



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

Notice of Decision

Decision Date: November 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004039

[REDACTED]

Dear [REDACTED]

On October 15, 2015, your authorized representative appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 16, 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 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004039



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 benefits for July 1, 2014 until September 31, 2014?

Procedural History

On October 14, 2014, the Marketplace rendered a preliminary eligibility determination that you are eligible to enroll in Medicaid with a start date of October 1, 2014.

On December 2, 2014, additional income documentation was uploaded to your Marketplace account.

On December 11, 2014, the Marketplace issued an enrollment notice confirming that you enrolled in HealthPlus, an Amerigroup Company on October 14, 2015. The notice states that your coverage through Medicaid will begin July 1, 2014 and enrollment with HealthPlus, an Amerigroup Company will begin November 1, 2014.

On March 16, 2015, the Marketplace issued an eligibility determination notice stating that you have been determined not eligible for Medicaid coverage for the period of July 1, 2014 to September 30, 2014.

On July 24, 2015, you spoke to the Marketplace Account Review Unit and requested an appeal relative to your ineligibility for retroactive Medicaid benefits.

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On October 15, 2015, your authorized representative had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken and the record was developed during the hearing. The record is now complete and closed.

Findings of Fact

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

1. On October 14, 2014, you applied for health insurance through the Marketplace for yourself.
2. You indicated on your October 14, 2014 Marketplace application that you wanted help playing for medical bills from the last 3 months.
3. On October 14, 2014, you were determined eligible for Medicaid effective October 1, 2014.
4. Your authorized representative testified that you did not file a 2014 federal income tax return and lived alone in 2014.
5. On December 2, 2014 your Social Security Administration statement was uploaded to your Marketplace account. The statement says:
 - (a) You will receive \$4,182.00 around July 4, 2014; and
 - (b) You will receive \$1,394.00 around July 16, 2014 and will receive \$1,394.00 during each subsequent month.
6. Your authorized representative testified that you have approximately \$12,000.00 in outstanding medical bills from September 2014.

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 that is at or below 138% of the

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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)).

In the case of individuals who do not expect to file a Federal tax return and do not expect to be claimed as a dependent for the taxable year in which the determination is being made, the household consists of the individual, and if living with the individual, the individual's spouse and children under the age of 19 or 21 if they are a full-time student (42 CFR § 435.603(f)(3)).

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 2014 FPL, which is \$11,670.00 for a one-person household (79 Fed. Reg. 3593 (2014)).

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).

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 the Marketplace properly determined that you were not eligible for retroactive coverage of Medicaid from July 1, 2014 until September 31, 2014.

As of your October 14, 2014 application, your household size for Medicaid purposes was one. You did not file a 2014 Federal Income Tax Return and lived alone in 2014.

Since you were determined Medicaid eligible based on your October 14, 2014 Marketplace application, you are entitled to begin your Medicaid coverage on October 1, 2014. However, you indicated that you want help paying for medical bills from the three previous months. Since you were determined eligible to receive Medicaid coverage on October 1, 2014, you may also be entitled to receive retroactive coverage beginning no earlier than July 1, 2014, provided

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however, that you would have been eligible for Medicaid had an application been completed in July, August or September 2014.

When determining if an individual is eligible for Medicaid in a month, it is based on the income that is received in that month.

On December 2, 2014, a Social Security Administration statement was uploaded to your Marketplace account. It stated that you would receive \$4,182.00 around July 4, 2014, receive \$1,394.00 around July 16, 2014 and will receive \$1,394.00 each subsequent month.

Based on the income documentation you faxed to the Marketplace, you received \$5,576.00 in July 2014, and received \$1,394.00 in August and September 2014.

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 October 14, 2014 application, the FPL was \$11,670.00 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 \$1,343.00.

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 more than \$1,343.00 in each of the months you could have been eligible for retroactive Medicaid benefits, the Marketplace properly determined that you are not eligible for Medicaid coverage for the coverage period of July 1, 2014, to September 31, 2014.

The March 16, 2015 eligibility determination notice that states you are not eligible for retroactive Medicaid for the period of July 1, 2014 through September 31, 2014 is AFFIRMED.

Decision

The March 16, 2014 eligibility determination notice that states you are not eligible for retroactive Medicaid for the period of July 1, 2014 through September 31, 2014 is AFFIRMED.

Effective Date of this Decision: November 16, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You are not eligible for retroactive Medicaid benefits for July 1, 2014 until September 31, 2014.

You remain eligible for Medicaid effective October 1, 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:

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- By fax: 1-855-900-5557

Summary

The March 16, 2014 eligibility determination notice that states you are not eligible for retroactive Medicaid for the period of July 1, 2014 through September 31, 2014 is AFFIRMED.

This decision does not change your eligibility.

You are not eligible for retroactive Medicaid benefits for July 1, 2014 until September 31, 2014.

You remain eligible for Medicaid effective October 1, 2014.

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:

[REDACTED]

[REDACTED]