



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

Notice of Decision

Decision Date: July 25, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006808

[REDACTED]

Dear [REDACTED]

On July 12, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 26, 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: July 25, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006808

[REDACTED]

Issue

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

Did NYSOH properly determine that you were not eligible for Medicaid for October 1, 2015 through December 31, 2015 because the program you are eligible for cannot pay for any care you received in the past?

Did NYSOH provide you a timely notice of your eligibility for financial assistance with Medicaid?

Procedural History

On September 24, 2014, NY State of Health (NYSOH) received your initial application for financial assistance with your health insurance.

That day a preliminary eligibility determination was made finding you eligible for Medicaid effective September 1, 2014. This determination was based on your reported household income of \$15,500.00 annually.

On September 25, 2014, a determination notice was issued confirming your eligibility for Medicaid effective September 1, 2014, as well as your enrollment with a Medicaid Managed Care plan effective November 1, 2014.

On July 15, 2015, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health

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coverage, and that you needed to update your account by August 15, 2015 or you might lose the financial assistance you were currently receiving.

On August 17, 2015, an eligibility redetermination notice was issued stating you were not qualified to enroll through NYSOH because you did not respond to the renewal notice, and did not complete your renewal within the required timeframe. As a result, you no longer qualified to receive financial assistance. Your eligibility would therefore end effective August 31, 2015.

On August 24, 2015, NYSOH received your updated application for financial assistance.

On August 25, 2015, a notice was issued stating more information was needed to make a determination on whether or not you qualified for financial assistance. The notice asked that you provide income documentation by September 9, 2015 to confirm the information in your application.

On September 3, 2015 you uploaded paystubs from your employer.

On September 8, 2015 NYSOH issued a notice stating that the documentation you submitted was insufficient to resolve the income documentation request.

On October 12, 2015 you uploaded paystubs from a second employer.

On October 15, 2015 NYSOH issued a notice stating that the documentation you submitted was insufficient to resolve the income documentation request.

On November 25, 2015 you uploaded additional paystubs from your second employer and a letter from the first employer stating that you no longer worked there.

On January 25, 2016, NYSOH received your updated application for financial assistance.

On January 26, 2016, an eligibility determination notice was issued finding you eligible to enroll in the Essential Plan effective March 1, 2016. This was because your household income of \$16,700.00 was below the income limit for that program.

Also on January 26, 2016 an eligibility determination notice was issued denying your request for help paying medical bills for October 1, 2015 through December 31, 2015. This was because the program you are eligible for cannot pay for any care you received in the past.

Also on January 26, 2016, an enrollment confirmation notice was issued confirming your enrollment in the Essential Plan with \$0.00 premium effective March 1, 2016.

On February 3, 2016, you spoke to NYSOH's Account Review Unit and appealed that eligibility determination notice insofar as it denied retroactive Medicaid for the months of October 1, 2015 through December 31, 2015.

On July 11, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and kept open 15 days for you to provide an additional paystub for the month of September 2015. You provided that documentation on July 14, 2016 and has been incorporated into the record as (Appellant's Exhibit 1).

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 September 1, 2014. You testified that you are seeking retroactive Medicaid coverage for the month of September 2015.
- 3) You testified that the only income you received in the month of September 2015 was two checks you received from your employer dated September 10, 2015 in the gross amount of \$638.07. As well as a check dated September 24, 2015 in the amount of \$581.68. See (Appellant's Exhibit 1).
- 4) The record supports NYSOH received your updated application on August 24, 2015. You then uploaded income documentation on September 3, 2015,
- 5) The record supports that your income documentation was invalidated on September 3, 2015, stating that you needed to submit 3 weeks of consecutive paystubs from [REDACTED] as the last paystub was illegible. The documentation was further invalidated due to your application stating you worked at an additional employer in which you did not provide income documentation for.
- 6) The record supports you uploaded a copy of your separation letter from [REDACTED] dated November 12, 2015 explaining that you had

separated from [REDACTED] as of August 17, 2015. This document was not uploaded until November 25, 2015.

- 7) The record shows your income documentation was determined to be invalid as you did not provide any paystubs from [REDACTED]
- 8) You testified that you incurred medical costs in the month of September 2015 for which you are seeking reimbursement from Medicaid for.
- 9) You testified that your application on January 25, 2016 in which you attested to an expected annual income of \$16,700.00 was correct.

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 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

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month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

In an analysis of Essential Plan eligibility, the determination is based on the FPL in effect on the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). 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).

