



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: AP000000004781

[REDACTED]

Dear [REDACTED],

On December 18, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 10, 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: January 22, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004781

[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 for the month of November 2014?

Procedural History

The Marketplace received an application for health insurance on December 8, 2014 in which you attested to an annual household income \$20,000.00, and requested help in paying for medical bills from the previous three months.

Also on December 8, 2014, the Marketplace received copies of two earnings statements issued to you on November 20, 2014 and December 4, 2014.

On December 9, 2014, the Marketplace issued a notice stating that based on the information contained in the December 8, 2014 application, you might be eligible for health insurance through the NY State of Health; however, more information was needed in order for the Marketplace to make a determination. The notice requested that you provide income documentation by December 26, 2014, to confirm the information you provided in your application was accurate.

On December 10, 2014, the Marketplace received a revised application in which you again attested to an annual household income of \$20,000.00.

On December 11, 2014, the Marketplace issued an eligibility determination notice stating that you were eligible for Medicaid, effective December 1, 2014.

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On January 13, 2015, the Marketplace issued a notice confirming that you Medicaid coverage would begin December 1, 2014 and that your enrollment with New York State Catholic Health Plan, Inc. would begin February 1, 2015.

On June 18, 2015, the Marketplace received (1) a Notice and Proof of Claim for Disability Benefits, dated December 5, 2014, submitted by you in connection with your employment with [REDACTED], (2) a disability benefits statement issued by [REDACTED] on January 25, 2015, (3) a disability benefits statement issued by [REDACTED] on January 29, 2015, (4) a Notice of Total or Partial Rejection of Claim for Disability Benefits issued by [REDACTED] on June 4, 2015.

On August 10, 2015, the Marketplace issued a notice stating that you were not eligible for Medicaid coverage for the period from October 1, 2014 and November 30, 2014 because your household income of \$2,183.93 was over the allowable income limit of \$1,343.00.

On September 24, 2015, you spoke to the Marketplace's Account Review Unit and appealed the August 10, 2015 eligibility determination insofar as you were found ineligible for Medicaid coverage during the month of November 2014.

On December 18, 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 divorced and have three children; however, your children are grown and no longer reside with you.
- 2) You testified that you filed your 2014 tax return with a tax filing status of single, and that you did not claim any dependents on that tax return.
- 3) Your relevant applications were received on December 8, 2014 and December 10, 2014.
- 4) In your applications, you attested to an annual household income of \$20,000.00, which was comprised solely of income you received from your employer, [REDACTED]

- 5) Your December 8, 2014 application included a request for help to pay medical bills for three months prior to your application, which would include September, October and November 2014.
- 6) Based on the December 10, 2014 application, you were found eligible for Medicaid coverage beginning December 1, 2014.
- 7) On December 8, 2014, you provided to the Marketplace copies of earnings statements issued to you by your employer, [REDACTED], which reflected that you received (1) \$1,085.56 on November 20, 2014 and (2) \$139.72 on December 4, 2014.
- 8) You testified that you submitted a disability claim again [REDACTED] to [REDACTED] in connection with an injury you sustained on November 17, 2014. You were hospitalized between November 28, 2014 and December 4, 2014.
- 9) On June 8, 2015, you provided a copy of a Notice and Proof of Claim for Disability Benefits, dated December 5, 2014, submitted in connection with your employment with [REDACTED]. You attested in this notice that you received \$1,101.80 on November 6, 2014 and \$1,085.56 on November 20, 2014 from [REDACTED]. You testified that this was probably accurate, but you could not confirm these amounts because you did not have a copy of the November 6, 2014 earning statement.
- 10) You did not begin to receive your disability benefits from [REDACTED] until January 25, 2015.
- 11) You testified that you were seeking retroactive Medicaid coverage for November 2014 since you had incurred out-of-pocket medical expenses relating to your hospitalization during that time.

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 2014 FPL, which is \$11,670.00 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).

Medicaid coverage may 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 November 2014. You testified that this was the only month you incurred medical expenses in connection with your hospitalization.

You are in a one-person household. You filed your 2014 tax return with a tax filing status of single and did not claim any dependents on that tax return.

You were found eligible for Medicaid when you submitted your application on December 10 2014, and your Medicaid coverage began December 1, 2014.

You testified, and the December 8, 2014 application reflects, that you are seeking retroactive Medicaid coverage for the month of November 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.

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To be eligible for Medicaid in November 2014, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,342.05 per month. There is no indication in the record that you would have been ineligible for Medicaid based on non-financial criteria during November 2014.

You provided earnings statements issued by [REDACTED] and Notice and Proof of Claim for Disability Benefits documents submitted by you to [REDACTED], which combined reflect that you received \$1,101.80 on November 6, 2014 and \$1,085.56 on November 20, 2014 from [REDACTED]

Since your income of \$2,187.36 was more than the \$1,342.05 Medicaid limit during November 2014 for a one-person household, you were correctly found to be ineligible for retroactive Medicaid coverage for the month of November 2014.

Decision

The August 21, 2015 eligibility determination is AFFIRMED, but on the corrected reasoning that your household income during November 2014 of \$2,187.36 was over the allowable income limit of \$1,342.05.

Effective Date of this Decision: January 22, 2016

How this Decision Affects Your Eligibility

You remain eligible for Medicaid coverage beginning December 1, 2014.

You are not eligible for retroactive Medicaid coverage for the month of November 2014.

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.

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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 21, 2015 eligibility determination is AFFIRMED, but on the corrected reasoning that your household income during November 2014 of \$2,187.36 was over the allowable income limit of \$1,342.05.

You remain eligible for Medicaid coverage beginning December 1, 2014.

You are not eligible for retroactive Medicaid coverage for the month of November 2014.

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:

