



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

## Notice of Decision

Decision Date: DATE

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002885

[REDACTED]

Dear [REDACTED],

On July 10, 2015, you and your father, acting on your behalf as your authorized representative, appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 10, 2015 denial of retroactive Medicaid coverage.

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 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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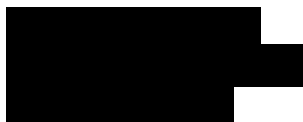


STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
P.O. Box 11729  
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## Decision

Decision Date: DATE

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002885



## Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did the Marketplace properly determine on February 10, 2015 that you were not eligible for retroactive Medicaid coverage from December 1, 2015 to December 31, 2015?

## Procedural History

On January 9, 2015, the Marketplace received your initial 2015 application for health insurance, wherein you indicated that you want help paying for medical bills for the past three months.

On January 20, 2015, the Marketplace received your updated application and preliminarily determined you were conditionally eligible for Medicaid as of January 1, 2015.

In your updated application on January 30, 2015, you again indicated that you want help paying for medical bills for the past three months.

On January 31, 2015, the Marketplace issued a notice of eligibility redetermination that you are conditionally eligible for Medicaid effective January 1, 2015. That notice informed you that you needed to confirm your benefit information for third party health insurance by February 16, 2015.

On February 6, 2015 the Marketplace issued a notice of eligibility redetermination that you were eligible for Medicaid effective February 1, 2015 and needed to pick a plan.

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On February 10, 2015, the Marketplace issued a notice that your request for retroactive Medicaid coverage from October 1, 2015 to December 31, 2015, was denied because of insufficient income documentation such as paystubs for the retroactive period requested. This notice was uploaded to your Marketplace account on March 5, 2015.

On February 18, 2015, the Marketplace issued an enrollment notice confirming that your health coverage through Medicaid Fee-For-Service (FFS) will begin February 1, 2015 and your enrollment with NYS Catholic Health Plan Inc., a Medicaid Managed Care (MMC) plan, will begin April 1, 2015.

On May 9, 2015, the Marketplace received a hand-written letter from you that you were declared disabled by the Social Security Administration as of December 18, 2014, and you would like your eligibility for retroactive Medicaid reviewed for at least that month.

On May 12, 2015, you spoke with a representative from the Marketplace's Account Review Unit and appealed being denied retroactive Medicaid coverage from October 1, 2014 to December 31, 2014

On July 10, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and held open for up to fifteen days to allow you the opportunity to submit income documents for December 2014.

On July 20, 2015, the Appeals Unit received a three page fax from you, consisting of (1) A cover page; (2) A copy of your COBRA termination letter from Excellus; and (3) A copy of your 2014 W-2 from [REDACTED]. This three page fax was made part of the record as "Appellant's Exhibit 7."

Since the requested documentation was received on July 20, 2015, record was closed that same day.

## **Findings of Fact**

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

- 1) You testified that you are single, plan on filing your 2015 taxes using the tax filing status of Single, and will not be claiming any dependents on your 2015 tax return.
- 2) According to the March 24, 2015 notice of award from the Social Security Administration, you became disabled on December 18, 2014 and you will become eligible to benefits in June 2015 (Appellant's Exhibit 1, p. 2).

- 3) You testified and provided documentary proof that you were terminated from your employment with the [REDACTED] on May 23, 2014 (Appellant's Exhibit 6, p.1).
- 4) You testified that you worked for [REDACTED] until November 24, 2014, when you were laid off.
- 5) You testified and provided documentary proof that on November 24, 2014, the NYS Department of Labor issued a Monetary Benefit Determination that you do not meet the earnings required to qualify for unemployment insurance benefits (Appellant's Exhibit 5). You also provided a request for reconsideration that you submitted to NYS Department of Labor for unemployment insurance, dated November 30, 2014 (Appellant's Exhibit 2).
- 6) On December 10, 2014, you received a letter regarding COBRA continuation coverage under the group health plan with [REDACTED]. The notice stated you experienced an event of involuntary termination on November 24, 2014, which constituted a qualifying event to terminate employee coverage and provide COBRA coverage under your former employer's group health plan (Appellant's 6, p.2).
- 7) You testified that you began working for [REDACTED] on December 9, 2014, worked 6 days total, and ended your employment on December 16, 2014. A letter, dated January 12, 2015, on your former employer's letterhead confirmed that your last day worked was December 16, 2014 (Appellant's Exhibit 3).
- 8) On January 9, 2015, you executed a Declaration of No Income which states you have no income and your parents have been supporting you (Appellant's Exhibit 4).
- 9) According to a 2014 W-2, Wage and Tax Statement, you had submitted to the Marketplace, you earned \$1,302.00 in gross pay from [REDACTED] during your employment there during the month of December 2014 (Appellant's Exhibit 7, p. 3).
- 10) You testified that you were hospitalized in December 2014 and your COBRA plan only covered 80% of your hospital bills. You stated that you have approximately \$500.00 in outstanding bills and need to be covered under Medicaid retroactively in December 2014 to cover this balance.
- 11) You provided a copy of a February 18, 2015 termination of coverage notice from Excellus, your COBRA insurer, which states your coverage with your former

