



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

Notice of Decision

Decision Date: April 27, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005148

[REDACTED]

Dear [REDACTED],

On February 29, 2016, your Authorized Representative, [REDACTED], appeared by telephone at a hearing on your appeal of NY State of Health's June 3, 2015 eligibility determination notice and your eligibility for retroactive Medicaid coverage for emergency medical care and services during the month of February 2015.

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).

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[REDACTED]

Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) properly determine that your eligibility for Medicaid coverage for emergency medical care and services was effective June 1, 2015?

Were you eligible for retroactive Medicaid coverage for emergency medical care and services during the month of February 2015?

Procedural History

On May 29, 2015, NYSOH received a facsimile from [REDACTED] which included a completed Identity Verification Form (D [REDACTED]) executed by you, and a copy of your expired passport issued by [REDACTED].

NYSOH received your initial application for health insurance on June 1, 2015. In response to this application, NYSOH prepared a preliminary eligibility determination stating that you were eligible for Medicaid coverage for emergency medical care and services only, effective June 1, 2015. The preliminary determination also stated that you qualified for retroactive Medicaid coverage during March, April, and May of 2015.

On June 3, 2015, NYSOH issued an eligibility determination notice based on the information contained in the June 1, 2015 application. It stated that you were eligible for Medicaid coverage for the treatment of emergency medical conditions

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only, effective June 1, 2015. The notice also stated that you would be sent a separate notice telling you if you were eligible for Medicaid for the three month period prior to your application. The record does not reflect that a written notice was issued formalizing your eligibility for retroactive Medicaid coverage for the treatment of emergency medical conditions during March, April and May of 2015.

On June 16, 2015 and July 27, 2015, NYSOH received updates to your application.

On June 17, 2015 and July 27, 2015, NYSOH issued eligibility determination notices stating that you were eligible for Medicaid coverage for the treatment of emergency medical conditions only, effective June 1, 2015 and July 1, 2015, respectively.

On November 11, 2015, you contacted NYSOH's Account Review Unit and requested an appeal of the June 1, 2015 preliminary eligibility determination insofar as you were seeking retroactive Medicaid coverage for the treatment of emergency medical conditions during the month of February 2015.

On January 29, 2016, NYSOH received a completed Authorized Representative Designation Form in which you confirmed that you wanted [REDACTED], [REDACTED] to act as your Authorized Representative for all matters related to your account, including your appeal.

On February 29, 2016, your Authorized Representative, [REDACTED] attended a telephone hearing on your behalf with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) You attested in your June 1, 2015 application to NYSOH that you are single and have no children. You also attested that your expected yearly income would be \$0.00 and that your Citizenship/Immigration status was "Other." Finally, you attested that you were seeking help with paying for medical bills incurred during the three months prior to your application.
- 2) On June 1, 2015, NYSOH prepared a preliminary determination based on the information in that application. You were found eligible for Medicaid coverage for the treatment of emergency medical conditions beginning June 1, 2015. You were also found eligible for retroactive Medicaid coverage for the treatment of emergency medical conditions during March, April and May of 2015.

- 3) A facsimile containing a completed Identity Verification Form ([REDACTED] executed by you, and a copy of your passport issued by [REDACTED], was received by NYSOH on May 29, 2015.
- 4) Your Authorized Representative stated that you were seeking retroactive Medicaid coverage for the treatment of emergency medical conditions during the month of February 2015 only, since you incurred medical bills on February 13, 2015 and February 15, 2015.
- 5) Your Authorized Representative stated that since steps were taken to begin your application in May 2015, your coverage should have started on May 1, 2015, which would have made you eligible for retroactive Medicaid coverage during the month of February 2015.
- 6) Your Authorized Representative stated that your income during the month of February 2015 was \$0.00.

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

Applicable Law and Regulations

Medicaid Coverage

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Medicaid coverage may 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)).

Immigration Status and Medicaid Eligibility

A person who meets certain non-financial criteria and has a household income that is at or below the applicable Medicaid income standard is eligible for Medicaid benefits (45 CFR § 155.305(c)).

One of the non-financial criteria for Medicaid eligibility is the immigration status of the person applying for health insurance. A person is eligible for Medicaid when

his or her immigration status is satisfactory and he or she meets all other requirements for Medicaid.

Legal Analysis

The first issue on appeal is whether NYSOH properly determined that you were eligible to receive Medicaid coverage for the treatment of emergency medical conditions, effective June 1, 2015.

Your initial application was received by NYSOH on June 1, 2015, in which you attested to an annual household income of \$0.00. On June 3, 2015, NYSOH issued an eligibility determination based on the information contained in the June 1, 2015 application. Because your application was received on June 1, 2015, you were properly found eligible for Medicaid coverage for the treatment of emergency medical conditions, effective June 1, 2015.

The second issue under appeal is whether you were eligible for retroactive Medicaid coverage for emergency medical care and services during the month of February 2015.

A facsimile containing your completed Identity Verification Form [REDACTED] and a copy of your passport issued by [REDACTED] was received by NYSOH on May 29, 2015. However, there is no evidence to show, nor did your authorized representative so testify, that an application was completed or even begun prior to June 1, 2015; submission of purported identity documents does not constitute an application.

You were potentially eligible for retroactive Medicaid coverage for three months prior to the month of the application; that is, no earlier than March 1, 2015.

Therefore, you were not eligible for retroactive Medicaid coverage for February 2015.

Decision

The June 3, 2015 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: April 27, 2016

How this Decision Affects Your Eligibility

You are not eligible for Medicaid for the treatment of emergency medical conditions services for February 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):

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Summary

The June 3, 2015 eligibility determination notice is AFFIRMED.

You are not eligible for Medicaid for the treatment of emergency medical conditions services for February 2015.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

[REDACTED]

[REDACTED]