



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

## Notice of Decision

Decision Date: December 21, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004369

[REDACTED]

Dear Mr. [REDACTED]

On November 17, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 4, 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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: December 21, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004369

[REDACTED]

## Issues

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

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

## Procedural History

On August 19, 2014, the Marketplace received your application for financial assistance with your health insurance.

On August 20, 2014, an eligibility determination was made finding that you needed to provide further income documentation for verification purposes as the documentation you provided did not match the data obtained from Federal and State data sources.

On October 17 2014, the Marketplace received your updated application for financial assistance. That same day a determination was made stating that the income information you provided did not match the data obtained from Federal and State data sources. You were requested to provide income documentation by November 4, 2014.

On November 3, 2014, your income documentation that you provided was verified through Document Number [REDACTED].

On November 6, 2014, an eligibility determination was made on your application finding you eligible for Medicaid effective November 1, 2014. This was because your household income of \$14,613.00 was at or below the allowable income limit for Medicaid.

On December 11, 2014, the Marketplace issued a confirmation notice confirming your coverage through Medicaid effective November 1, 2014, and your enrollment through MVP Health Plan, Inc. would begin December 1, 2014.

On August 4, 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 for the month of November, 2014. The notice stated in relevant part that you were not eligible for coverage for the month of October 2014. The notice went on to state that your household income for the month of October was determined to be \$2,024.00 which was over the allowable monthly income limit of \$1,343.00. Document number [REDACTED].

On August 18, 2015, you spoke to the Marketplace's Account Review Unit and appealed the August 4, 2015 denial of your request to backdate your coverage under Medicaid for the month of October, 2014.

On November 17, 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 to be found eligible for Medicaid for the month of October, 2014.
- 3) You testified that you have outstanding medical bills for the month of October 2014.
- 4) You uploaded income documentation from your employer which was verified by the Marketplace on November 3, 2014. This documentation showed payments in the month of October 2014 in the gross amount of \$460.00, \$368.00, \$276.00, \$460.00, and \$460.00. These payments were made on October 3, October 10, October 17, October 24, and October 31, 2014 respectively.
- 5) You testified at the hearing that the income verification documents you sent to the Marketplace were an accurate representation of the income you received during the month of October, 2014.

- 6) Your application for financial assistance was completed on November 6, 2014. You were then found eligible for Medicaid coverage effective November 1, 2015.
- 7) You enrolled in a Medicaid plan effective December 1, 2014.
- 8) The record reflects and your testimony supports that you lost your employment in November of 2014.
- 9) On August 4, 2015 the Marketplace found you not eligible for coverage for the month of October 2014. The notice went on to state that your household income for the month of October was determined to be \$2,024.00 which was over the allowable monthly income limit of \$1,343.00.

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)).

### 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)).

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 issue under review is did the Marketplace properly deny your request for retroactive coverage under Medicaid for the month of October 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.

Your application for financial assistance was completed on November 6, 2014. You were then found eligible for Medicaid coverage effective November 1, 2015.

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 October 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 October.

You uploaded income documentation from your employer which was verified by the Marketplace on November 3, 2014. This documentation showed payments in the month of October 2014 in the gross amount of \$460.00, \$368.00, \$276.00, \$460.00, and \$460.00. These payments were made on October 3, October 10, October 17, October 24, and October 31, 2014 respectively. This leads to an overall gross earned income for the month of October of \$2,024.00.

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

The record indicates that you earned \$2,024.00 in the month of October 2014. Since your income of \$2,024.00 was more than the \$1,343.00 Medicaid limit for October 2014, the Marketplace properly determined that you were not eligible for the backdating of Medicaid coverage during that month. Therefore, the August 4, 2015 determination by the Marketplace denying your request for coverage of medical bills for the month of October was proper and is AFFIRMED.

## **Decision**

August 4, 2015 determination by the Marketplace denying your request for coverage of medical bills for the month of October was proper and is AFFIRMED.

**Effective Date of this Decision:** December 21, 2015

## **How this Decision Affects Your Eligibility**

This decision does not change your eligibility.

## **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

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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**

August 4, 2015 determination by the Marketplace denying your request for coverage of medical bills for the month of October was proper and is **AFFIRMED**.

This decision does not change your eligibility.

## **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:**

