



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

Notice of Decision

Decision Date: October 15, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002637

[REDACTED]

Dear [REDACTED],

On June 24, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's failure to provide a timely 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).

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NY State of Health Number: [REDACTED]
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Issue

The issues presented for review by the Appeals Unit of NY State of Health are:

Did the Marketplace make a timely eligibility determination of your August 9, 2014 application for retroactive Medicaid?

Were you eligible for retroactive Medicaid as of August 9, 2014?

Procedural History

The Marketplace received your initial application for health insurance on August 9, 2014.

On August 12, 2014, the Marketplace issued a notice of eligibility determination stating that you were eligible for Medicaid coverage for the treatment of emergency medical conditions only. You were not eligible for full Medicaid benefits because of your citizenship status. This eligibility was effective August 1, 2014.

On April 28, 2015, you spoke with the Marketplace's Account Review Unit and appealed that Marketplace's failure to provide you a timely eligibility determination.

On June 24, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that time, interpretation services were provided by Interpreter Number [REDACTED]. The record was developed during the hearing and closed at the end of the hearing.

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Findings of Fact

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

- 1) The record reflects that the Marketplace issued a notice on August 10, 2014 confirming your choice to receive all information from New York State of Health electronically. The record further reflects that the email address provided to the Marketplace was [REDACTED] You testified that this is not, and has never been, your email address.
- 2) You testified, and the record reflects, that you applied for health insurance through the Marketplace on August 9, 2014 with the assistance of an Application Counselor.
- 3) According to the August 9, 2014 application, you requested “help paying for medical bills from the last 3 months.”
- 4) The record reflects that the Marketplace issued a notice of eligibility determination on August 12, 2014 stating that you are eligible for Medicaid coverage for the treatment of emergency medical conditions. The record does not reflect that your request for help paying medical bills from the last three months was addressed.
- 5) You testified that you earn \$10.00 per hour, and work 7 hours per day, three days per week. You further testified that you are paid in cash and are unable to provide proof of your income.
- 6) You testified that, for the month of April 2014, you were only able to work for 2 weeks because you were injured. You further testified that you went to the hospital in April 2014 due to this injury.
- 7) You testified that, while at the hospital, you were assisted in applying for health insurance. You further testified that you cannot remember if this application was sent to your local Department of Social Services of the Marketplace.
- 8) You are requesting retroactive Medicaid coverage for medical bills incurred in April 2014.

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

Applicable Law and Regulations

Retroactive Medicaid Coverage

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 she received the services if she 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)).

Timely Medicaid Notice

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 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, the Marketplace must base the time period from the date of application to the date the Marketplace notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for the Marketplace to make an eligibility determination, then the Marketplace must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

The Marketplace must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912(c)(3)(ii)).

Legal Analysis

The first issue is whether the Marketplace failed to provide you timely notice of your retroactive Medicaid eligibility determination.

The Marketplace must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. To assess whether an eligibility determination was untimely, the Marketplace must base the time period from the date of the completed application to the date the Marketplace notifies the applicant of its decision.

The record reflects that your completed application for health insurance was submitted on August 9, 2014. In that application, you requested assistance to pay for medical bills from the previous 3 months.

The Marketplace issued a notice of eligibility determination on August 12, 2014 stating that you are eligible for Medicaid coverage for the treatment of emergency medical conditions. However, the record does not reflect that a determination has been issued regarding your August 9, 2014 request for retroactive Medicaid coverage. Forty-five days from August 9, 2014 was September 23, 2014. Since the Marketplace has not issued a determination regarding your request for retroactive coverage, it is untimely.

The second issue is whether you would have been eligible for retroactive Medicaid coverage.

You are requesting retroactive Medicaid coverage for medical bills incurred during the month of April 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 she received the services if she had applied.

The record reflects that your application for health insurance was submitted on August 9, 2014 and your Medicaid eligibility began on August 1, 2014. Therefore, the earliest date that you could have received retroactive Medicaid coverage was May 1, 2014.

However, Medicaid coverage must be made retroactive up to three months if you would have been Medicaid eligible at the time and you received medical services that would have been covered under Medicaid. You credibly testified that you received medical services in April 2014, which is 4 months prior to the date your Medicaid coverage became effective.

Since you are requesting retroactive Medicaid coverage for medical bills incurred outside of the 3 month retroactive Medicaid period, you would not have been eligible for retroactive Medicaid coverage; therefore, the Marketplace's failure to provide timely notice did not negatively impact your Medicaid coverage.

Decision

The Marketplace did not issue you a timely eligibility determination regarding your request for retroactive Medicaid coverage; however, you are not eligible for retroactive Medicaid coverage.

Effective Date of this Decision: October 15, 2015

How this Decision Affects Your Eligibility

Although the Marketplace did not issue you a timely eligibility determination, the untimely notice did not affect your Medicaid effective coverage date. Therefore, your Medicaid start date remains effective August 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:

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

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- By fax: 1-855-900-5557

Summary

The Marketplace did not issue you a timely eligibility determination regarding your request for retroactive Medicaid coverage; however, you are not eligible for retroactive Medicaid coverage.

Although the Marketplace did not issue you a timely eligibility determination, the untimely notice did not affect your Medicaid effective coverage date. Therefore, your Medicaid start date remains effective August 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]