



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: AP000000003979

[REDACTED]

Dear [REDACTED],

On October 2, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's July 2, 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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## Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000003979

[REDACTED]

## Issue

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

Did the Marketplace properly determine on July 2, 2015 that you were not eligible for retroactive Medicaid coverage through the Marketplace for December 2014, January 2015, and February 2015?

## Procedural History

In your March 9, 2015 application for health insurance coverage, you requested help paying for your medical bills from the last three months.

On March 10, 2015, the Marketplace issued a notice of eligibility determination that you were eligible for Medicaid beginning March 1, 2015.

On July 2, 2015 the Marketplace issued two notices regarding your request for coverage for medical bills within the three month period prior to your application for health insurance dated March 9, 2015. The first notice stated that you were not eligible for Medicaid through the Marketplace from December 1, 2014 to December 31, 2015 "because your household income of \$1,740.50 was over the allowable income limit of \$1,343/monthly." The second notice stated that your request for retroactive Medicaid coverage from January 1, 2015 to February 28, 2015 was denied because there was insufficient income documentation in that paystubs from January 2, 2015 and February 6, 20, and 27, 2015 were missing.

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On July 21, 2015, you spoke with the Marketplace's Account Review Unit and appealed being denied retroactive Medicaid coverage for December 2014, January, 2015 and February 2015.

On August 8, 2015, the Marketplace issued another notice regarding your eligibility for retroactive Medicaid and determined you are not eligible for Medicaid for December 1, 2014 to December 31, 2014 because your monthly household income of \$1,740.00 was over the allowable income limit of \$1,343.00; and not eligible for Medicaid for January 1, 2015 through January 31, 2015 because the monthly household income you provided of \$1,704.68 was over the allowable income limit of \$1,354.00. It further requested that you provide proof of income from February 1, 2015 to February 28, 2015 by June 22, 2015, in order for your eligibility for retroactive Medicaid that month to be determined

On October 2, 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 up to October 19, 2015 to allow you the opportunity to submit proof of separation from your employer in February 2015.

On October 16, 2015, the Appeal's Unit received a one page fax from you consisting of signed, notarized statement. That same day, this one page fax was made part of the record as [REDACTED] and the record was closed.

## **Findings of Fact**

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

- 1) According to your Marketplace account, you are single and expect to file your 2015 federal tax return using the tax filing status of Single, and you will not be claiming any dependents on that tax return.
- 2) According to your Marketplace account and your testimony, you were found Medicaid eligible beginning March 1, 2015.
- 3) According to your Marketplace application and your testimony, you requested and need help with paying bills for medical expenses that you incurred in December 2014 for \$145.00 on December 6, 2015, and \$840.00 on December 16, 2014.
- 4) According to your December 2014 paystubs, you received \$1,740.50 in gross earnings that month.
- 5) According to your January 2015 paystubs, you received \$2,139.88 in gross earnings that month.

- 6) According to your February 13, 2015 pay stub for the period of February 2, 2015 to February 8, 2015, you received \$293.09 in gross earnings, which was your only source of income that month.
- 7) You testified that your last day of work was February 6, 2015, because you chose to pursue college on a full-time basis over employment. You also submitted a notarized letter of separation signed by you, dated October 10, 2015, in which you state your last day of work was February 6, 2015 ( [REDACTED] ).
- 8) In that letter, you wrote that you “tried multiple times to get in contact wit[h] [your store manager]...for a letter of separation” without success ( [REDACTED] ).
- 9) You testified that you had to pay a weekly rent of \$250.00 in December 2014, and had other monthly living expenses that you would like considered in redetermining your eligibility for retroactive Medicaid from December 1, 2014 to February 28, 2015.

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 March 9, 2015 application, that was the 2015 FPL, which is \$11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

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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 \$1,354.00 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.*).

