



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

## Notice of Decision

Decision Date: February 4, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000005034

[REDACTED]

Dear [REDACTED],

On January 14, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's October 22, 2015 eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this letter.

### 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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: February 4, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000005034



## Issues

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

Did the Marketplace properly determine that you were not eligible for retroactive Medicaid coverage from September 1, 2015 through September 30, 2015?

## Procedural History

On October 8, 2015 you initially applied for health insurance through the Marketplace.

On the same day you uploaded employment and income documentation to your Marketplace account.

On October 9, 2015 the Marketplace issued a notice stating that you “may be eligible for health insurance through NY State of Health but MORE information is needed to make a determination.”

On October 22, 2015 the Marketplace issued an eligibility determination notice that you are eligible for Medicaid effective as of October 1, 2015.

On the same day the Marketplace issued an eligibility determination stating that you are not eligible for Medicaid for September 1, 2015 through September 30, 2015 because the monthly household income you provided is over the allowable monthly income limit.

On October 27, 2015 you spoke to the Marketplace Account Review Unit and requested an appeal insofar as being denied Medicaid coverage for the period of September 1, 2015 through September 30, 2015.

On January 14, 2015, you had a scheduled telephone hearing with a Hearing Officer from the Appeals Unit of NY State of Health. Your testimony was taken during the hearing and the record was closed at the end of the hearing. The record is now complete and closed.

## **Findings of Fact**

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

1. You are applying for health insurance through the Marketplace for yourself.
2. You plan on filing a 2015 federal income tax return with the tax status of single and claim no dependents on that tax return.
3. You indicated on your October 8, 2015 Marketplace Application that you wanted help paying for medical bills for the month of September 2015.
4. On October 22, 2015 the Marketplace issued an eligibility determination notice that you are eligible for Medicaid effective as of October 1, 2015.
5. On October 8, 2015 you uploaded a statement from [REDACTED] to your Marketplace account. The letter stated that "effective as of September 2, 2015 your employment with the [REDACTED] will end."
6. On October 8, 2015 you uploaded an Earnings Statement from [REDACTED] with a pay date of September 11, 2015. The Statement indicates that you earned gross amount of \$1,529.88.
7. You testified that the September 11, 2015 Earnings Statement was your final payment from [REDACTED] and the only income received from them in September 2015.
8. You testified that you applied for Unemployment Insurance Benefits in September 2015 and was issued a gross pay of \$420.00 on September 24, 2015.

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

## **Applicable Law and Regulations**

### Medicaid:

For the purposes of determining a person's eligibility for financial assistance for health insurance, 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 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 that is at or below 138% of the federal poverty for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

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 by the US Department of Health and Human Services, March 19, 2014).

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).

### Medicaid Retroactive Coverage:

The Department of Health must make Medicaid eligibility effective no later than the third month before the month of application if the individual received medical services that would have been covered under Medicaid and 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

Currently at issue is whether Marketplace properly determined that you were not eligible for retroactive coverage of Medicaid from September 1, 2015 until September 31, 2015.

According to the record, your household size for Medicaid purposes was one. You expected to file your 2015 federal income tax return with a tax status of single and will not claim any dependents on that return.

Since you were determined Medicaid eligible on October 22, 2015, you are entitled to begin your Medicaid coverage on October 1, 2015. However, you indicated on your Marketplace application that you want help paying for medical bills for the month of September 2015. An individual may be entitled to receive retroactive coverage, provided that you would have been eligible for Medicaid had an application been completed in September 2015.

On October 8, 2015 you uploaded an Earnings Statement from [REDACTED] with a pay date of September 11, 2015. The Statement indicates that you earned gross pay of \$1,529.88. You credibly testified that the September 11, 2015 Earnings Statement was your final payment from [REDACTED] and the only income received from them in September 2015. Furthermore, you testified that you applied for Unemployment Insurance Benefits in September 2015 and was issued a gross amount of \$420.00 on September 24, 2015.

Medicaid can be provided through the Marketplace to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138% of the FPL for the applicable family size.

On the date of your initial application, the FPL was \$11,770.00 for a one-person household. Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits may be based on current monthly household income and family size. To be eligible for Medicaid, you must meet the nonfinancial criteria and have an income no greater than 138% of the FPL. In order to be eligible for Medicaid a household of one must not exceed a monthly income limit of \$1,354.00.

According to the record, you were issued (\$1,529.88 (+) \$420.00) \$1,949.88 in the month of September 2015. Therefore, the Marketplace properly determined that you are not eligible for Medicaid coverage for the period of September 1, 2015, to September 31, 2015. Therefore, the October 27, 2015 eligibility determination is AFFIRMED.

## **Decision**

The October 27, 2015 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** February 4, 2016

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

This decision does not change your eligibility.

You are not eligible for Medicaid September 1, 2015 until September 30, 2015.

You remain eligible for Medicaid effective October 1, 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:

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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- By fax: 1-855-900-5557

## **Summary**

The October 27, 2015 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

You are not eligible for Medicaid September 1, 2015 until September 30, 2015.

You remain eligible for Medicaid effective October 1, 2015.

## **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:**

