



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: AP000000005086



Dear [REDACTED],

On January 19, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's October 31, 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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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 August 11, 2015 the Marketplace issued a notice that you “may be eligible for health insurance through New York State of health but MORE information is needed to make a determination.” The notice stated that the “income information you provided does not match what New York State of Health obtained from State and Federal data sources,” and directed you to submit income documentation by August 26, 2015.

On August 25, 2015 you uploaded an employment and income letter to your Marketplace account.

On August 28, 2015 the Marketplace issued an eligibility determination notice that you are eligible for up to \$284.00 of advance premium tax credits and cost-sharing reductions, if you enroll in a silver-level qualified health plan.

On October 22, 2015 you uploaded an employment and income letter to your Marketplace account.

On October 24, 2015 the Marketplace issued an eligibility determination notice that you are eligible for Medicaid effective October 1, 2015.

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On October 28, 2015 the Marketplace issued an enrollment notice confirming that as of October 27, 2015 you are enrolled in Healthfirst with a plan enrollment start date of December 1, 2015.

On October 31, 2015 the Marketplace issued an eligibility determination notice that you are not eligible for Medicaid for September 1, 2015 through September 30, 2015.

On November 4, 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 19, 2016, 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 left open until January 21, 2015 to allow you to submit additional income documentation.

The Marketplace Appeals Unit did not receive additional income documentation within the time allotted. 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 30, 2015 Marketplace Application that you wanted help paying for medical bills for the month of September 2015.
4. On October 24, 2015 the Marketplace issued an eligibility determination notice that you are eligible for Medicaid effective as of October 1, 2015.
5. According to the October 22, 2015 statement from [REDACTED] that was uploaded to your Marketplace account:
 - (a) You started working for [REDACTED] on July 20, 2015;
 - (b) Are a per diem employee with a rate of pay of \$30 per hour; and
 - (c) Has earned \$2,635.00 from July 20, 2015 through October 22, 2015.
6. You testified that you are paid by the [REDACTED] on a monthly basis.

7. You were directed by the Marketplace Appeals Unit to submit your September 2015 monthly paycheck or Earnings Statement.
8. The Marketplace Appeals Unit did not receive income documentation subsequent to the hearing.

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

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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 24, 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.

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.

On October 22, 2015 you uploaded a statement from [REDACTED] to your Marketplace account stating: you started working for [REDACTED] on July 20, 2015; are a per diem employee with a rate of pay of \$30 per hour, and have earned \$2,635.00 since July 20, 2015.

You credibly testified that you are paid by the [REDACTED] on a monthly basis. You were directed by the Marketplace Appeals Unit to submit your September 2015 monthly paycheck or Earnings Statement from [REDACTED] in order to establish your September 2015 income.

However, the Marketplace Appeals Unit did not receive the requested documentation within the time allotted. Therefore, the record does not contain sufficient testimony or documentation to return your case to Marketplace to recalculate your benefits on a monthly basis.

The October 31, 2015 eligibility determination notice is AFFIRMED.

Decision

The October 31, 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):

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Summary

The October 31, 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:

