



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

Notice of Decision

Decision Date: April 22, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000004953

[REDACTED]

[REDACTED]

Dear [REDACTED],

On February 23, 2016, your authorized representative appeared by telephone at a hearing on your appeal of NY State of Health's May 20, 2015 eligibility redetermination.

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 the 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).

This page intentionally left blank.



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

Decision

Decision Date: April 22, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004953

[REDACTED]

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that you were not eligible for retroactive Medicaid coverage for the three-month period prior to October 1, 2014?

Procedural History

On January 5, 2015, NYSOH uploaded a three page fax dated October 29, 2014 consisting of a copy of the data and signature page from your [REDACTED] passport and an identity verification form.

Your completed application was submitted to NYSOH on May 19, 2015.

On May 20, 2015, an eligibility determination notice was issued finding you eligible for Medicaid for the treatment of emergency medical conditions only, effective May 1, 2015. You were eligible for coverage only for the treatment of emergency medical conditions because you were not a citizen, qualified alien, or permanently residing in the United States under color of law (PRUCOL).

Also on May 20, 2015, an enrollment confirmation notice was issued confirming your enrollment in Medicaid beginning May 1, 2015.

On October 19, 2015 you contacted NYSOH's Account Review Unit and requested an appeal to address what you believed was a failure of the Exchange to provide a timely notice of eligibility determination notice.

Your hearing was originally scheduled for January 7, 2016 at 11:00 am. It was rescheduled for February 2, 2016, and again for February 23, 2016.

On February 23, 2016, at 11:00 am your authorized representative appeared on your behalf, the record was developed during the hearing and closed at the end of the proceeding.

Findings of Fact

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

- 1) Your account indicates that your name is [REDACTED].
- 2) Your authorized representative testified that you had an issue with identity proofing while applying for emergency Medicaid in October of 2014.
- 3) You are seeking retro-active Medicaid coverage for the three months prior to October 2014.
- 4) Your authorized representative testified that you provided a three page fax on October 29, 2014 to NYSOH for identity proofing, consisting of a copy of the data and signature page from your [REDACTED] passport, as well as an identity verification form (Appellant's Exhibit 1). On that passport, your name is listed as [REDACTED].
- 5) Your NYSOH account indicates that the first time an application was submitted for financial assistance was May 19, 2015. In that application, you requested assistance in paying medical bills for the previous three months. There is no documentation of any earlier application through NYSOH.
- 6) You were found eligible for emergency Medicaid effective May 1, 2015; however, no determination was made regarding your request for retroactive coverage.

- 7) Your authorized representative testified that you are specifically looking to be found eligible for emergency Medicaid for the month of July 2014.
- 8) Your authorized representative testified that you have not earned any income during the entire period for which you are seeking to be found eligible for emergency Medicaid.
- 9) Your application states that you are not a citizen of the United States and that you are not eligible for a Social Security number due to your immigration status.
- 10) Your authorized representative testified that you are not a qualified alien and are not lawfully present in the United States.
- 11) Your authorized representative testified that the only documentation you currently have to confirm your country of origin is your [REDACTED] passport. You do not have any other documentation to confirm your citizenship or lawful presence in the United States.

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

Applicable Law and Regulations

Medicaid Retroactive 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 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 you were retroactively eligible for Medicaid for the three months prior to October 2014.

On May 20, 2015, an eligibility determination notice was issued finding you eligible for Medicaid for the treatment of emergency medical conditions only. The eligibility was effective May 1, 2015. Therefore, retroactive Medicaid coverage is

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).

potentially available only as early as February 1, 2015, three months before your eligibility start date.

You are requesting retroactive coverage for July 2014. Because this month is before February 1, 2015, you would not be eligible for retroactive coverage based on your May 1, 2015 application.

Your authorized representative testified that you provided a three page fax on October 29, 2014 to NYSOH for identity proofing, consisting of a copy of your [REDACTED] passport, as well as an identity verification form. (Appellant's Exhibit 1). Your authorized representative also testified that you were unable to complete your application until May 15, 2015 due to the inability of NYSOH to verify your citizenship documentation in a more timely manner.

However, although your citizenship documentation may have been submitted to NYSOH in October 2014, that does not constitute an effort to submit an application, and there is no evidence that shows that any attempt was made to complete an application on your behalf, or even that your account was created, before 2015. Moreover, NYSOH would not be able to verify your citizenship status in the United States, because you are not a citizen of the United States, nor do you claim to be legally present in this country. This would not have precluded an application to have been completed and submitted on your behalf.

Therefore, it is determined that you did not submit an application through NYSOH until May 2015, and that you are not eligible for retroactive Medicaid coverage for any treatment you received in 2014.

Decision

The May 20, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: April 22, 2016

How this Decision Affects Your Eligibility

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

Summary

The May 20, 2015 eligibility determination is AFFIRMED.

Legal Authority

We are sending you this notice in accordance with 45 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).

A Copy of this Decision Has Been Provided To:

[REDACTED]

[REDACTED]