



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

Notice of Decision

Decision Date: June 7, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006198

[REDACTED]

Dear [REDACTED],

On April 22, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's October 9, 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 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006198



Issue

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

Did NY State of Health properly determine that your Medicaid fee-for service was effective October 1, 2015?

Procedural History

On October 9, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible for Medicaid because your household income of \$10,920.00 is at or below the allowable income limit of \$44,801.00. This eligibility was effective as of October 1, 2015.

On January 14, 2016, you spoke to NYSOH's Account Review Unit and appealed that eligibility determination notice.

On April 22, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open until May 9, 2016 to allow you time to submit proof of your income for September 2015. Specifically, you were directed to submit any paystubs for September 2015 and proof of Unemployment Insurance Benefits received in September 2015.

The record remained open until May 9, 2016 and no documents were submitted. The record is now closed.

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Findings of Fact

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

- 1) Your October 8, 2015 application reflects that you expect to file your 2016 federal income tax return as head of household with qualifying individual, and to claim one dependent.
- 2) Your October 8, 2015 application indicated that you were pregnant at the time you filed your application. You testified that you discovered you were pregnant in July 2015.
- 3) Your October 8, 2015 application listed an expected annual household income of \$10,920.00 from Unemployment Insurance Benefits.
- 4) You testified that you were terminated from your job in September 2015.
- 5) You testified that your income in September 2015 consisted of your last paycheck from your employer, and a payment from NYS Unemployment Insurance Benefits, but you did not know how much these payments added up to.
- 6) You were initially found eligible for Medicaid as of October 1, 2015. You testified that you are seeking retroactive Medicaid coverage for the month of September 2015.
- 7) Your October 8, 2015 application did not request assistance in paying for medical bills for the previous three months.
- 8) You testified that you filed your October 2015 application with the assistance of someone from Montefiore, and that you are not sure why retroactive coverage was not requested at that time.
- 9) You testified that there was some confusion regarding when your employer-sponsored insurance would end, and that may be the reason the person assisting you with your October 8, 2015 application did not request retroactive coverage for September 2015.
- 10) You testified that your employer-sponsored insurance ended at the end of August 2015.
- 11) You testified that you were receiving prenatal care during September 2015, so you have unpaid medical bills from that month.

- 12) You testified you were not aware that you did not have coverage in September until you got a call from [REDACTED] in January 2016 to inform you that you had bills that were unpaid.
- 13) You updated your NYSOH account in January 2016, and requested an appeal insofar as you did not have Medicaid coverage for September 2015.

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

Applicable Law and Regulations

Household Composition

For purposes of Medicaid eligibility, the household size of either a pregnant woman or a person who is in the family of a pregnant woman includes not only the pregnant woman, but also the number of children she expects to deliver (42 CFR § 435.603(b); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

Medicaid for Adults between the Ages of 19 and 65

Medicaid through NYSOH 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)).

Medicaid is currently available to pregnant women who have a modified adjusted gross income at or below 223% of the FPL for the applicable family size (see 42 CFR § 435.116(c); NY Department of Health Administrative Directive 13ADM-03).

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 \$20,090.00 for a three-person household (80 Federal Register 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 she received the services if she 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 NYSOH properly determined that your Medicaid fee-for service was effective October 1, 2015.

At the time of your October 8, 2015 application, you were living with your minor son and you were pregnant with one child. For purposes of Medicaid eligibility, the household size of a pregnant woman includes the number of children she expects to deliver. Therefore, at the time of your application, you were in a three-person household, and you expected to file your taxes with a tax filing status of head of household and to claim one dependent on your tax return.

You were initially found eligible for Medicaid in the October 9, 2015 eligibility determination notice. According to this notice, your coverage with Medicaid began October 1, 2015.

You testified that you are seeking to have your Medicaid coverage retroactively applied for the month of September 2015.

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.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. Pregnant women are financial eligible for Medicaid if they have a modified adjusted gross income that is at or below 223% of the FPL for their household size.

You testified that you were pregnant in September 2015. To be eligible for Medicaid in September 2015, you would have needed to meet the non-financial criteria and have an income no greater than 223% of the FPL, which is

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\$20,090.00 per month. There is no indication in the record that you would have been ineligible for Medicaid based on non-financial criteria during September 2015.

You testified that you were terminated from your job in early September 2015, and that you began to receive Unemployment Insurance Benefits at the end of September 2015. The Hearing Officer left the record open so that you could provide documentation to show proof of your income for September 2015. The record closed on May 9, 2016, and no documentation was submitted by that date.

Since you have not provided income information for September 2015, your eligibility for Medicaid in that month cannot be determined, and there is no reason to return your case to NYSOH for an eligibility determination.

Decision

The October 9, 2015 eligibility determination is AFFIRMED.

There is not sufficient evidence to return your case to NYSOH for a determination of your Medicaid eligibility in September 2015.

Effective Date of this Decision: June 7, 2016

How this Decision Affects Your Eligibility

Your eligibility for Medicaid was effective as of October 1, 2015.

There is not sufficient evidence of your income to determine whether you were eligible for Medicaid coverage in September 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.

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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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- By fax: 1-855-900-5557

Summary

The October 9, 2015 eligibility determination is AFFIRMED.

There is not sufficient evidence to return your case to NYSOH for a determination of your Medicaid eligibility in September 2015.

Your eligibility for Medicaid was effective as of October 1, 2015.

There is not sufficient evidence of your income to determine whether you were eligible for Medicaid coverage in September 2015.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

