



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

Notice of Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003797

[REDACTED]

Dear [REDACTED],

On September 11, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 8, 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: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003797

[REDACTED]

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 May 1, 2015 until May 31, 2015?

Procedural History

On June 9, 2014, the Marketplace issued an eligibility determination notice stating that you are eligible for Medicaid with an effective date of June 1, 2015.

On July 7, 2015, you spoke to the Marketplace Account Review Unit and requested an appeal insofar as you wanted your eligibility for retroactive Medicaid benefits for the month of May 2015 considered.

On August 8, 2015, the Marketplace issued an eligibility determination notice stating that you are not eligible for Medicaid for May 1, 2015 through May 31, 2015 because the monthly household income you provided is over the allowable monthly income limit.

On September 11, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken at the hearing and the record was developed. 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 filed a U.S. Income Tax Return for 2015 with the tax status of single and claimed no dependents on that tax return.
3. You indicated on your June 9, 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 May 2015.
5. According to the July 1, 2015 Marketplace notice, you were determined eligible for Medicaid with an effective date of June 1, 2015.
6. You testified that your only sources of income in May 2015 was from [REDACTED] and [REDACTED].
7. On June 9, 2015 you uploaded Earnings Statements from [REDACTED] [REDACTED]. You were issued in the gross amount:
 - (1) \$45.94 for the pay date 05/14/2015;
 - (2) \$288.38 for the pay date 5/21/2015;
 - (3) \$126.50 for the pay date 5/28/2015.
8. On June 26, 2015, you uploaded paychecks from [REDACTED]. You received in the gross amount:
 - (1) \$961.54 for the check date 5/1/2015;
 - (2) \$673.08 for the check date 5/15/2015.
9. You testified that your last day of employment at [REDACTED] was May 5, 2015, and that income received on 5/15/2015 was earned in April 2015.
10. You testified that you have approximately \$18,000.00 in outstanding medical bills for the month of May 2015.

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 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 May 1, 2015 until May 31, 2015.

As of your June 30, 2015 application, your household size for Medicaid purposes was one. You expect to file your 2015 federal income tax return as single and not claim any dependents on that return.

Since you were determined Medicaid eligible on June 30, 2015 Marketplace application, you are entitled to begin your Medicaid coverage on June 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 June 1, 2015 you may also be entitled to receive retroactive coverage for the month of May 2015, provided however, that you would have been eligible for Medicaid had an application been completed in May 2015.

On June 9, 2015, you uploaded three Earnings Statements issued in May 2015 from [REDACTED]. You were issued \$460.82 in gross earnings from [REDACTED] in May 2015.

On June 26, 2015, you uploaded two paychecks issued in May 2015 from [REDACTED]. You were issued \$1,634.62 in gross earnings from [REDACTED] in May 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 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 \$2,095.44 in the month of application, the Marketplace properly determined that you are not eligible for Medicaid coverage for the coverage period of May 1, 2015, to May 31, 2015. Therefore, the August 8, 2015 eligibility determination is **AFFIRMED**.

Decision

The August 8, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: November 09, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You are not eligible for Medicaid May 1, 2015 until May 31, 2015.

You remain eligible for Medicaid effective June 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

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- 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 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

You are not eligible for Medicaid May 1, 2015 until May 31, 2015.

You remain eligible for Medicaid effective June 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:

