



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

Notice of Decision

Decision Date: June 16, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006214

[REDACTED]

Dear [REDACTED],

On May 2, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 6, 2016 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 NY State of Health 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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Decision

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006214



Issue

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

Did NY State of Health properly determine that you were not eligible for Medicaid for November 1, 2015 through November 30, 2015?

Procedural History

On December 18, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible for Medicaid effective as of December 1, 2015.

On January 6, 2016, NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid for November 1, 2015 through November 30, 2015, because the monthly household income of \$1,461.86 is over the allowable monthly income limit of \$1,354.00.

On January 14, 2016, you spoke to NYSOH's Account Review Unit and appealed that eligibility determination notice insofar as it denied retroactive Medicaid for the month of November, 2015.

On May 2, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. 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) You testified that you expect to file your 2015 federal income tax return as single, and claim no dependents.
- 2) The record reflects you were initially found eligible for Medicaid as of December 1, 2015. You testified that you are seeking retroactive Medicaid coverage for the month of November, 2015.
- 3) You testified that the only income you received in the month of November 2015 was a check you received from your employer dated November 13, 2015 in the gross amount of \$637.86. You uploaded a copy of this check to your NYSOH account.
- 4) The record reflects you uploaded a copy of your Unemployment Insurance benefits statement from the NY State Department of Labor. The documentation states that you eligible to receive Unemployment Benefits in the amount of \$412.00 per week starting November 16, 2015.
- 5) The record reflects on December 29, 2015 you uploaded documentation of your Unemployment Insurance benefits payment history from the Department of Labor. That documentation states that you did not receive your first direct deposit for your Unemployment benefits until December 11, 2015.
- 6) The record reflects you reside in Chautauqua County, New York.

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

Applicable Law and Regulations

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

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level (FPL) for the applicable family size (42 CFR §§ 435.119(b), 435.911(b)(1), 435.603(d)(4); N.Y. Soc. Serv. Law § 366(1)(b)).

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).

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 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)).

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). Family size equals the number of individuals for whom the taxpayer is allowed a deduction under 26 USC § 151 for the taxable year, which typically includes: (1) the taxpayer, (2) his or her spouse, and (3) any claimed dependents (26 USC § 36B(d)(1)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were not eligible for Medicaid for November 1, 2015, through November 30, 2015.

You are in a one person household; you file your taxes with a tax filing status of single and claim no dependent on your tax return.

You were initially found eligible for Medicaid in the December 18, 2015 eligibility determination notice. According to this notice, your coverage with Medicaid began December 1, 2015.

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

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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. To be eligible for Medicaid in November 2015, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the Federal poverty level (FPL), which is \$1,354.00 per month. There is no indication in the record that you would have been ineligible for Medicaid based on non-financial criteria during November 2015.

You testified that the only income you received in the month of November 2015 was a check you received from your employer dated November 13, 2015 in the gross amount of \$637.86. You provided documentation of this check in your NYSOH account.

You uploaded a copy of your Unemployment Insurance benefits statement from the NY State Department of Labor. The documentation states that you were eligible to receive Unemployment Benefits in the amount of \$412.00 per week starting November 16, 2015. You also uploaded documentation of your Unemployment Insurance benefits payment history from the Department of Labor. This documentation shows that you did not receive any payments from Unemployment in the month of November. The documentation shows that you received your first direct deposit for your Unemployment benefits on December 11, 2015.

Therefore, the record indicates that in the month of November, 2015, you had a monthly household income of \$637.86.

Since your income of \$637.86 was less than the \$1,354.00 monthly Medicaid limit for November 2015, NYSOH did not properly determine your eligibility. Therefore, the January 6, 2016, eligibility determination stating that you were not eligible for Medicaid in the month of November, is RESCINDED.

Your case is RETURNED to NYSOH to redetermine your eligibility for retroactive Medicaid coverage for November based on a household size of one and household income of \$637.86 for the month of November, 2015.

Decision

The January 6, 2016, eligibility determination is RESCINDED.

Your case is RETURNED to NYSOH to redetermine your eligibility for Medicaid coverage for November 2015, based on a household size of one and household income of \$637.86.

Effective Date of this Decision: June 16, 2016

How this Decision Affects Your Eligibility

This is not a final determination of your eligibility. Your case is sent back to NYSOH to redetermine your eligibility for Medicaid in the month of November 2015 based on based on a household size of one and household income of \$637.86.

This decision has no effect on your Medicaid coverage effective as of December 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):

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Summary

The January 6, 2016, eligibility determination is RESCINDED.

Your case is RETURNED to NYSOH to redetermine your eligibility for Medicaid coverage for November 2015, based on a household size of one and household income of \$637.86.

This is not a final determination of your eligibility.

This decision has no effect on your Medicaid coverage effective as of December 1, 2015.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

