



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

Notice of Decision

Decision Date: August 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002613

[REDACTED]

Dear [REDACTED],

On June 12, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 12, 2015 eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the 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).

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Decision

Decision Date: August 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002613

Issue

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 October 1, 2014 until October 31, 2014?

Procedural History

On November 17, 2014, you applied for health insurance through the Marketplace. The Marketplace requested that "in order for your eligibility to be determined, you must submit documents...to confirm that the information you provided in your application is accurate."

On the same day you uploaded additional income documentation to your Marketplace account.

On December 4, 2014, the Marketplace issued an eligibility determination notice stating that your eligibility was redetermined on November 18, 2014. The notice stated that you are eligible for Medicaid effective November 1, 2014.

On March 12, 2015, the Marketplace issued an eligibility determination notice stating that you are not eligible for Medicaid coverage for the period of October 1, 2014 to October 31, 2014.

On April 15, 2015, you mailed an appeal request to the Marketplace. You requested to appeal the denial of Medicaid retroactive benefits for the three-month period prior to November 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 12, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken at the hearing. During the hearing you stated that you uploaded a document to your Marketplace account. This document has been marked "Appellant Exhibit A" and 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. You are applying for health insurance through the Marketplace for yourself only.
2. You filed a U.S. Income Tax Return for 2014 with the tax status of single and claimed no dependents on that tax return.
3. You indicated on your November 17, 2014 Marketplace Application that you wanted help paying for medical bills from the last 3 months.
4. You testified that you are seeking retroactive Medicaid benefits for the month of October 2014 only.
5. According to the December 4, 2014 Marketplace notice, you were determined eligible for Medicaid with an effective date of November 1, 2014.
6. You testified that your only source of income in October 2014 was Unemployment Insurance Benefits (UIB).
7. On November 17, 2014 you uploaded your Official Record of Benefit Payment History of UIB from the New York State Department of Labor. You were issued in the gross amount:
 - (1) \$388.00 for the week ending 10/05/2014;
 - (2) \$388.00 for the week ending 10/12/2014;
 - (3) \$388.00 for the week ending 10/19/2014;
 - (4) \$388.00 for the week ending 10/26/2014.
8. You have \$21,039.41 in outstanding medical bills for the month of October 2014 (Appellant Exhibit A).
9. You had \$1,604.37 in non-medical expenses for the month of October 2014 (Appellant Exhibit A).

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

Applicable Law and Regulations

Medicaid:

For the purposes of determining a person's eligibility for financial assistance for health insurance, the term 'modified adjusted gross income' means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3) social security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

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 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, 3593).

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 the Marketplace properly determined that you were not eligible for retroactive coverage of Medicaid from October 1, 2014 until October 31, 2014.

Your household size for Medicaid purposes was one. You testified that you filed your federal income tax return with the tax status of single and claimed no dependents on that return.

Since you were determined Medicaid eligible according to the November 18, 2014 Marketplace application, you are entitled to begin your Medicaid coverage on November 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 November 1, 2014 you may also be entitled to receive retroactive coverage beginning no earlier than August 1, 2014, provided however, that you would have been eligible for Medicaid had an application been completed in August, September and October 2014. You testified that you are seeking retroactive Medicaid benefits for the month of October 2014 only.

On November 17, 2014 you faxed to the Marketplace your Official Record of Benefit Payment History of UIB from the New York State Department of Labor. You were issued \$1,552.00 in UIB in the month of October 2014.

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.

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 \$1,552.00 in the month of application, the Marketplace properly determined that you are not eligible for Medicaid coverage for the coverage period of October 1, 2014, to October 31, 2014. Therefore, the March 12, 2015 eligibility determination is AFFIRMED.

Decision

The March 12, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: August 27, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You are not eligible for Medicaid October 1, 2014 until October 31, 2014.

You remain eligible for Medicaid effective November 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.

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

You can contact us in any of the following ways:

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- Sending Mail to:

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Albany, NY 12211

- Sending a Fax to 1-855-900-5557

Summary

The March 12, 2015 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

You are not eligible for Medicaid October 1, 2014 until October 31, 2014.

You remain eligible for Medicaid effective November 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:

