



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

Notice of Decision

Decision Date: January 29, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004907

[REDACTED]

Dear [REDACTED],

On December 29, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 14, 2015 eligibility determination notice.

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

Decision Date: January 29, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004907

[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 from January 1, 2015 through January 31, 2015?

Procedural History

On March 17, 2015, the Marketplace issued a notice of eligibility determination, stating that you were eligible for Medicaid. This eligibility was effective March 1, 2015.

On August 14, 2015 the Marketplace issued a notice of eligibility determination stating that you were not eligible for Medicaid for January 1, 2015 through January 31, 2015 because your monthly household income of \$1,500.00 was over the allowable monthly income limit of \$1,354.00.

On October 13, 2015, you spoke to the Marketplace's Account Review Unit and appealed that eligibility determination notice insofar as it denied your request for retroactive Medicaid coverage for the month of January 2015.

On December 29, 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, as of January 2015, you expected to file your 2015 federal income tax return as single, and to claim no dependents on that return.
- 2) You testified that you are seeking retroactive coverage through fee-for-service Medicaid for the month of January 2015.
- 3) You testified, and the income documentation uploaded to your Marketplace account confirms, that you received short term disability payments in the amount of \$300.00 per week, from October 18, 2014 to April 17, 2015.
- 4) You testified that during the month of January 2015, your only source of income came from short term disability payments.
- 5) You testified that you received your short term disability payments every Friday during the month of January 2015.
- 6) The Marketplace's Appeals Unit takes judicial notice that there were five Fridays during the month of January 2015.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Medicaid

Medicaid can be provided through the Marketplace 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 FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 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).

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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 provide Medicaid coverage for medical expenses 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 not eligible for retroactive Medicaid coverage from January 1, 2015 through January 31, 2015.

You testified that, as of January 2015, you expected to file your 2015 federal income tax return as single and to claim no dependents. Therefore, you were in a one-person household.

You were determined fully eligible for Medicaid in the March 17, 2015 eligibility determination notice. According to this notice, your coverage with Medicaid was effective March 1, 2015.

You testified that you are seeking to have your Medicaid coverage retroactively applied for the month of January 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 the individual would have been eligible for Medicaid had they applied during the month when the expenses were incurred.

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

You testified, and the record reflects, that your only source of income during the month of January 2015 was from short term disability benefits. According to the income documentation provided prior to the hearing, you received \$300.00 per week in short term disability benefits between October 18, 2014 and April 17, 2015. You testified that you received these payments on every Friday during your short term disability period. The Appeals Unit took judicial notice that there were five Fridays in the month of January 2015; therefore, you received \$1,500.00 during the month of January 2015.

Since your income of \$1,500.00 was greater than the \$1,354.00 Medicaid limit for January 2015, you were not eligible for Medicaid coverage for the month of January 2015.

Therefore, the August 14, 2015 eligibility determination notice stating that you were not eligible for Medicaid from January 1, 2015 through January 31, 2015 is correct and is AFFIRMED.

Decision

The August 14, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: January 29, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You are not eligible for retroactive Medicaid for the month of January 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

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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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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The August 14, 2015 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

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

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:

