



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

## Notice of Decision

Decision Date: February 10, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004998

[REDACTED]

Dear [REDACTED],

On January 15, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's October 20, 2015 notice of 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.

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: February 10, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004998

[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 coverage through Medicaid?

## Procedural History

The Marketplace received your initial application for health insurance on October 7, 2014. During the application process, you were asked if you wanted assistance in paying for medical bills for the previous three months; your reply was yes. In a preliminary decision prepared that day, the Marketplace indicated that the information you provided did not match the information obtained from state and federal data sources, and that no eligibility determination could be made until you provided the Marketplace documentation to confirm your income.

On October 23, 2014, a letter from your employer was uploaded to your Marketplace account stating that your last day of work was August 28, 2014, due to illness.

Also on October 23, 2014, your eligibility was redetermined by the Marketplace, and on December 2, 2014, the Marketplace issued a notice of eligibility determination stating that you were eligible for Medicaid, effective October 1, 2014. This eligibility determination relied upon an attested expected household income of \$0.00.

When it was time for your coverage to be renewed, on October 20, 2015 the Marketplace issued a notice of eligibility determination stating that you were eligible to receive up to \$255.00 per month in advance payments of the premium tax credit, as well as cost-sharing reductions, effective December 1, 2015.

Also on October 20, 2015, the Marketplace issued a notice of eligibility determination stating that your request for help paying medical bills for July 1, 2014 through September 30, 2014 was denied because the program you were eligible for could not pay for any care you received in the past.

On October 23, 2015, you spoke with the Marketplace's Account Review Unit and appealed that determination insofar as you were denied retroactive Medicaid coverage to assist in paying your medical bills for the months preceding your Medicaid coverage.

On January 15, 2016, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and left open for up to 15 days to provide you an opportunity to submit evidence supporting your position, including proof of your income for the months of July, August and September 2014.

No additional evidence was submitted by January 30, 2016 and the record is now closed.

## **Findings of Fact**

A review of the record supports the following findings of fact:

- 1) You testified that you are seeking retroactive coverage through Medicaid for the months of June, August and September 2014 because you had unpaid medical expenses incurred during those months.
- 2) You testified that, during the months of June through September 2014, you expected to file your taxes with a tax filing status of single and claim no dependents on your tax return.
- 3) You testified that you were hospitalized on August 28, 2014. On October 23, 2014, a letter was uploaded to your Marketplace account confirming that you were out of work due to illness as of August 28, 2014.
- 4) You testified that you earned approximately \$1,500.00 in August 2014, but did not receive any income for the month of September 2014. You further testified that you began receiving Supplemental Security Income in November 2014. You were requested to submit evidence in support of your testimony to confirm your income for the months of retroactive

Medicaid requested, however, the Marketplace's Appeals Unit did not receive the requested documentation before the record was closed on January 30, 2016.

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 for which you are requesting retroactive Medicaid eligibility, that was the 2014 FPL, which was \$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).

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 at that time (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 is whether you were eligible for retroactive Medicaid coverage for the months of July, August, and September 2014.

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You are single and do not expect to claim any dependents; therefore, you are in a one-person household.

On October 23, 2014, you were initially found eligible for Medicaid effective October 1, 2014.

You testified that you were seeking to have your Medicaid coverage retroactively applied for the months of June, August, and September 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.

The three months prior to October 1, 2014, included July, August, and September 2014. Therefore, your Medicaid coverage cannot be made effective retroactively to include June 2014.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. To qualify for Medicaid in August or September 2014, as you requested, you must have met the non-financial criteria and had an income no greater than 138% of the FPL, which was \$1,343.00 per month during those months.

There is no contention, and there is no indication in the record, that you fail to meet any of the non-financial criteria for Medicaid eligibility for the months in question.

However, since no additional evidence has been submitted regarding your income for the months preceding your having qualified for Medicaid, there is no basis to find that you are eligible for retroactive coverage.

## **Decision**

The October 20, 2015 notice of eligibility determination is AFFIRMED.

**Effective Date of this Decision:** February 10, 2016

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

You were not eligible for retroactive coverage under Medicaid for the months of June, August, or September 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.

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

## **Summary**

The October 20, 2015 notice of eligibility determination is **AFFIRMED**.

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You were not eligible for retroactive coverage under Medicaid for the months of June, August, or September 2014.

### **Legal Authority**

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**A Copy of this Decision Has Been Provided To:**

