



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

Notice of Decision

Decision Date: January 08, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004610

[REDACTED]

Dear [REDACTED],

On December 15, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 24, 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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NY State of Health Number: [REDACTED]
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Issues

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

Did the Marketplace properly deny your request for retro-active coverage under Medicaid for the month of February, 2014?

Procedural History

On March 17, 2014, the Marketplace received your application for financial assistance with your health insurance.

That same day an eligibility determination was made finding you eligible for Medicaid effective March 1, 2014. This was based on your attested household income of \$9,724.00.

That same day you were enrolled into a Medicaid Managed care plan with an effective date of May 1, 2014.

On October 23, 2014, you filed an incident with the Marketplace to request retroactive coverage under Medicaid for the month of February 2014.

On June 9, 2015, you uploaded copies of your supporting documentation in the form of paystubs from your employer for the month of February 2014, as well as a letter dated February 21, 2014 showing your last day of work to be February 21, 2014.

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On August 24, 2015, the Marketplace issued a determination on your request for coverage of medical bills within the three month period prior to your application on March 17, 2014. That determination found you not eligible for Medicaid for the month of February, 2014. This was because your household income of \$2,956.88 was over the allowable income limit of \$2,924.00.

On September 3, 2015, you spoke to the Marketplace's Account Review Unit and appealed the August 24, 2015 denial of your request to backdate your coverage for the month of February, 2014.

On December 15, 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 two-person household.
- 2) At the time of your request for Medicaid coverage in March, 2014 you resided in a two-person household as you were pregnant with your son.
- 3) The record reflects that your son was born on [REDACTED].
- 4) You are seeking insurance for yourself for the month of February 2014.
- 5) You testified that you would like to be found eligible for Medicaid on a retro-active basis.
- 6) You were found eligible for Medicaid Fee-For-Service effective March 1, 2014.
- 7) On June 9, 2015, you uploaded copies of your supporting documentation in the form of paystubs from your employer for the month of February 2014, as well as a letter dated February 21, 2014 showing your last day of work to be February 21, 2014.
- 8) Your paystubs that you uploaded show two payments received from your employer for the month of February 2014. The first payment was in the amount of \$1,470.00 in the form of check number: [REDACTED] on February 7, 2014. The second payment was in the amount of \$1,486.88 in the form of check number: [REDACTED] on February 21, 2014.
- 9) You selected a Medicaid Managed Care plan on March 17, 2014.

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)).

For purposes of Medicaid eligibility, the family size of either a pregnant woman or a person who is in the family of a pregnant woman includes not only the pregnant woman but also the number of children she expects to deliver (42 CFR § 435.603(b); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

In New York, a pregnant woman is eligible for Medicaid at a household income of 223% of the FPL (42 CFR §435.116 (c)(2); NY Department of Social Services Admin Directive 13ADM-03).

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 15,730.00 annually for a two-person household or \$1,311.00 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)).

Modified Adjusted Gross Income

The Marketplace bases its eligibility determinations on modified adjusted gross income as defined in the federal tax code (45 CFR § 155.300(a)). The term “modified adjusted gross income” means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3)

Social Security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

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 to backdate your coverage under Medicaid for February 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. In New York, a pregnant woman is eligible for Medicaid at a household income of 223% of the Federal Poverty Level. To be eligible for Medicaid in February 2014, you would have needed to meet the non-financial criteria and have an income no greater than 223% of the 2014 federal poverty level, which is \$2,924.00 per month for a two-person household. There is no indication in the record that you

would have been found ineligible for Medicaid based on non-financial criteria during the month of February 2014.

You uploaded income documentation from your employer on June 9, 2015. These uploaded copies of your supporting documentation were in the form of paystubs from your employer for the month of February 2014, as well as a letter dated February 21, 2014 showing your last day of work to be February 21, 2014. These paystubs reflected one payment in the amount of \$1,470.00 in the form of check number: [REDACTED] on February 7, 2014. The second payment was in the amount of \$1,486.88 in the form of check number: [REDACTED] on February 21, 2014.

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 February, 2014.

The record indicates that you earned a gross earned income of \$2,956.88 in the month of February, 2014. Since your income of \$2,956.88 was more than the \$2,924.00 monthly earned income Medicaid limit for February 2014, the Marketplace properly determined that you were not eligible for the backdating of Medicaid coverage during that month.

Therefore, the August 24, 2015 determination by the Marketplace denying your request for coverage of medical bills for the month of February 2014 was proper and is AFFIRMED.

Decision

The August 24, 2015 determination by the Marketplace denying your request for retroactive Medicaid for the month of February 2014 was proper and is AFFIRMED.

Effective Date of this Decision: January 08, 2016

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.

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 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
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- By fax: 1-855-900-5557

Summary

The August 24, 2015 determination by the Marketplace denying your request for coverage of medical bills for the month of February 2014 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:

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