With regard to retroactive Medicaid for 2014, the applicable FPL was \$11,670.00 for a one-person household, and the maximum allowable income limit for Medicaid at 138% of the applicable FPL for a one-person household was \$16,102.00 annually, or \$1,343.00 monthly (79 Fed. Reg. 3593). For 2015, 138% of the applicable FPL of \$11,770.00 for a one-person household is \$16,243.00 annually, or \$1,354.00 monthly, as stated above (80 Fed. Reg. 3236, 3237).

### 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)). Living expenses, such as rent and other monthly expenses are not an allowable deductions in computing adjusted gross income.

## **Legal Analysis**

The issue under review is whether the Marketplace properly determined that you were not eligible for retroactive Medicaid in each of the months of December 2014, January 2015, and 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 income at or below 138% of the applicable FPL for a one-person household. On the date of your application, the Marketplace determined that you were eligible for Medicaid, effective March 1, 2015, and issued a notice of eligibility determination to that effect.

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In your March 9, 2015 application, you also requested help with medical bills for the three months beforehand, that is, for December 2014, January, 2015, and February 2015. In order to be considered eligible for retroactive Medicaid, an individual must first be determined Medicaid eligible in the month of their application and then must also be eligible for Medicaid during the month in which medical services were received. Please note, however, that in determining an individual's eligibility for Medicaid or retroactive Medicaid, living expenses, including rent, are not considered.

In your case, your December 2014 earnings received were \$1,740.50 according to the pay stubs you submitted from income received that month, which is over the applicable 2014 maximum allowable income limit of \$1,343.00 per month. Therefore, the July 2, 2015 and August 8, 2015 notices stating you are not eligible for retroactive Medicaid in December 2014 are AFFIRMED.

Similarly, your income for January 2015 was \$2,139.88 according to the pay stubs you submitted from that month, which is over the applicable 2015 maximum allowable income limit of \$1,354.00 per month. Therefore, the Marketplace correctly determined that you were not eligible for retroactive Medicaid in that month, and the August 8, 2015 notices are MODIFIED to reflect your ineligibility is based on earnings of \$2,139.88 you received that month.

However, you reported and provided documentary evidence as support that your only income for February was \$293.09, which is below the maximum allowable income limit of \$1,354.00 per month. Usually, this would result in the Appeals Unit returning your case to the Marketplace to redetermine your eligibility for retroactive Medicaid in February 2015. Notwithstanding, you credibly testified that you are only seeking assistance for medical bills you incurred in December 2014 and not in February 2015. Therefore, no further action by the Marketplace is required at this time.

## **Decision**

The July 2, 2015 and August 8, 2015 notices stating you are not eligible for retroactive Medicaid in December 2014 are AFFIRMED.

The August 8, 2015 notices are MODIFIED to reflect your ineligibility for retroactive Medicaid in January 2015 based on earnings of \$2,139.88 you received that month.

You are only seeking assistance for medical bills you incurred in December 2014 and not in February 2015; therefore, no further action by the Marketplace is required at this time with regard to retroactive Medicaid coverage in February 2015.

**Effective Date of this Decision:** November 09, 2015

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

You are not eligible for retroactive Medicaid in December 2014 or January 2015, because your income each of these months exceeded the applicable maximum allowable monthly income limits then applicable.

You are eligible for retroactive Medicaid in February 2015; however, you testified that you are not seeking assistance for any medical bills during that month. Therefore, no further action by the Marketplace is required at this time with regard to retroactive Medicaid coverage in February 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:

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- By fax: 1-855-900-5557

## **Summary**

The July 2, 2015 and August 8, 2015 notices stating you are not eligible for retroactive Medicaid in December 2014 are AFFIRMED.

The August 8, 2015 notices are MODIFIED to reflect your ineligibility for retroactive Medicaid in January 2015 based on earnings of \$2,139.88 you received that month.

You are not eligible for retroactive Medicaid in December 2014 or January 2015, because your income each of these months exceeded the applicable maximum allowable monthly income limits then applicable.

You are eligible for retroactive Medicaid in February 2015; however, you testified that you are not seeking assistance for any medical bills during that month. Therefore, no further action by the Marketplace is required at this time with regard to retroactive Medicaid coverage in February 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:**

