



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

Notice of Decision

Decision Date: May 4, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005609

[REDACTED]

Dear [REDACTED],

On April 11, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 7, 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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Decision

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NY State of Health Account ID: [REDACTED]
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Issue

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

Did the NY State of Health (NYSOH) properly determine that you were not eligible for retroactive Medicaid coverage from April 1, 2015 through April 30, 2015?

Procedural History

On June 3, 2015, the NYSOH issued an eligibility determination notice that you are eligible for Medicaid effective as of May 1, 2015.

On June 8, 2015, the NYSOH issued an enrollment notice confirming that as of June 7, 2015, you were enrolled in Healthfirst and your enrollment is effective July 1, 2015.

On November 7, 2015, the NYSOH issued an eligibility determination notice that you are not eligible for Medicaid for April 1, 2015 through April 30, 2015 because the monthly household income you provided is over the allowable month income limit.

On December 17, 2015, you requested an appeal insofar as being denied Medicaid coverage for the period of April 1, 2015 through April 30, 2015.

On February 17, 2016, the NYSOH issued a Notice of Telephone Hearing scheduling your hearing with the NYSOH Appeals Unit for March 15, 2016.

On March 15, 2016, the NYSOH issued a Notice of Hearing Cancellation stating that your telephone hearing was postponed at your request and would be rescheduled.

On April 11, 2016, you had a scheduled telephone hearing with a Hearing Officer from the NYSOH Appeals Unit. Your testimony was taken during the hearing and the record was left open until April 13, 2016, to allow you to submit additional income documentation to the NYSOH Appeals Unit.

On April 11, 2016, you faxed three-pages of documents to the NYSOH Appeals Unit. That fax has been marked as "Appellant Exhibit A" and made part of the record. 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 filed a 2015 federal income tax return with the tax status of single and claimed no dependents on that tax return.
3. On June 3, 2015, the Marketplace issued an eligibility determination notice that you are eligible for Medicaid effective as of May 1, 2015.
4. You testified that you want your Medicaid coverage to be applied retroactively, for the month of April 2015, to cover outstanding medical bills.
5. You testified that you were employed in April 2015.
6. On November 21, 2015, you uploaded an earnings statement from your employer to your Marketplace account (Document [REDACTED]). You were issued \$630.00 in gross earnings on April 17, 2015.
7. On April 3, 2015, you were issued \$630.00 in gross earnings from your employer (Appellant Exhibit A p. 3).
8. On April 11, 2016, you faxed your payment history from your employer for the period of April 1, 2015 through April 30, 2015 to the NYSOH Appeals Unit. You received:
 - (a) \$24.00 on April 10, 2015;
 - (b) \$26.00 on April 13, 2015;
 - (c) \$26.00 on April 21, 2015;
 - (d) \$26.00 on April 28, 2015

(Appellant Exhibit A p. 2).

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)).

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Legal Analysis

Currently at issue is whether NYSOH properly determined that you were not eligible for retroactive coverage of Medicaid from April 1, 2015 until April 30, 2015.

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

You were determined Medicaid eligible and your coverage was effective May 1, 2015. However, you indicated that you want your Medicaid coverage to be applied retroactively, for the month of April 2015, to cover outstanding medical bills.

An individual may be entitled to receive retroactive coverage, provided that you would have been eligible for Medicaid had an application been completed in April 2015.

You credibly testified that you were employed in April 2015.

The record reflects that you were issued (\$630.00 (+) \$630.00) \$1,260.00 from your employer in April 2015. Furthermore, you received (\$24.00 (+) \$26.00 (+) \$26.00 (+) 26.00) \$102.00 from your employer in April 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 available record, you were issued (\$1,260.00 (+) \$102.00) \$1,362.00 in the month of April 2015. Therefore, the Marketplace properly determined that you are not eligible for Medicaid coverage for the period of April 1, 2015, to April 30, 2015. Therefore, the November 7, 2015 eligibility determination is AFFIRMED.

Decision

The November 7, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: May 4, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

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

You remain eligible for Medicaid effective May 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:

NY State of Health Appeals

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- By fax: 1-855-900-5557

Summary

The November 7, 2015 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

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

You remain eligible for Medicaid effective May 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:

