



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

Notice of Decision

Decision Date: December 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003713



Dear [REDACTED],

On November 17, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's June 24, 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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Issues

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 February 1, 2015 until February 28, 2015?

Procedural History

On March 25, 2015 the Marketplace issued an eligibility determination notice that you are eligible for Medicaid effective March 1, 2015.

On April 1, 2015 the Marketplace issued a notice to confirming your enrollment in CDPHP and coverage will begin May 1, 2015.

On April 7, 2015 your Official Record of Benefit Payment History of your unemployment insurance benefits was faxed to the Marketplace.

On June 24, 2015 the Marketplace issued an eligibility determination notice that you are not eligible for Medicaid coverage for the period of February 1, 2015 to February 28, 2015.

On June 30, 2015 you spoke to the Marketplace Account Review Unit and requested an appeal insofar as being eligible for retroactive Medicaid benefits for the month of February 2015.

On November 17, 2015 you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken at the hearing. The record

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was left open until November 20, 2015 for you to submit additional income documentation.

On November 19, 2015 you faxed a six-page document to the Marketplace Appeals Unit. This document was been marked "Appellant Exhibit A" and has been 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.
2. You plan on filing a 2015 U.S. Income Tax Return, with the tax status of single, and will not claim any dependents on that tax return.
3. You indicated on your March 3, 2015 Marketplace Application that you wanted help paying for medical bills from the last 3 months.
4. You testified that you seeking retroactive Medicaid benefits for the month of February 2015 only.
5. According to the March 25, 2015 Marketplace notice, you were determined eligible for Medicaid with an effective date of March 1, 2015.
6. You testified that your only source of income in February 2015 was Unemployment Insurance Benefits (UIB).
7. On April 7, 2015 you faxed your Official Record of Benefit Payment History of UIB from the New York State Department of Labor. You were issued in the gross amount:
 - (a) \$420.00 on the Release Date of 2/2/2015;
 - (b) \$420.00 on the Release Date of 2/9/2015;
 - (c) \$420.00 on the Release Date of 2/17/2015;
 - (d) \$420.00 on the Release Date of 2/23/2015.
8. You testified that you received your unemployment insurance benefits by direct deposit.
9. On November 19, 2015 you faxed a printout of your February 2015 bank statement to the Marketplace Appeals Unit. The printout shows the dates that you received your unemployment insurance benefits. You received:
 - (a) \$367.50 on 2/4/2015;
 - (b) \$367.50 on 2/11/2015;
 - (c) \$367.50 on 2/19/2015;

(d) \$367.50 on 2/25/2015 (Appellant Exhibit A p. 3-6).

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

Applicable Law and Regulations

Modified Adjusted Gross Income

The Marketplace bases its eligibility determinations on modified adjusted gross income as defined in the federal tax code (45 CFR § 155.300(a)). 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)).

“Adjusted gross income” means, in the case of an individual taxpayer, gross income minus certain specific deductions, such as expenses reimbursed by an employer, losses from sale or exchange of property, losses from premature withdrawal of funds from time savings accounts, and deductions attributable to royalties (26 USC § 62(a)).

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 that is at or below 138% of the federal poverty 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 2015 FPL, which is \$11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237)).

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 Marketplace properly determined that you were not eligible for retroactive coverage of Medicaid from February 1, 2015 until February 28, 2015.

You credibly testified that you expect to file your 2015 federal income tax return, with the tax status of single, and claim no dependents on that return.

Since you were determined Medicaid eligible on March 25, 2015, you are entitled to begin your Medicaid coverage on March 1, 2015. 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 March 1, 2015, you may also be entitled to receive retroactive coverage as early as December 1, 2014.

You testified that you are only seeking to be determined eligible for Medicaid for the month of February 2015. Therefore, the Marketplace must determine if you were Medicaid eligible in the month of February 2015.

On April 7, 2015 you faxed your Official Record of Benefit Payment History of UIB from the New York State Department of Labor. The documentation shows that you were issued four payments of \$420.00 in February 2015.

Furthermore, on November 19, 2015, you faxed a printout of your February 2015 bank statement to the Marketplace Appeals Unit. The printout shows that you received four payments of unemployment insurance benefits in February 2015.

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 FPL for the applicable family size.

On the date of your initial application, the FPL was \$11,770.00 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

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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 \$1,354.00.

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 \$1,680.00 in the month of February, the Marketplace properly determined that you are not eligible for Medicaid coverage for the coverage period of February 1, 2015, to February 28, 2015. Therefore, the June 24, 2015 eligibility determination is AFFIRMED.

Decision

The June 24, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: December 10, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You are not eligible for Medicaid February 1, 2015 until February 28, 2015.

You remain eligible for Medicaid effective March 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.

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

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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The June 24, 2015 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

You are not eligible for Medicaid February 1, 2015 until February 28, 2015.

You remain eligible for Medicaid effective March 1, 2015.

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:

