



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

Notice of Decision

Decision Date: August 09, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000007363

[REDACTED]

Dear [REDACTED],

On July 26, 2016, your spouse appeared by telephone at a hearing on your appeal of NY State of Health's January 5, 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 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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Issue

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

Did NY State of Health (NYSOH) properly determine that your oldest daughter was not eligible for retroactive Medicaid coverage for the period from October 1, 2015 through December 31, 2015?

Procedural History

On January 4, 2016, NYSOH received a revised application for health insurance in which you requested help for paying for your daughter's medical bills from the previous three months.

On January 5, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating, in pertinent part, that your oldest daughter was eligible for coverage through Child Health Plus (CHP) for a cost of \$9.00 per month, effective February 1, 2016. The notice also acknowledged your request for help with paying for medical bills incurred by your daughter for the three-month period prior to your application. It stated that you would receive a separate notice telling you whether your daughter was eligible for Medicaid for this time period or if additional information was needed.

Also on January 5, 2016, NYSOH issued an eligibility determination notice stating that your daughter was not eligible for Medicaid for October 1, 2015 through December 31, 2015 because the program she was eligible for cannot pay for any care she received in the past.

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On February 24, 2016, you spoke to NYSOH's Account Review Unit and appealed that eligibility determination notice insofar as it denied retroactive Medicaid for the period of October 1, 2015 through December 31, 2015.

On July 26, 2016, your spouse had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing closed at the end of the hearing.

Findings of Fact

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

- 1) Your spouse testified that you expect to file your 2016 federal income tax return as married filing jointly, and claim your two children as dependents.
- 2) Your oldest daughter was born on [REDACTED]
- 3) Your oldest daughter was 3 years old when you submitted your revised application on January 4, 2016.
- 4) Your oldest daughter was found eligible for CHP coverage with a monthly premium of \$9.00, effective February 1, 2016. Your application reflects that you were seeking retroactive Medicaid coverage for October 1, 2015 through December 31, 2015.
- 5) Your spouse testified that you are paid bi-weekly from your employer, [REDACTED].
- 6) Your application reflects, and your spouse testified, that your expected annual salary for 2016 is \$43,000.00, and that you are a salaried employee. Your monthly income is \$3,583.33.
- 7) Your spouse testified that she is seeking coverage through NYSOH beginning at least November 1, 2015 since your daughter incurred out-of-pocket medical costs during the month of November 2015.
- 8) Your daughter's Medicaid coverage through your Local Department of Social Services (LDSS) was terminated effective July 31, 2015. Your spouse testified that she was not aware of the termination of your daughter's coverage through LDSS until a claim for services rendered during November 2015 was rejected as it showed she was no longer covered by Medicaid.

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

Applicable Law and Regulations

Child Health Plus

A child who meets the eligibility requirements for CHP may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the federal poverty level (FPL) (New York Public Health Law (PHL) § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be “eligible for medical assistance”; that is, must not be eligible for Medicaid (NY Public Health Law § 2511(2)(b)).

In an analysis of CHP and 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 was \$24,250.00 for a four-person household (80 Fed. Reg. 3236, 3237).

Medicaid for Children

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 154% of the FPL for the applicable family size (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13ADM-03).

Legal Analysis

The issue under review is whether NYSOH properly determined that your daughter was found not eligible for Medicaid for October 1, 2015 through December 31, 2015.

Your daughter is a four-person household; you file your taxes with a tax filing status of married filing jointly and will claim your two children as dependents on your tax return.

In your January 4, 2016 application, you attested to an expected annual household income of \$43,000.00. The application also stated that, at that time, your oldest child was three years old. The Marketplace relied upon this information.

A child is eligible to enroll in CHP if they meet the non-financial requirements, are not eligible for Medicaid, and have a household income below 400% of the FPL.

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Since \$43,000.00 is 177.32% of the 2015 FPL, the Marketplace properly found your child to be eligible for CHP, and not Medicaid.

You testified that you are seeking to have Medicaid coverage retroactively applied to your daughter for the period between October 1, 2015 and December 31, 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; provided, however, the individual must have been found eligible for Medicaid based on that application.

Since your daughter was not found eligible for Medicaid as a result of the January 4, 2016 application, the Marketplace correctly found that your daughter was ineligible for retroactive Medicaid coverage for the period between October 1, 2015 and December 31, 2015.

Therefore, the January 5, 2016 eligibility determination notice stating that your daughter was ineligible for retroactive Medicaid for the period between October 1, 2015 and December 31, 2015 is correct, and is AFFIRMED.

Decision

The January 5, 2016 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: August 09, 2016

How this Decision Affects Your Eligibility

Your daughter remains eligible for CHP, effective February 1, 2016

Your daughter is not eligible for retroactive Medicaid between October 1, 2015 and December 31, 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.

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).

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 January 5, 2016 eligibility determination notice is AFFIRMED.

Your daughter remains eligible for CHP, effective February 1, 2016

Your daughter is not eligible for retroactive Medicaid between October 1, 2015 and December 31, 2015.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

