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

Notice of Decision

Decision Date: June 17, 2016

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000005742

[redacted]

Dear [redacted],

On March 28, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 21, 2015 eligibility determination notice.

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 you were conditionally eligible for Medicaid, effective January 1, 2015?

Procedural History

NYSOH received a revised application on February 20, 2015, in which you attested to an expected yearly income of $23,210.00. You also attested in that application that you were expecting a single child with an anticipated due date of [redacted]

Also on February 20, 2015, NYSOH received two earnings statements issued to you by [redacted] on January 30, 2015 and February 13, 2015.

On February 21, 2015, NYSOH issued an eligibility determination notice based on the information contained in your February 20, 2015 application. It stated that you were conditionally eligible for Medicaid pending the receipt of documentation to confirm your income before March 9, 2015. This eligibility determination was effective January 1, 2015.

On February 21, 2015, NYSOH issued a notice of enrollment confirming that your Medicaid would begin January 1, 2015, but that you must choose a health plan or one would be chosen for you. This notice also requested that you provide income documentation before March 9, 2015 to finalize your eligibility.

On April 6, 2015, NYSOH issued a notice acknowledging receipt of documentation you had submitted, but noted that the documentation was insufficient to resolve the inconsistency. It requested that you provide additional documentation to confirm that your income was correct.

On September 3, 2015, NYSOH received a revised application which included your newborn daughter, in which you indicated that she was born on [redacted], [redacted].

On September 5, 2015, NYSOH issued a notice stating that your revised application had been received and that you might be eligible for health insurance through NYSOH; however more information was needed to make a decision. You were requested to provide additional income documentation by September 19, 2015 to confirm the information provided in your application was accurate.

Also on September 5, 2015, NYSOH issued a disenrollment notice confirming that your Medicaid Fee-For-Service coverage would be discontinued as of September 30, 2015.

On September 27, 2015, NYSOH received two paystubs issued to you by the [redacted] on July 15, 2015 and August 14, 2015.

On September 29, 2015, NYSOH received an earning statement issued to you by the [redacted] on September 15, 2015.

Between October 5, 2015 and October 14, 2015, you provided several additional earnings statements issued to you by [redacted].

On October 15, 2015, NYSOH received a revised application.

On October 16, 2015, the Marketplace issued an eligibility redetermination notice based on the information contained in the October 15, 2015 application. This notice stated that you and your newborn daughter remained eligible for Medicaid, without condition, effective October 1, 2015.

On December 23, 2015, you contacted NYSOH's Account Review Unit and requested an appeal of the February 21, 2015 eligibility determination notice insofar as your eligibility for conditional Medicaid between January 1, 2015 and September 30, 2015 had not been upgraded to being eligible for full Medicaid, with the effect that your medical expenses associated with the delivery of your child would be covered.

On March 28, 2016, you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. The record was developed during the hearing and remained open for the sole purpose of providing you an opportunity to submit as additional evidence: (1) all earnings statements issued by the [redacted]

during January and February of 2015 and, (2) all earnings statements issued by [redacted] during January and February of 2015.

On April 13, 2016, you provided earning statements issued to you by [redacted] on January 30, 2015 and February 25, 2015 to the Appeals Unit through your NYSOH online account.

Accordingly, the record was closed on April 13, 2016.

Findings of Fact

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

1) You submitted an application for health insurance on February 20, 2015, in which you attested to an expected yearly income of $23,210.00 and that you were expecting a child with an anticipated due date of February [redacted]

2) On February 21, 2015, you were found conditionally eligible for Medicaid pending the receipt of income documentation before March 9, 2015 to confirm your eligibility.

3) The record reflects that on the same day as your February 20, 2015 application, you provided to NYSOH two earnings statements issued to you by the [redacted] reflecting that you received (1) $1869.64 on January 30, 2015 and (2) $823.93 on February 13, 2015.

4) Your daughter was born on [redacted].

5) You were ultimately disenrolled from your Medicaid Fee-For-Service coverage, effective September 30, 2015.

6) You testified that the NYSOH did not advise you if the documentation you provided was either sufficient or insufficient to upgrade your Medicaid eligibility from conditional to full.

7) You testified that while your prenatal care had been covered through Medicaid, you received bills from the hospital issued in connection with your newborn daughter's inpatient care.

8) You testified that you were seeking for your Medicaid eligibility during the month of February 2015 to be upgraded to full Medicaid coverage, with the effect that your medical expenses associated with the delivery of your child would covered.

9) At the Hearing Officer's request, you provided to NYSOH two earnings statements issued to you by [redacted] reflecting that you received (1) $894.69 on January 30, 2015 and (2) $1,638.69 on February 13, 2015.

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

Applicable Law and Regulations

Medicaid

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 (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

Legal Analysis

The only issue under review is whether NYSOH properly determined that you were conditionally eligible for Medicaid.

You were found to be conditionally eligible for Medicaid through NYSOH effective January 1, 2015, based on household income of $23,210.00 for a three-person household, which included your unborn daughter. Your eligibility was conditional upon production of proof of your household income before March 9, 2015.

While you provided two earnings statements issued by your employer, [redacted] they were determined to be insufficient to confirm your eligibility for full Medicaid at that time. NYSOH issued a notice on April 6, 2015 acknowledging receipt of the documentation you provided; however, it NYSOH found that the documentation was insufficient to resolve the request. It asked that you provide addition documentation to confirm your eligibility.

Without additional documentation, the Marketplace correctly determined that you eligible for Medicaid was conditional, effective January 1, 2015. Therefore, the February 20, 2015 eligibility determination notice is AFFIRMED.

Ultimately, you were enrolled in Medicaid Fee-For-Service coverage between January 1, 2015 and September 30, 2015. You testified that you were seeking to have your Medicaid eligibility upgraded to a level which would provide you

coverage for medical costs you incurred associated with the birth of your daughter. However, the Appeals Unit does not have the authority to determine what medical expenses ought to be covered through your Medicaid Fee-For-Service coverage during that that period of time.

Decision

The February 21, 2015 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: June 17, 2016

How this Decision Affects Your Eligibility

Your eligibility has not changed.

You were eligible for Medicaid Fee-For-Service, on a conditional basis, between January 1, 2015 and September 30, 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 February 21, 2015 eligibility determination notice is AFFIRMED.

Your eligibility has not changed.

You were eligible for Medicaid Fee-For-Service, on a conditional basis, between January 1, 2015 and September 30, 2015.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

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