACTED]);
 - (d) \$184.00 on 4/17/2014 (Advice # [REDACTED]);
 - (e) \$320.00 on 4/24/2014 (Advice # [REDACTED]);
 - (f) \$200.00 on 5/1/2014 (Advice # [REDACTED]);
 - (g) \$296.00 on 5/8/2014 (Advice # [REDACTED]);
 - (h) \$416.00 on 5/15/2014 (Advice # [REDACTED]);
 - (i) \$332.00 on 5/22/2014 (Advice # [REDACTED]).
11. You testified that you have outstanding medical bills that are currently in collections because you have not been approved for retroactive Medicaid benefits.

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

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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 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 \$15,730.00 for a two-person household (79 Fed. Reg. 3593 (2014)).

Medicaid Retroactive Coverage:

The Department of Health must make Medicaid eligibility effective no later than the third month before the month of application if the individual received medical services that would have been covered under Medicaid and 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

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

As of your June 16, 2014 application, your household size for Medicaid purposes was two. You expected to file your 2014 federal income tax return as married filing jointly and claim no dependents on that return.

Since you were determined Medicaid eligible on June 19, 2014 Marketplace application, you are entitled to begin your Medicaid coverage on June 1, 2014. However, 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 June 1, 2014, you may also be entitled to receive retroactive coverage beginning no earlier than March 1, 2014, provided however, that you would have been eligible for Medicaid had an application been completed in March, April or May 2014.

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When determining if an individual is eligible for Medicaid in a month, it is based on the income that is received in that month.

Based on the income documentation you faxed to the Marketplace and Appeals Unit, you received (\$978.45 (+) 866.32) \$1,844.77 in gross income from ██████████ in March 2014. Your spouse receive one payment of \$296.00 from ██████████ in March 2014. Therefore, your March 2014 household income is \$2,140.77.

Based on the income documentation you provided the Marketplace, you received (\$827.97 (+) \$96.85) \$924.82 from ██████████ and (\$238.00(+)\$170.00(+)\$170.00) \$578.00 from disability income payments. Your spouse received (\$312.00(+)\$312.00(+)\$184.00(+)\$320.00) \$1,128.00 from ██████████ in April 2014. Therefore, your April 2014 household income is \$2,630.82.

Based on the income documentation you provide the Marketplace, you received (\$170.00 (+) \$136.00 (+) \$170.00 (+) \$170.00) \$646.00 from disability income payments, and your spouse received (\$200.00 (+) \$296.00 (+) \$416.00 (+) \$332.00) \$1,244.00 from ██████████ in May 2014. Therefore, your May 2014 household income is \$1,890.00.

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 \$15,730.00 for a two-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 \$1,809.00.

When determining an applicant or recipient's Medicaid eligibility, it must be based on the income received in the month of application. Since you received more than \$1,809.00 in each of the months you could have been eligible for retroactive Medicaid benefits, the Marketplace properly determined that you are not eligible for Medicaid coverage for the coverage period of March 1, 2014, to May 31, 2014.

The February 10, 2014 Marketplace notice stating that you are eligible for retroactive Medicaid benefits for May 2014 is RESCINDED.

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The February 10, 2014 and March 27, 2014 eligibility determination notices that state you are not eligible for retroactive Medicaid for the period of March 1, 2014 through May 31, 2014 are AFFIRMED.

Decision

The February 10, 2014 Marketplace notice stating that you are eligible for retroactive Medicaid benefits for May 2014 is RESCINDED.

The February 10, 2014 and March 27, 2014 eligibility determination notices that state you are not eligible for retroactive Medicaid for the period of March 1, 2014 through May 31, 2014 is AFFIRMED.

Effective Date of this Decision: July 10, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You and your spouse are not eligible for retroactive Medicaid benefits March 1, 2014 until May 31, 2014.

You and your spouse remain eligible for Medicaid effective June 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.

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.

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If You Have Questions about this Decision (Customer Service Resources):

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- By fax: 1-855-900-5557

Summary

The February 10, 2014 Marketplace notice stating that you are eligible for retroactive Medicaid benefits for May 2014 is **RESCINDED**.

The February 10, 2014 and March 27, 2014 eligibility determination notices that state you are not eligible for retroactive Medicaid for the period of March 1, 2014 through May 31, 2014 is **AFFIRMED**.

This decision does not change your eligibility.

You are not eligible for retroactive Medicaid benefits March 1, 2014 until May 31, 2014.

You remain eligible for Medicaid effective June 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]