employer's group health plan through Excellus Blue Cross Blue Shield has terminated effective January 31, 2015 (Appellant's Exhibit 7, p.1).

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 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 FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 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 February 5, 2015 and February 7, 2015 applications, that was the 2015 FPL, which is \$11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

The maximum allowable income limit for Medicaid at 138% of the applicable FPL of \$11,770.00 in 2015 is \$16,243.00 annually, or \$1354.00 monthly.

With regard to retroactive Medicaid for 2014, the applicable FPL was \$11,670.00 for 2014 (79 Fed. Reg. 3593). The maximum allowable income limit of 138% of the applicable FPL of \$11,670.00 in 2014 is \$16,102.00 annually, or \$1,343.00 monthly.

If an applicant for health insurance is determined Medicaid eligible, coverage will begin on the first day of the first month that the applicant was determined eligible (18 NYCRR § 360-2.4(c)). The applicant may be determined retroactively eligible for coverage for up to three months prior to their application, if they would have been eligible for Medicaid during the month when medical care or services were received (*Id.*).

## **Legal Analysis**

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The eligibility redetermination issued on January 31, 2015 found you to be eligible for Medicaid, with coverage to begin January 1, 2015. Since your application was initially made on January 9, 2015, and updated on January 30, 2015, the Marketplace correctly determined that your Medicaid coverage was effective the first of that month.

Since you were determined Medicaid eligible as of January 1, 2015, you might also be entitled to receive retroactive coverage beginning no earlier than three months prior to that determination, or October 1, 2014, provided however, that you would have been eligible for Medicaid had an application been made on your behalf at that earlier time. In your case, you are only looking for retroactive Medicaid coverage from December 1, 2014 to December 31, 2014.

The credible testimony provided at the hearing and reflected in the record indicates that your household's gross income for the month of December 2014 was \$1,302.00, consisting of 6 work days that month. Your monthly income of \$1,302.00 is less than the \$1,343.00 monthly income limit for Medicaid (138% of the monthly 2014 FPL) for a one-person household. Therefore, you do meet the financial requirements in the law to be eligible for retroactive Medicaid coverage during December 2014 through the Marketplace such that the Marketplace's February 10, 2015 notice of decision is MODIFIED to state that you are eligible for retroactive Medicaid for the period of December 1, 2014 to December 31, 2014.

Please note, however, that the retroactive Medicaid coverage during the month of December 2014 remains secondary to your third party health insurance that was in force at that time.

## **Decision**

The Marketplace's February 10, 2015 notice of decision is MODIFIED to state that you are eligible for retroactive Medicaid for the period of December 1, 2014 to December 31, 2014, because your monthly income of \$1,302.00 is less than the maximum allowable monthly income limit of \$1,343.00.

## **Effective Date of this Decision: Date**

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

You are eligible for retroactive Medicaid coverage from December 1, 2014 to December 31, 2015 through the Marketplace. Your case is RETURNED to the Marketplace to provide retroactive Medicaid during that month, which coverage remains secondary to your third party health insurance that was in force at that time

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You remain eligible for Medicaid as of January 1, 2015 and are enrolled in a Medicaid Managed Care plan as of April 1, 2015.

## **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:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

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The Marketplace's February 10, 2015 notice of decision is MODIFIED to state that you are eligible for retroactive Medicaid for the period of December 1, 2014 to December 31, 2014, because your monthly income of \$1,302.00 is less than the maximum allowable monthly income limit of \$1,343.00.

You are eligible for retroactive Medicaid coverage from December 1, 2014 to December 31, 2015 through the Marketplace. Your case is RETURNED to the Marketplace to provide retroactive Medicaid during that month, which coverage remains secondary to your third party health insurance that was in force at that time

You remain eligible for Medicaid as of January 1, 2015 and are enrolled in a Medicaid Managed Care plan as of April 1, 2015.

### **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:**

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