



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: AP000000004291

[REDACTED]

Dear [REDACTED],

On November 3, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's May 18, 2015 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 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 issues presented for review by the Appeals Unit of NY State of Health are:

Did the Marketplace properly determine that your enrollment in your Medicaid Managed Care plan would take effect on April 1, 2015?

Did the Marketplace properly deny your request to backdate your coverage under Medicaid for September of 2014?

Procedural History

On December 18, 2014, the Marketplace received your application for financial assistance.

On December 19, 2014, a notice was issued which stated that the information you provided in your application does not match what the Marketplace had obtained from State and Federal data sources. You were asked to provide additional documentation to confirm your income by January 5, 2015.

On January 30, 2015, the documentation you provided to the Marketplace was verified and that same day an eligibility determination notice was issued finding you conditionally eligible for Medicaid effective December 1, 2014. This finding was conditional on the basis that you provide documentation confirming your benefit information for third party health insurance before February 3, 2015. The determination was based on a reported household income of \$15,000.00 which was below the allowable income limit of \$16,105.00.

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On February 20, 2015, the Marketplace issued an enrollment confirmation notice that stated that your enrollment in your Medicaid Managed Care Plan under New York State Catholic Health Plan, Inc. would begin April 1, 2015, and your coverage under Medicaid would begin February 1, 2015.

On May 18, 2015, the Marketplace issued a notice regarding their decision to deny your request for backdated coverage for the three months prior to your application for insurance on December 18, 2014. The notice stated in relevant part that you were not eligible for coverage for the month of September specifically. The notice went on to state that your household income for the month of September was \$1,859.11, which was over the allowable monthly income limit of \$1,343.00. Document ID number [REDACTED].

On August 12, 2015, you spoke to the Marketplace's Account Review Unit and appealed the May 18, 2015 denial of your request to backdate your coverage for the month of September, 2014.

On November 3, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

- 1) You currently reside in a one person household.
- 2) You are seeking health insurance for yourself.
- 3) You testified that you suffered a major medical condition in September of 2014. That was the only month that you had significant outstanding medical bills and for which you would like to be found eligible for Medicaid on a retro-active basis.
- 4) You uploaded income documentation from your employer on August 17, 2015, which showed payments in the month of September of 2014 in the amount of \$223.08, \$792.99, \$238.68, and \$604.38. These payments were made on September 3, September 10, September 17, and September 24, 2014 respectively.
- 5) You selected a Medicaid Managed Care plan on February 18, 2015.
- 6) On February 20, 2015, the Marketplace issued a notice advising you that your Medicaid coverage began on February 1, 2015 and that the Medicaid Managed Care plan you selected would take effect on April 1, 2015.

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

Applicable Law and Regulations

Medicaid for Adults between the Ages of 19 and 65

Medicaid through the Marketplace can be provided 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 federal poverty level (FPL) for the applicable family size (42 CFR §§ 435.119(b), 435.911(b)(1), 435.603(d)(4); N.Y. Soc. Serv. Law § 366(1)(b)).

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 annually for a one-person household or \$973.00 per month (79 Fed. Reg. 3593).

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)).

Continuous Coverage

Most adults determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage even if they lose Medicaid eligibility because of any changes or updates they make to their Marketplace account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a 12-month period. This 12-month period is referred to as “continuous coverage” and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (N.Y. Soc. Serv. Law § 366(4)(c)).

Medicaid Effective Date

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR 435.915(b)).

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Medicaid Managed Care (MMC) plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see, §1115 Soc. Sec. Act; N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR 360-10.3(h)).

Medicaid Retro-active Coverage

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of application if the individual received medical services that would have been covered under Medicaid and the individual 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

The first issue presented for the NY State of Health Appeals Unit is whether the Marketplace properly determined that your enrollment in your Medicaid Managed Care plan was effective April 1, 2015.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected between the first day and fifteenth day of a month goes into effect on the first day of the following month.

A plan that is selected between the sixteenth day of the month and the end of the month goes into effect on the first day of the second following month.

On February 18, 2015, you selected your Medicaid Managed Care plan, so it must take effect on the first day of the second month after February; that is, on April 1, 2015.

Therefore, the February 20, 2015 enrollment confirmation notice stating that your Medicaid Managed Care coverage would take effect on April 1, 2015 is correct and must be AFFIRMED.

The second issue under review is did the Marketplace properly deny your request to backdate your coverage under Medicaid for September of 2014?

Medicaid coverage can be made effective retroactively for up to three months prior to an individual's application if the individual received medical services that would have been covered under Medicaid and if they would have been eligible for Medicaid in those three months had they applied.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. To be eligible for Medicaid in September 2014, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the 2014 federal poverty level, which is \$1,343.00 per month. There is no indication in the record that you would have been ineligible for Medicaid based on non-financial criteria during September.

You uploaded income documentation from your employer on August 17, 2015 which showed payments in the month of September of 2014 in the amount of \$223.08, \$792.99, \$238.68, and \$604.38. These payments were made on September 3, 2014, September 10, 2014, September 17, 2014, and September 24, 2014 respectively leading to an overall amount of \$1,859.11.

You testified at the hearing that the income verification documents you sent in to the Marketplace were an accurate representation of the income you received during the month of September, 2014.

The record indicates that you earned \$1,859.11 in the month of September 2014. Since your income of \$1,859.11 was more than the \$1,343.00 Medicaid limit for September 2014, the Marketplace properly determined that you were not eligible for the backdating of Medicaid coverage during that month. Therefore, the May 18, 2015 determination by the Marketplace denying your request for coverage of medical bills for the month of September was proper and is AFFIRMED.

Decision

The February 20, 2015 enrollment confirmation notice is AFFIRMED.

The May 18, 2015 determination by the Marketplace denying your request for coverage of medical bills for the month of September was proper and is AFFIRMED.

Effective Date of this Decision: December 10, 2015

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is April 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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Summary

The February 20, 2015 enrollment confirmation notice is AFFIRMED.

The May 18, 2015 determination by the Marketplace denying your request for coverage of medical bills for the month of September was proper and is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Medicaid Managed Care plan is April 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:

