



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

Notice of Decision

Decision Date: April 12, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005340

[REDACTED]

Dear [REDACTED]

On February 10, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 22, 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 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: April 12, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005340

[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 Medicaid Fee-For-Service coverage prior to November 1, 2015?

Procedural History

On July 20, 2015, the Marketplace received a facsimile containing your Unemployment Insurance Monetary Benefit Determination issued by New York State Department of Labor on June 18, 2015.

On July 21, 2015, the Marketplace received a completed Authorized Representative Designation Form reflecting that you wanted your mother, [REDACTED], to act as your Authorized Representative for all matters related to your Marketplace account.

The Marketplace received an application for health insurance on November 19, 2015, in which you attested to an expected annual household income for 2016 of \$1,420.00. This application also reflected that you were requesting help in paying for medical bills from the prior three months.

On November 20, 2015, the Marketplace issued a notice requesting proof of income for the time period between August 1, 2015 and October 31, 2015 in order for your eligibility to be determined for retroactive coverage for those months. It requested that you provide such documentation by December 4, 2015.

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On November 22, 2015, the Marketplace issued an eligibility determination notice stating that you were eligible for Medicaid, effective November 1, 2015. The notice acknowledged that you requested help in paying medical bills for the three month period prior to your application. It stated that you would be sent a separate notice telling you if you were eligible for Medicaid for this time period or if additional information was needed. On the same day, you were enrolled in a Medicaid Managed Care plan, effective January 1, 2016.

On November 25, 2015, you spoke to the Marketplace's Account Review Unit and appealed the November 22, 2015 eligibility determination insofar as you were found ineligible for Medicaid coverage no earlier than November 1, 2015.

On February 10, 2016, your mother, [REDACTED] (acting as your Authorized Representative), had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and remained open because the Hearing Officer directed your Authorized Representative to provide as additional evidence to corroborate her testimony: (1) a signed letter from your former employer, [REDACTED] reflecting your last day of employment, and gross earnings rec'd during April, May, June, and July 2015, and (2) a screenshot of the your unemployment online benefits payment history reflecting all benefits received by you relating to your claim against [REDACTED]. The record was to be closed 15 days after the hearing date, or upon the receipt of the above referenced documents, whichever occurred earlier.

On February 12, 2016, you provided (1) an Wage and Tax Statement (Form W-2) issued to for the 2015 tax year by [REDACTED] (2) a signed letter issued by [REDACTED] dated February 12, 2015, confirming the last date of your employment was June 11, 2015, (3) a Statement for Recipients of Certain Government Payments (Form 1099-G) issued to you by New York State Department of Labor reflecting your total unemployment compensation during 2015, (4) a printout of your unemployment online benefits payment history reflecting all benefits received by you between July 8, 2015 and December 24, 2015, and (5) a letter issued by [REDACTED], dated July 13, 2015, confirming your medical and dental coverage was terminated as of June 30, 2015.

Since the documents provided by you were reasonably consistent with those requested by the Hearing Officer, and such documents were sufficient in order to render a Decision, the record was closed on February 12, 2016.

Findings of Fact

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

- 1) You are single and have no children.

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- 2) Your Authorized Representative testified, and your application reflects, that you would be filing your 2015 tax return with a tax filing status of single, and that you would not claim any dependents on that tax return.
- 3) Your relevant application was received on November 19, 2015.
- 4) In that application, you attested to an expected annual household income of \$1,420.00, which was comprised solely of income you received from your unemployment benefits.
- 5) Your November 19, 2015 application included a request in seeking help to pay medical bills for three months prior to your application, which would include August, September and October of 2015.
- 6) Based on the November 19, 2015 application, you were found eligible for Medicaid coverage beginning November 1, 2015.
- 7) On July 20, 2015, you provided to the Marketplace an Unemployment Insurance Monetary Benefit Determination issued by New York State Department of Labor on June 18, 2015. It stated that you were awarded a benefit of \$355.00 per week.
- 8) On November 20, 2015, the Marketplace issued a notice requesting proof of income for the time period between August 1, 2015 and October 31, 2015 in order for your eligibility to be determined. It requested that you provide such documentation by December 4, 2015.
- 9) Your Authorized Representative stated that you were seeking retroactive Medicaid coverage beginning July 1, 2015 since your insurance coverage through [REDACTED] had been terminated as of June 30, 2015, and you had incurred out-of-pocket medical expenses relating to emergency room visits.
- 10) On February 12, 2016, you provided a signed letter issued by [REDACTED] stating that your last day of employment was June 11, 2015.
- 11) On February 12, 2016, you provided a printout of your unemployment online benefits payment history reflecting all benefits received by you between July 8, 2015 and December 24, 2015. You received four payment of \$355.00 during August 2015, four payments of \$355.00 during September 2015, and five payments of \$355.00 during October 2015.

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); NY Social Services 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).

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 (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 eligible for Medicaid Fee-For-Service coverage no earlier than November 1, 2015.

You are in a one-person household; you anticipate filing your 2015 tax return with a tax filing status of single and will not claim any dependents on that tax return.

You were found eligible for Medicaid based on the November 22, 2015 eligibility determination notice. Since the application that resulted in a determination of Medicaid eligibility was filed during November 2015, your Medicaid coverage properly began November 1, 2015.

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You Authorized Representative testified, and your November 22, 2015 application reflects, that you are seeking retroactive Medicaid coverage for the period between July 1, 2015 and October 31, 2015.

The Marketplace issued a notice requesting proof of income for the time period between August 1, 2015 and October 31, 2015 in order for your eligibility to be determined. It requested that you provide such documentation by December 4, 2015. The record reflects that prior to that date you submitted only your Unemployment Insurance Monetary Benefit Determination issued by New York State Department of Labor on June 18, 2015. While this document confirms that you were awarded a weekly benefit of \$355.00, it does not verify how much you actually received during the period between August 1, 2015 and October 31, 2015. Accordingly, the Marketplace was proper in issuing the November 20, 2015 notice, which requested that you provide additional documentation to confirm your income for that period of time.

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. Therefore, since you were found eligible for Medicaid coverage effective November 1, 2015, the Marketplace would be permitted to review your eligibility for retroactive Medicaid no earlier than August 1, 2015.

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 the months of August, September and October of 2015, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the 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 non-financial criteria during these three months.

You provided a printout of your unemployment online benefits payment history issued by New York State Department of Labor reflecting that you received \$1,420.00 during August 2015, \$1,420.00 during September 2015, and \$1,775.00 during October 2015.

Since your monthly income was more than the \$1,354.00 Medicaid limit during August, September and October of 2015 for a one-person household, you were ineligible for retroactive Medicaid coverage during any of those months. Accordingly, the November 22, 2015 eligibility determination stating that you were eligible for Medicaid coverage no earlier than November 1, 2015 is **AFFIRMED**.

Decision

The November 22, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: April 12, 2016

How this Decision Affects Your Eligibility

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

You are not eligible for retroactive Medicaid coverage for the period between August 1, 2015 and October 31, 2015.

You are not eligible for retroactive Medicaid during 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 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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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The November 22, 2015 eligibility determination is AFFIRMED.

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

You are not eligible for retroactive Medicaid coverage for the period between August 1, 2015 and October 31, 2015.

You are not eligible for retroactive Medicaid during July 2015.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

[REDACTED]

[REDACTED]