



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: AP000000002503

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On June 3, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 24, 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 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: July 24, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002503

[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 you were not eligible for Medicaid coverage for the month of August 2014?

Procedural History

The Marketplace received your initial application for health insurance on October 10, 2014.

On December 2, 2014, the Marketplace issued a notice of eligibility determination stating that you are eligible for Medicaid effective October 1, 2014.

On January 27, 2015, your Self-Declaration of Income statement was uploaded to your Marketplace account. On that statement, you requested retroactive Medicaid coverage for August 2014.

On March 24, 2015, the Marketplace issued a notice of eligibility determination stating that you are not eligible for Medicaid coverage for the period between August 1, 2014 to August 31, 2014 because your household income of \$1,857.35 is over the allowable income limit of \$1,343.00.

On April 20, 2015, you spoke to the Marketplace's Account Review Unit and appealed that determination insofar as it did not determine you Medicaid eligible for the month of August 2014.

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 June 3, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the 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 testified that you are seeking retroactive coverage through Medicaid for the month of August 2014 because you have unpaid medical bills incurred during that month.
- 2) According to your Marketplace application, and your supporting testimony, you are single and did not claim any dependents for the 2014 tax year.
- 3) You testified that you were unable to work during the month of August due to medical needs.
- 4) A statement from your employer, [REDACTED], was uploaded to your Marketplace account on December 19, 2014 indicating that you earned \$1,780.60 on August 3, 2014 and \$76.75 on August 10, 2014 (Appellant's Exhibit 1). You testified, and the record reflects that your last day of work was August 4, 2014. You further testified that approximately 80% of the income you received from your employment was earned in the last week of July 2014 and, therefore, should not be counted as income earned in August 2014.
- 5) A statement from [REDACTED] was uploaded to your Marketplace account on December 18, 2014 reflecting that you began receiving disability benefits through [REDACTED] as of August 19, 2014 (Appellant's Exhibit 1). The record further reflects that the weekly benefit amount you receive in disability benefit payments is \$170.00 before taxes are deducted. You testified that you received two disability benefits payments during the month of August 2014.

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

Applicable Law and Regulations

Medicaid

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

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).

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 per year, or \$1,343.00 per month, 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).

For Medicaid purposes, available income from any source, both earned and unearned, is considered in the month it is received (18 NYCRR 360-4.3(b)(1)).

If an applicant for health insurance is determined Medicaid eligible, coverage will begin on the first day of the first month for which eligibility is established (18 NYCRR § 360-2.4(c)). The applicant may be determined retroactively eligible for coverage for up to three months prior to the month of the application, if Medicaid eligible during the month when medical care or services were received (id.).

Legal Analysis

The only matter at issue is whether you are eligible for retroactive Medicaid benefits for the month of August 2014.

A person who is Medicaid eligible can be considered for retroactive assistance for up to three months immediately before the month of the Medicaid application. On December 2, 2014, you were initially found eligible for Medicaid effective October 1, 2014.

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

To qualify for retroactive coverage in a given month, a person must meet the financial and nonfinancial Medicaid criteria during that month. The financial standard for an adult is a modified adjusted gross income that is at or below 138% of the federal poverty level (FPL) for the applicable family size. On December 2, 2014, that was the 2014 FPL, which is \$11,670.00 for a one-person

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).

household. Since \$16,104.60 is 138% of \$11,670.00, you would qualify for retroactive Medicaid when your income for the month was no higher than \$1,342.05.

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 statement from your employer that you earned \$1,780.60 on August 3, 2014 and \$76.75 on August 10, 2014. Though you contend that most of this income was earned in July 2014, for Medicaid purposes, earned income is considered in the month it was received.

You further provided a statement from [REDACTED] that you began receiving disability benefits in the amount of \$170.00 per week, beginning on August 19, 2014. You credibly testified that you received two disability benefit payments in August 2014, therefore, you received an additional \$340.00 in unearned income that month.

Therefore, you received \$2,197.35 in income during the month of August 2014.

Since your income of \$2,197.35 was greater than the \$1,342.05 Medicaid limit, you were not eligible for Medicaid coverage for the month of August 2014.

The March 24, 2015 eligibility determination is AFFIRMED.

Decision

The March 24, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: July 24, 2015

How this Decision Affects Your Eligibility

You were not Medicaid eligible for the month of 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.

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 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 March 24, 2015 eligibility determination is AFFIRMED.

You were not Medicaid eligible for the month of August 2014.

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(a).

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).

A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]