A person who has a household income that is at or below 150% of the FPL has a \$0.00 premium contribution (New York's Basic Health Plan Blueprint, p. 21, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

Timely Notice

When an individual applies for insurance through the NYSOH, the NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 FR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, the NYSOH must base the time period from the date of application to the date the NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for the NYSOH to make an eligibility determination, then the NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

The NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

Legal Analysis

The first issue is whether NYSOH properly determined that you were not eligible for Medicaid for October 1, 2015 through December 31, 2015 because the program you are eligible for cannot pay for any care you received in the past.

You were originally found eligible for Medicaid effective September 1, 2014.

After NYSOH received your updated application on January 25, 2016, as a result you were determined eligible for the Essential Plan, effective March 1, 2016. The next day an eligibility determination notice was issued denying your request for help paying medical bills for October 1, 2015 through December 31, 2015 because the program you are eligible for cannot pay for any care you received in the past.

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. However, you were found eligible for the Essential Plan effective March 1, 2016.

Since you were not found eligible for Medicaid as a result of the January 25, 2016 application, you would not be eligible for three months of retroactive Medicaid coverage. Additionally, you testified that you are seeking to have your Medicaid coverage retroactively applied for the month of September, 2015. This would be four months before any application for financial assistance was received by NYSOH on January 24, 2016.

Therefore the record indicates that based upon your attested household income and the current program that you are eligible for cannot retroactively pay for medical bills for up to three months prior to your application. The January 26, 2016 eligibility determination notice is AFFIRMED.

The second issued under review is whether NYSOH provided you a timely notice of your eligibility for financial assistance with Medicaid based on the documentation you provided as of November 25, 2015.

You submitted an application for financial assistance on August 24, 2015. You were issued a notice on August 25, 2015, stating more information was needed to make a determination on whether or not you qualified for financial assistance. The notice asked that you provide income documentation by September 9, 2015 to confirm the information in your application.

You provided copies of your paystubs on September 3, 2015 but your income documentation was invalidated because you needed to submit 3 weeks of consecutive paystubs from [REDACTED] as the last paystub was illegible. The

documentation was further invalidated due to your application stating you worked at an additional employer in which you did not provide income documentation for. On September 8, 2015 NYSOH issued a notice informing you that the documentation you submitted was insufficient to resolve the request.

On October 12, 2015 you uploaded paystubs from a second employer. On October 15, 2015 NYSOH informed you again in a notice that the documentation you submitted was insufficient to resolve the request.

On November 25, 2015 you then uploaded a copy of your separation letter from [REDACTED] dated November 12, 2015 explaining that you had separated from [REDACTED] as of August 17, 2015. There is nothing in the record to indicate that NYSOH issued a notice to inform you whether or not this documentation was sufficient to satisfy the income documentation request.

When NYSOH cannot verify information that is required to make an eligibility determination, it must notify the applicant and allow the applicant time to submit satisfactory documentation. NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. The applicant must be notified if the application does not contain sufficient information to permit NYSOH to conduct an eligibility determination. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

Since your submission on November 25, 2015, it took NYSOH until your next application on January 25, 2016 to provide you an eligibility determination. This is a full 61 days after your uploaded documentation.

This does not preclude the NYSOH appeals unit from rendering a decision based upon the information as if it were presented to it for the first time. Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

You testified that the only income you received in the month of September 2015 was two checks you received from your employer dated September 10, 2015, 2015 in the gross amount of \$638.07. As well as a check dated September 24, 2015 in the amount of \$581.68. See (Appellant's Exhibit 1). For an individual the monthly gross income limit for 2015 was \$1,354.00. Your gross wages for the month of September 2015 was \$1,219.75. Therefore you were within the Medicaid limit for that month.

Your case is RETURNED to NYSOH to determine your eligibility for Medicaid based on a one person household with a monthly income of \$1,219.75 living in Essex County for the month of September 2015.

Decision

The January 26, 2016, eligibility determination is AFFIRMED.

Your case is RETURNED to NYSOH to determine your eligibility for Medicaid based on a one person household with a monthly income of \$1,219.75 for the month of September 2015.

Effective Date of this Decision: July 25, 2016

How this Decision Affects Your Eligibility

You may be eligible for Medicaid for the month of September, 2015.

Your case is being sent back to NYSOH to verify your eligibility for that month.

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.

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If You Have Questions about this Decision (Customer Service Resources):

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- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 26, 2016, eligibility determination is AFFIRMED.

Your case is RETURNED to NYSOH to determine your eligibility for Medicaid based on a one person household with a monthly income of \$1,219.75 for the month of September 2015.

You may be eligible for Medicaid for the month of 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:

