



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

Notice of Decision

Decision Date: October 28, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004071

[REDACTED]

Dear [REDACTED],

On October 9, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's failure to issue a timely eligibility determination.

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 (CFR) 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: October 28, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004071

[REDACTED]

Issue

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

Did the Marketplace provide you with timely notice of an eligibility determination regarding your application for retroactive Medicaid coverage?

Procedural History

On January 12, 2015, the Marketplace received your initial application for health insurance, in which you requested assistance paying for medical bills from the previous three months.

Also on January 12, 2015, the Marketplace received a copy of your I-94 Admission Record via facsimile.

On January 13, 2015, the Marketplace issued a notice of eligibility determination stating that you remain conditionally eligible for Medicaid, effective January 1, 2015. The notice further requested proof of your income for the time period from October 1, 2014 to December 31, 2014, in order to determine your eligibility for retroactive Medicaid coverage during those months.

Also on January 13, 2015, the Marketplace issued a notice confirming your enrollment with Medicaid, effective January 1, 2015. The notice further confirmed your Medicaid Managed Care plan enrollment with Healthfirst, effective February 1, 2015.

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Also on January 13, 2015, multiple documents were uploaded to your Marketplace account, which included: a copy of your U.S. Visa; a copy of your [REDACTED] from July 29, 2014 to December 18, 2014; copies of checks you received between September and December 2014; and a copy of your 2013 federal income tax return.

Also on January 13, 2015, the Marketplace sent you a notice stating that the documentation you had submitted was insufficient to resolve the inconsistency in your account, and you were requested to provide additional information to confirm your income for the months of October, November, and December 2014.

On January 23, 2015, the Marketplace received multiple documents via facsimile, which included: copies of your medical bills incurred during the month of December 2014, and a written request for retroactive Medicaid.

On March 30, 2015, the Marketplace sent you a notice stating that the documentation you had submitted was insufficient to resolve the inconsistency in your account, and you were requested to provide additional information to confirm your income for the months of October, November, and December 2014.

On April 7, 2015, multiple documents were uploaded to your Marketplace account, which included: a copy of your U.S. Visa; and a completed Financial Status form listing your income for November 2014, December 2014, and January 2015.

On April 9, 2015, multiple documents were again uploaded to your Marketplace account, which included: a copy of your U.S. Visa; and a completed Financial Status form listing your income for October, November, and December 2014.

On April 27, 2015, multiple documents were uploaded to your Marketplace account, which included: a copy of your business records listing your income for October, November, and December 2014; and a copy of your U.S. Visa.

On June 15, 2015, multiple documents were uploaded to your Marketplace account, which included: a copy of your 2014 federal income tax return, an updated business record listing your income for October, November, and December 2014; and a copy of your U.S. Visa.

On July 3 and July 28, 2015, the Marketplace issued notices of eligibility determination stating that you are conditionally eligible for Medicaid, effective as of July 1, 2015. The notices further confirmed that you had requested help with paying your medical bills for the three-month period prior to your application, and would receive a separate notice regarding your eligibility for retroactive Medicaid after all documents necessary to confirm your eligibility were received.

Also on July 28, 2015, you spoke with the Marketplace's Account Review Unit and appealed the Marketplace's failure to provide timely notice of your eligibility determination regarding your request for retroactive Medicaid coverage.

On August 25, 2015, prior to your scheduled hearing, a written statement in support of your appeal was uploaded to your Marketplace account.

On October 7, 2015, prior to your scheduled hearing, a copy of a notice stating that your account has been sent to collections was uploaded to your Marketplace account.

On October 9, 2015, you had a telephone hearing with a Hearing Officer from the Appeals Unit of NY State of Health. 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 applied for health insurance coverage through the Marketplace on January 12, 2015. According to that application, you requested retroactive Medicaid coverage for the three months prior to your application.
- 2) You testified, and the record reflects, that you expect to file your 2015 federal income tax return as single, and will not be claiming any dependents on that tax return.
- 3) You testified that you are an animator, therefore, your income fluctuates from monthly.
- 4) On January 13, 2015, a copy of your personal bank account transaction journal, a copy of a check issued to you on September 4, 2014 for \$1,451.40, a copy of a check issued to you on December 12, 2014 for \$2,760.00, and a copy of your 2013 federal income tax return were uploaded to your Marketplace account.
- 5) The record reflects that the income documentation you submitted on January 13, 2015 was marked as invalid on the same day. The record further reflects that the Marketplace sent you a notice on January 13, 2015, stating that additional income information was required to make a determination regarding your request for retroactive Medicaid.
- 6) The record reflects that you submitted a copy of your business records on April 27, 2015, and an updated version on June 15, 2015. According to the business record submitted on June 15, 2015, your income for October

2014 was \$238.00; your income for November 2014 was \$838.00; and your income from December 2014 was \$5,050.00. The record reflects that this documentation was marked as valid on June 18, 2015.

- 7) You testified, and provided evidence, that you incurred numerous medical bills in December 2014.
- 8) The record reflects that, as of the date of your scheduled hearing, the Marketplace had not issued a determination regarding your eligibility for retroactive Medicaid coverage.
- 9) You testified that you were told by hospital representatives, and representatives from your local Department of Social Services, that your medical bills would be paid.

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

Applicable Law and Regulations

Timely Medicaid Notice

When an individual applies for insurance through the Marketplace, the Marketplace must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 FR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, the Marketplace must base the time period from the date of application to the date the Marketplace notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for the Marketplace to make an eligibility determination, then the Marketplace must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

The Marketplace must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

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 level for the applicable family size (42 CFR §§ 435.119(b), 435.603(d)(4); N.Y. Soc. Serv. Law § 366(1)(b)).

A retroactive authorization will be issued for medical expenses incurred during the three months prior to the month of application for Medicaid, provided the applicant was eligible in the month in which the medical care and services were received (18 NYCRR 360-2.4(c), 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 failed to provide you timely notice of your eligibility determination for retroactive Medicaid.

You applied for health insurance through the Marketplace on January 12, 2015. This application indicated that you were requesting retroactive Medicaid coverage for the three months prior to your application.

The Marketplace must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of their completed application. To assess whether an eligibility determination was untimely, the Marketplace must base the time period from the date of the completed application to the date the Marketplace notifies the applicant of its decision.

The Marketplace attempted to make eligibility determinations regarding your application for retroactive Medicaid on January 13, 2015 and March 30, 2015, but on each occasion found that more information was needed to make a decision. Since the Marketplace needed more information from you to make an eligibility determination, your application was not considered complete as of March 30, 2015.

However, on June 15, 2015, you submitted a copy of your business records indicating that your income for October 2014 was \$238.00; your income for November 2014 was \$838.00; and your income from December 2014 was \$5,050.00. The record reflects that this documentation was marked as valid on June 18, 2015. Since the Marketplace received the necessary information to make an eligibility determination in your case as of June 15, 2015, your application was considered complete on that date. Forty-five days from June 15, 2015, was July 30, 2015.

The record reflects that the Marketplace had not issued an eligibility determination regarding your application for retroactive Medicaid as of the date of your scheduled hearing on October 9, 2015. Since the Marketplace failed to

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issue an eligibility determination within 45 days from the date your application was considered complete, you were not provided timely notice.

Furthermore, since there is no indication in the record that the Marketplace has made a determination on your request for retroactive Medicaid coverage, the Appeals Unit cannot reach this issue.

Your case is RETURNED to the Marketplace to consider your request for retroactive coverage during October, November, and December 2014. Your application for retroactive Medicaid will be based on a one-person household, with monthly household income of \$238.00 for October 2014, \$838.00 for November 2014, and \$5,050.00 for December 2014, with regard to medical bills incurred in December 2014.

Decision

The Marketplace failed to provide you timely notice of an eligibility determination regarding your application for retroactive Medicaid coverage.

Your case is RETURNED to the Marketplace to consider your request for retroactive Medicaid coverage during October, November and December 2014. Your application for retroactive Medicaid will be based on a one-person household; and a monthly household income of \$238.00 for October 2014, \$838.00 for November 2014, and \$5,050.00 for December 2014; for medical bills incurred in December 2014.

Effective Date of this Decision: October 28, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The Marketplace will decide if you are entitled to retroactive Medicaid coverage for the months of October, November, and December 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

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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 Marketplace failed to provide you timely notice of an eligibility determination regarding your application for retroactive Medicaid coverage.

Your case is RETURNED to the Marketplace to consider your request for retroactive Medicaid coverage during October, November and December 2014. Your application for retroactive Medicaid will be based on a one-person household; and a monthly household income of \$238.00 for October 2014, \$838.00 for November 2014, and \$5,050.00 for December 2014; for medical bills incurred in December 2014.

This decision does not change your eligibility.

The Marketplace will decide if you are entitled to retroactive Medicaid coverage for the months of October, November, and December 2014.

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A Copy of this Decision Has Been Provided To:

