



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

Notice of Decision

Decision Date: November 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004326

[REDACTED]

Dear [REDACTED]

On November 12, 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 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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Decision

Decision Date: November 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004326

[REDACTED]

Issue

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

Did the Marketplace properly determine that you were ineligible for retroactive Medicaid coverage from March 1, 2015 to May 31, 2015?

Procedural History

The Marketplace received an application for health insurance on June 15, 2015 in which you requested to help with paying medical bills for the three month period prior to your application.

On June 11, 2015, the Marketplace received (1) a copy of your 2014 joint tax return, (2) earning statements issued to you by [REDACTED] between May 15, 2015 and June 1, 2015, and (3) a copy of your Schedule C relating to your 2014 joint tax return.

On June 16, 2015, the Marketplace issued an eligibility determination notice based on the information contained in your June 15, 2015 application. The notice stated, in relevant part, that you were eligible to receive an advance premium tax credit (APTC) of up to \$527.00 per month; eligible for cost-sharing reductions (CSR) provided you selected a silver-level plan; eligible for the APTC Premium Assistance Program; and ineligible for Medicaid. The notice also stated that you would be sent a separate notice telling you if you were eligible for Medicaid for the three months prior to you application. This eligibility determination was effective July 1, 2015. You were not able to select a qualified

health plan (QHP) at this time since you were found to have not qualified to enroll in a QHP outside of the open enrollment period.

On July 25, 2015, the Marketplace issued an eligibility redetermination notice. The notice stated, in relevant part, that you were eligible to receive an APTC of up to \$527.00 per month; eligible for CSR, provided you selected a silver-level plan; eligible for the APTC Premium Assistance Program; and ineligible for Medicaid. You also qualified to select a QHP outside of the open enrollment period no later than September 22, 2015.

On that same date, the Marketplace issued a notice confirming enrollment by you and your spouse in a WellCare health plan as of July 24, 2015. The notice stated that coverage for you and your spouse could begin as early as August 1, 2015, provided you paid your first month's premium, if applicable.

On August 8, 2015, the Marketplace issued a notice confirm that you request for help in paying medical bills from March 1, 2015 to May 31, 2015 had been denied because "your coverage in a [QHP] is limited to services covered by the health plan."

On August 14, 2015, you spoke with the Marketplace's Account Review Unit and appealed the August 8, 2015 determination.

On November 12, 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

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

- 1) You submitted an application on June 15, 2015 in which you attested you were seeking help with paying medical bills for the three month period prior to your application.
- 2) You testified, and your application reflects, that you and married and have nine children living at home with you.
- 3) You testified, and your application reflects, that you anticipate filing your 2015 taxes jointly with your spouse and claiming your nine children as dependents.
- 4) You testified that you were really seeking coverage during the month of May 2015 since that was the only month you incurred out-of-pocket medical expenses.

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- 5) On June 15, 2015, the Marketplace found you eligible to receive an advance premium tax credit (APTC), cost-sharing reductions (CSR) and the APTC Premium Assistance Program. However, you were also found ineligible for Medicaid. This eligibility determination was based on an annual household income of \$74,091.00.
- 6) At no point prior to October 24, 2015, were you found eligible for Medicaid coverage through the Marketplace.
- 7) You and your spouse enrolled in WellCare health plan on July 24, 2015. The Marketplace found that coverage under this plan could begin no earlier than August 1, 2015.
- 8) You live in Rockland County, New York.

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)).

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 sole issue under review is whether the Marketplace properly determined that you were ineligible for retroactive Medicaid coverage from March 1, 2015 to May 31, 2015.

You are in an eleven-person household; you filed your 2014 tax return jointly with your spouse and claimed your nine children as dependents on that tax return. Based on the application you submitted to the Marketplace on June 15, 2015, you were found eligible for to receive an advance premium tax credit (APTC) of up to \$527.00 per month; eligible for cost-sharing reductions (CSR), provided you selected a silver-level plan; eligible for the APTC Premium Assistance Program; and ineligible for Medicaid.

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; provided, however, that the individual was found eligible for Medicaid based on that application.

Since you were not found eligible for Medicaid as a result of the June 15, 2015 application, or any other application prior to the October 24, 2015 eligibility determination, the Marketplace correctly found that you were ineligible for retroactive Medicaid coverage from March 1, 2015 to May 31, 2015.

Accordingly, the August 8, 2015 eligibility determination is AFFIRMED.

You remain eligible for coverage under the WellCare health plan effective August 1, 2015.

Decision

The August 8, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: November 25, 2015

How this Decision Affects Your Eligibility

Your eligibility has not changed.

You are not eligible for retroactive Medicaid coverage from March 1, 2015 to May 31, 2015.

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).

You remain eligible for coverage under the WellCare health plan effective August 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
- 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**.

Your eligibility has not changed.

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You are not eligible for retroactive Medicaid coverage from March 1, 2015 to May 31, 2015.

You remain eligible for coverage under the WellCare health plan effective August 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:

