



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

Notice of Decision

Decision Date: February 10, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004349

[REDACTED]

Dear [REDACTED],

On January 27, 2016, 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 and the NY State of Health number at the top of this notice.

Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (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).

This page intentionally left blank.



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

Decision

Decision Date: February 10, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004349

[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 not eligible for retroactive Medicaid coverage during the month of June 2015?

Procedural History

The Marketplace received your application for health insurance on July 30, 2015. As part of your application, you stated that you were seeking Medicaid coverage for medical expenses incurred for the three months prior to your application.

On July 31, 2015, the Marketplace issued a notice stating that you were eligible for Medicaid, effective July 1, 2015. That notice acknowledged that you had requested help with paying medical bills for the three month period prior to your application and indicated that a separate notice would be sent telling you if you were eligible for Medicaid during this three month period.

Also on July 31, 2015, the Marketplace issued a notice confirming your enrollment with EmblemHealth, a Medicaid Managed Care (MMC) plan, effective September 1, 2015.

On August 3, 2015, the Marketplace received a facsimile from you that included earnings statements issued by your employer, [REDACTED] [REDACTED] for four pay dates from June 3, 2015 through July 1, 2015 (Appellant's Exhibit A).

On August 8, 2015, the Marketplace issued a redetermination notice indicating that you remained eligible for Medicaid, effective August 1, 2015.

Also on August 8, 2015, the Marketplace issued a notice stating that you were not eligible for retroactive Medicaid coverage during June 2015 since your household income you provided for that month of \$2,320.00 was more than the allowable monthly income limit of \$1,354.00 to be eligible for retroactive Medicaid coverage.

On August 17, 2015, you spoke to the Marketplace's Account Review Unit and appealed the August 8, 2015 eligibility determination insofar as you were found ineligible for retroactive Medicaid coverage during the month of June 2015.

You failed to appear at the hearing scheduled for November 9, 2015, which resulted in your appeal being dismissed.

On December 14, 2015, the Marketplace received your written request to vacate the dismissal of your appeal for good cause, which was granted.

On December 21, 2015, the Marketplace issued a Notice of Telephone Hearing informing you that another hearing was scheduled for January 27, 2016.

On January 27, 2016, 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 for up to 15 days to allow you the opportunity to see if you received additional pay on June 17, 2015.

On February 4, 2016, the Appeals Unit received a one-page facsimile from you consisting of a pay stub from your employer, dated June 17, 2015. That same day, this one-page facsimile was made part of the record as "Appellant's Exhibit B" 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 expect to file your 2015 federal income tax return as Single, and will claim no dependents.
- 2) You testified that your Medicaid coverage through your local Human Resources Administration (HRA) office in New York City had been cancelled, effective May 31, 2015, without notice.
- 3) You testified that you were seeking retroactive Medicaid coverage during June 2015 because you had incurred out-of-pocket medical

expenses relating to medical treatment and care you received that month and you were unaware that your health coverage with Medicaid through your local HRA office was no longer active at the time.

- 4) The record indicates that on August 8, 2015, you were informed by the Marketplace that you were denied retroactive Medicaid coverage for June 2015. You are appealing this determination.
- 5) You provided pay stubs issued by your employer, [REDACTED] for five pay dates from June 3, 2015 through July 1, 2015, including a check dated June 3, 2015 for \$480.00 in gross earnings; a check dated June 17, 2015 for \$600.00 in gross earnings; a check dated June 10, 2015 for \$600.00 in gross earnings; a check dated June 24, 2015 for \$640.00 in gross earnings; and a check dated July 1, 2015 for \$240.00 in gross earnings.

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 2015 FPL, which is \$11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

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 March 19, 2014).

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 issue under review is whether the Marketplace properly determined that you were ineligible for retroactive Medicaid coverage for the month of June 2015.

You are in a one person household for purposes of this analysis. This is because you expect to file your taxes with a tax filing status of Single and claim no dependents on your tax return.

You were initially found eligible for Medicaid in the July 31, 2015 eligibility determination notice. According to this notice, your coverage with Medicaid began July 1, 2015.

You testified that you are seeking to have your Medicaid coverage retroactively applied for the month of June 2015, the month in which you incurred medical expenses for treatment you received.

Medicaid coverage can be made effective retroactively for up to three months prior to an individual's Medicaid 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 June 2015, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,354.00 per month.

You provided four pay stubs for checks dated in June 2015 that were issued by your employer, [REDACTED]. Those pay stubs indicate that you received \$2,320.00 in gross earnings during June 2015. Accordingly, the credible evidence of record reflects that your gross income during June 2015 was \$2,320.00.

Since your gross income of \$2,320.00 that you received in June 2015 was more than the Medicaid allowable monthly income limit of \$1,354.00 for a one-person household, you were correctly found to be ineligible for retroactive Medicaid coverage for the month of June 2015.

You testified you had not received notice from your local HRA office that your Medicaid had ended as of May 31, 2015. Please note that the Marketplace's Appeals Unit does not have jurisdiction over such matters and, therefore, is without authority to address your concern. If you wish to request a fair hearing due to the lack of notice from your local HRA office, you can go to this website at <http://otda.ny.gov/hearings/request/> for direction.

Decision

The August 8, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: February 10, 2016

How this Decision Affects Your Eligibility

You are not eligible for retroactive Medicaid coverage for the month of June 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.

You are not eligible for retroactive Medicaid coverage for the month of June 2015.

If you wish to request a fair hearing due to the lack of notice from your local HRA office, you can go to this website at <http://otda.ny.gov/hearings/request/> for direction.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

