



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

Notice of Decision

Decision Date: January 22, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004646

[REDACTED]

Dear [REDACTED],

On December 11, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 12, 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).

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Decision

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NY State of Health Number: [REDACTED]
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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 April 2015?

Procedural History

The Marketplace received an application for health insurance on May 1, 2015 in which you attested to an annual household income \$5,976.00.

On May 2, 2015, the Marketplace issued a notice stating that you were conditionally eligible for Medicaid, effective May 1, 2015. The notice confirmed that you were seeking Medicaid coverage for medical expenses incurred within the three-month period prior to your application. The Marketplace requested that in order to finalize the eligibility determination regarding this request, you needed to provide documentation proving your income for the period between February 1, 2015 and April 30, 2015 by May 16, 2015.

On June 9, 2015, the Marketplace received a facsimile that included earnings statements issued to you by your employer, [REDACTED] between February 15, 2015 and April 19, 2015.

On July 23, 2015, the Marketplace issued a notice confirming receipt of documentation to prove your income, but also stating that this documentation was insufficient to resolve the request. The notice further stated that additional information was required to confirm your income for the months February 2015 to April 2015.

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On August 7, 2015, the Marketplace received (1) a copy of an Unemployment Insurance Monetary Benefit Determination, issued to you on April 28, 2015, and (2) a resubmission of the earnings statements issued to you by [REDACTED] between February 15, 2015 and April 19, 2015.

On August 11, 2015, the Marketplace received a revised application in which you attested to an annual household income of \$5,976.00. You also attested that you were seeking help in paying medical bills from the last three months.

On August 12, 2015, the Marketplace issued a notice stating that you were fully eligible for Medicaid, effective August 1, 2015. The notice also confirmed that you were seeking Medicaid coverage for bills within the three month period prior to your application.

On August 12, 2015, the Marketplace issued a notice stating that you were not eligible for Medicaid coverage during February, March and April 2015 since your household income you provided for each of these months was more than the allowable income limit of \$1,354.00.

On September 8, 2015, you spoke to the Marketplace's Account Review Unit and appealed the August 12, 2015 eligibility determination insofar as you were found ineligible for Medicaid coverage during the month of April 2015.

On December 11, 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 testified that you are single, have no children, and live alone.
- 2) You testified that you anticipate filing your 2015 tax return with a tax filing status of single. You will not be claiming any dependents on that tax return.
- 3) Your relevant applications were received on May 1, 2015 and August 11, 2015.
- 4) In your applications, you attested to an annual household income of \$5,976.00, which was comprised solely of \$166.00 per week in unemployment benefits over a period of 36 weeks.

- 5) Based on the May 1, 2015 application, you were found conditionally eligible for Medicaid coverage beginning May 1, 2015. On August 12, 2015, the Marketplace issued an eligibility redetermination notice finding you fully eligible for Medicaid, effective August 1, 2015.
- 6) Each of your applications included a request for help to pay medical bills for three months prior to your application, which would include February, March, and April 2015.
- 7) On June 9, 2015, you provided to the Marketplace copies of earnings statements issued to you by your employer, [REDACTED] which reflected that you received (1) \$661.88 on February 15, 2015, (2) \$600.00 on February 22, 2015, (3) \$757.60 on March 1, 2015, (4) \$622.50 on March 8, 2015, (5) \$600.00 on March 15, 2015, (6) \$723.75 on March 22, 2015, (7) \$645.00 on March 29, 2015 (8) \$600.00 on April 5, 2015, (9) \$650.63 on April 12, 2015, and (10) \$757.50 on April 19, 2015.
- 8) On August 7, 2015, you provided a copy of an Unemployment Insurance Monetary Benefit Determination, issued to you by New York State Department of Labor on April 28, 2015, reflecting that if you were found eligible for unemployment benefits, your weekly benefit rate would be \$166.00 per week. You testified that after a waiting week, you began receiving such benefits during the first week of May 2015.
- 9) You testified that you were seeking retroactive Medicaid coverage during April 2015 because you had incurred out-of-pocket medical expenses relating to a physical examination you had a week after you lost your position at [REDACTED]
- 10) You testified you felt that this determination was unfair because you did not receive any earned income or unemployment benefits the week during April 2015 in which you had the physical examination.

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

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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 (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); 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)).

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)).

Legal Analysis

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

You are in a one-person household; you expect to file your 2015 tax return with a tax filing status of single and will not claim any dependents on that tax return.

You were found conditionally eligible for Medicaid coverage in the May 2, 2015 eligibility determination notice, which was related to the May 1, 2015 application. You were later found fully eligible for Medicaid in an August 12, 2015 eligibility determination notice. Since the application that resulted in a determination of

Medicaid eligibility was filed in May 2015, your Medicaid coverage began May 1, 2015.

You testified, and your applications reflect, that you are seeking retroactive Medicaid coverage for the month of April 2015.

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 April 2015, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the FPL, or \$1,354.00 per month. (There is no indication in the record that you would have been ineligible for Medicaid based on non-financial criteria during April 2015.)

You provided earnings statements, issued by [REDACTED] which reflect that you received \$2,008.13 during April 2015. You also credibly testified and provided supporting documentation that you did not receive any income during the last week of April 2015 because your position had been eliminated. Accordingly, the credible evidence of record reflects that your modified adjusted gross income during April 2015 was \$2,008.13.

Since your income of \$2,008.13 was more than the \$1,354.00 Medicaid limit during April 2015 for a one-person household, you were correctly found to be ineligible for retroactive Medicaid coverage for the month of April 2015.

Decision

The August 12, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: January 22, 2016

How this Decision Affects Your Eligibility

You remain eligible for Medicaid coverage beginning May 1, 2015.

You are not eligible for retroactive Medicaid coverage for the month of April 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:
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- By fax: 1-855-900-5557

Summary

The August 12, 2015 eligibility determination is AFFIRMED.

You remain eligible for Medicaid coverage beginning May 1, 2015.

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

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Legal Authority

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A Copy of this Decision Has Been Provided To:

