



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

Notice of Decision

Decision Date: April 11, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005155

[REDACTED]

Dear [REDACTED]

On February 1, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 13, 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 Account ID at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Code of 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005155



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 during the month of July 2015?

Procedural History

The Marketplace received an application for health insurance on September 5, 2015 in which you attested to expected annual household income of \$10,000.00. However, this application was not completed and submitted to the Marketplace for a determination of eligibility until November 12, 2015. Based on information contained in your application, the Marketplace prepared a preliminary eligibility determination, which stated that you were eligible for Medicaid effective November 1, 2015. This application did not include a request for help paying for medical bills for the prior three months.

On November 12, 2015, the Marketplace received a revised application in which you again attested to an annual household income of \$10,000.00. In this application, you also attested that you were seeking help in for paying for medical bills you incurred during the prior three months.

In response to the November 12, 2015 application, the Marketplace prepared a preliminary eligibility determination finding that you were eligible for Medicaid effective November 1, 2015. You were also found eligible for retroactive Medicaid for the months of August, September, and October 2015.

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Also on November 12, 2015, you spoke to the Marketplace's Account Review Unit and appealed the November 12, 2015 preliminary eligibility determination insofar as you were found ineligible for Medicaid coverage during the month of July 2015.

On November 13, 2015, the Marketplace issued two eligibility determination notices, each of which formalized the findings contained in the November 12, 2015 preliminary eligibility determination. The first notice stated that you were found eligible for Medicaid effective November 1, 2015, and that you would receive a separate notice telling you if you were found eligible for Medicaid for the prior three months or if additional information was needed. The second notice stated that you were found eligible for retroactive Medicaid coverage for August 1, 2015 through October 31, 2015 because your monthly household income of \$833.33 for those months were at or below the allowable monthly income limit of \$1,354.00.

On February 1, 2016, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and remained open as the Hearing Officer directed you to provide as additional evidence to corroborate your testimony: (1) a copy of your 2014 tax return, (2) receipts issued by [REDACTED] reflecting your receipt of income during July, August, and September 2015, and (3) a copy of e-mail correspondence between you and your [REDACTED] regarding the denial of your claim and submission of original application to the Marketplace in September 2015. The record was to be closed 15 days after the hearing date, or upon the receipt of the above referenced documents, whichever occurred earlier. No additional documents were received from you by February 16, 2016.

The record was closed on February 16, 2016.

Findings of Fact

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

- 1) You testified that you are single, have no children, and do not have a fixed address.
- 2) You testified that your mailing address, for the delivery of notifications from the Marketplace, is [REDACTED]
- 3) You testified that you anticipate filing your 2015 tax return with a tax filing status of single. You will not be claiming any dependents on that tax return.

- 4) Your relevant applications were received on September 5, 2015 and November 12, 2015.
- 5) The application submitted on September 5, 2015 was not completed until November 12, 2015. You testified that you encountered issues in completing your application when it rejected your submission of your Social Security number. You further testified that the Marketplace screen indicated that your Social Security number could not be verified.
- 6) The record reflects that your identity proofing was successful on September 5, 2015, but your application was not completed and submitted for an eligibility determination until November 12, 2015.
- 7) There is no evidence in your account to corroborate your statement that a defect or problem in the Marketplace prevented you from completing your application on September 5, 2015, nor have you presented any reason why completion of the application was delayed for more than two months.
- 8) You testified that after you unsuccessfully attempted to complete your application online, you went to a Medicaid office in early November 2015 and received assistance on completing your online application at that time.
- 9) Your online application was completed on November 12, 2015. You were found eligible for Medicaid, effective November 1, 2015. You were also found eligible for retroactive Medicaid for the months of August, September, and October 2015.
- 10) You testified that you were seeking retroactive Medicaid for the month of July 2015, since during that month you incurred approximately \$400.00 in out-of-pocket costs associated with a [REDACTED] visit. You further testified that you were seeking retroactive Medicaid that month since your Medicaid eligibility should have been made effective September 1, 2015, based on the submission of your initial application.

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

Applicable Law and Regulations

Retroactive Medicaid Coverage

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of application, if the individual is found currently eligible for Medicaid and 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 under review is whether the Marketplace properly determined that you were ineligible for retroactive Medicaid coverage for the month of July 2015.

You began your initial application to the Marketplace on September 5, 2015. However, your application was neither completed nor run for an eligibility determination until November 12, 2015, when you submitted your completed application to the Marketplace with the assistance of your local Medicaid office.

While you testified that you encountered technical difficulties submitting your application to the Marketplace as the result of issues with providing your Social Security number, the record reflects that your identity proofing was successful as of September 5, 2015, and there is no evidence corroborating any defect in the system. Accordingly, although your application was created on September 5, 2015, it was not completed for determining your eligibility until November 12, 2015.

You were found eligible for Medicaid coverage in the November 13, 2015 eligibility determination notice, which was related to the November 12, 2015 application. Since the application that resulted in a determination of Medicaid eligibility was filed during November 2015, your Medicaid coverage properly began November 1, 2015.

You testified that you are seeking retroactive Medicaid coverage for the month of July 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 they would have been eligible for Medicaid in those three months had they applied.

The record reflects that you were found eligible for Medicaid coverage effective November 1, 2015, as reflected in the November 13, 2015 eligibility determination notice. Accordingly, the earliest you could be found eligible for retroactive Medicaid coverage is three months prior to November 1, 2015, or August 1, 2015.

Therefore, the November 13, 2015 eligibility determination finding you ineligible for retroactive Medicaid in July, 2015 is correct and must be AFFIRMED.

Decision

The November 13, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: April 11, 2016

How this Decision Affects Your Eligibility

You are eligible for Medicaid coverage beginning November 1, 2015.

You are eligible for retroactive Medicaid coverage for the months of August, September, and October 2015.

You are not eligible for retroactive Medicaid coverage for the month of July 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 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 Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

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).

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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The November 13, 2015 eligibility determination is AFFIRMED.

You are eligible for Medicaid coverage beginning November 1, 2015.

You are eligible for retroactive Medicaid coverage for the months of August, September and October 2015.

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

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

