



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

Notice of Decision

Decision Date: November 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003442

[REDACTED]

Dear [REDACTED],

On August 31, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 8, 2015 eligibility determination notice.

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 45 Code of Federal Regulations (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: November 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003442

[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 October 2014?

Procedural History

On November 28, 2014, an eligibility determination notice was issued stating that you are eligible for Medicaid because your household income of \$10,920.00 is at or below the allowable income limit. This eligibility was effective as of November 1, 2014.

On March 18, 2015 you sent a fax to the Marketplace containing an invoice for a medical service you received on October 29, 2014. The letter said in part that it was your understanding that the service was eligible for coverage, yet the provider denied the claim. In a separate fax sent that day you provided documentation of your income for the month of October.

On June 11, 2015, you spoke to the Marketplace's Account Review Unit and appealed the denial of your request for retroactive Medicaid coverage. A notice issued on June 12, 2015 confirms the reason for appeal as "denial of retro Medicaid."

On August 8, 2015 the Marketplace issued a notice that states your request for help paying medical bills for October 1, 2014 through October 31, 2014 was denied. The notice stated that this was because your coverage in a qualified health plan is limited to services covered by the health plan.

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On August 31, 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 filed your 2014 federal income tax return as head of household, and claimed one dependent on that tax return.
- 2) You were initially found eligible for Medicaid effective November 1, 2014 as stated in the November 28, 2014 eligibility determination notice.
- 3) The record indicates that you requested retroactive Medicaid coverage for the month of October 2014. On or about June 11, 2015 you were informed that your request was denied.
- 4) On August 8, 2015 the Marketplace issued a notice that said your request for help paying medical bills for October 1, 2014 through October 31, 2014 had been denied because your coverage in a qualified health plan is limited to services covered by the health plan.
- 5) You testified that the only income you received in the month of October 2014 was from unemployment benefits.
- 6) You provided a copy of your [REDACTED] for your unemployment benefits. The history shows that on October 2, 2014 you received \$405.00, on October 6, 2014 you received \$405.00, on October 14, 2014 you received \$405.00, on October 20, 2014 you received \$420.00, and on October 27, 2014 you received \$420.00.
- 7) You testified that the Marketplace should consider the "week ending" dates when looking at the amount of unemployment income you received in the month of October and not the release dates when you actually received the payments in your bank account.

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

Applicable Law and Regulations

Medicaid for Adults between the Ages of 19 and 65

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 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). For the month you are seeking coverage for, that was the 2014 FPL, which is \$11,670.00 for a two-person household (79 Fed. Reg. 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).

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 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

The issue under review is whether the Marketplace properly determined that you were not eligible for Medicaid coverage in October 2014.

You are in a two person household; you filed your 2014 taxes with a tax filing status of Head of Household and claimed one dependent on that tax return.

You were initially found eligible for Medicaid in the November 28, 2014 eligibility determination notice. According to this notice, your coverage with Medicaid began November 1, 2014. The record indicates that you requested retroactive Medicaid coverage for the month of October 2014 because you received medical services during that month. On or about June 11, 2015 you were informed that your request was denied.

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Medicaid coverage can be made effective retroactively for up to three months prior to an individual's application if the individual received medical services that would have been covered under Medicaid and if they would have been eligible for Medicaid in those three months had they applied.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. To be eligible for Medicaid in October 2014 you would have needed to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,809.00 per month for a two person household. There is no indication in the record that you would have been ineligible for Medicaid based on non-financial criteria during October.

You testified that the only income you received in the month of October 2014 was from unemployment benefits. You provided a copy of your [REDACTED] [REDACTED] for your unemployment benefits. The history shows that on October 2, 2014 you received \$405.00, on October 6, 2014 you received \$405.00, on October 14, 2014 you received \$405.00, on October 20, 2014 you received \$420.00, and on October 27, 2014 you received \$420.00.

You testified that the Marketplace should consider the "week ending" dates when looking at the amount of unemployment income you received in the month of October and not the release dates when you actually received the payments in your bank account. However, monthly income is determined based on the dates when an individual receives the income.

Therefore, the record indicates that you earned \$2,055.00 in the month of October 2014. Since your income of \$2,055.00 was more than the \$1,809.00 monthly Medicaid limit for October 2014, the Marketplace properly determined that you were not eligible for Medicaid coverage during that month.

Therefore, the August 8, 2015 notice that stated your request for help paying medical bills for October 1, 2014 through October 31, 2014 is denied is AFFIRMED. However, the notice is also MODIFIED to state that this denial was because you were not eligible for Medicaid coverage during that month because your October monthly income of \$2,055.00 exceeds the \$1,809.00 monthly Medicaid limit.

Decision

The August 8, 2015 notice is **AFFIRMED** because it properly denied your request for help paying for medical bills from October 1, 2014 through October 31, 2014.

The August 8, 2015 notice is **MODIFIED** to state your request for help paying for medical bills from October 1, 2014 through October 31, 2014 is denied because your October monthly income of \$2,055.00 exceeds the \$1,809.00 monthly Medicaid limit.

Effective Date of this Decision: November 25, 2015

How this Decision Affects Your Eligibility

You are not eligible for retroactive Medicaid for the month of October 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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The August 8, 2015 notice is **AFFIRMED** because it properly denied your request for help paying for medical bills from October 1, 2014 through October 31, 2014.

The August 8, 2015 notice is **MODIFIED** to state you request for help paying for medical bills from October 1, 2014 through October 31, 2014 is denied because your October monthly income of \$2,055.00 exceeded the \$1,809.00 monthly Medicaid limit.

You are not eligible for retroactive Medicaid for the month of October 2014.

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:

