



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

## Notice of Decision

Decision Date: October 24, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007640

[REDACTED]

Dear [REDACTED],

On August 17, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 2, 2016 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 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.

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: October 24, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007640

[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 not eligible for Medicaid from March 1, 2016 through March 31, 2016?

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

## Procedural History

According to your NYSOH account, you were enrolled in Medicaid through NYSOH from January 1, 2015 until February 29, 2016.

On January 13, 2016, (NYSOH) issued a renewal notice stating, based on information from federal and state data sources, a decision could not be made about whether or not you qualified for financial assistance upon renewal. You were asked to update the information in your account by February 15, 2016 or risk losing the financial assistance you were currently receiving.

No updates to your account were made by February 15, 2016.

On February 17, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a qualified health plan at full cost, effective March 1, 2016, because you did not qualify for Medicaid, Child Health Plus, the Essential Plan or to receive advance premium tax credits to help pay for the cost of your insurance. This was because you had not responded to the renewal

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notice and had not completed your renewal within the required time frame. As a result you no longer qualified to receive financial assistance to help pay for your health coverage.

On February 17, 2016, NYSOH issued a disenrollment notice stating that your Medicaid Managed Care plan coverage would end effective February 29, 2016.

On February 24, 2016, NYSOH received your updated application for health insurance. That day, a preliminary eligibility determination was prepared with regard to that application, stating that you were eligible to enroll in a qualified health care plan, that you were eligible to receive advance premium tax credits (APTC) up to \$218.00 per month and you were not eligible to receive cost sharing reductions, effective April 1, 2016. You were further found ineligible for Medicaid. This determination was based on your attested household income of \$64,480.00.

On February 25, 2016, NYSOH issued an enrollment confirmation notice based upon your February 24, 2016 selection of a bronze-level qualified health plan with an enrollment start date of February 1, 2016.

On March 1, 2016, NYSOH received your updated application for health insurance. On March 2, 2016, NYSOH issued an eligibility redetermination notice based on your March 1, 2016 application, stating that you were eligible to enroll in a qualified health plan through NYSOH and receive APTC to help pay for the cost of your insurance. That notice further stated that you did not qualify to select a health plan outside of the open enrollment period for 2016.

On March 3, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of that eligibility redetermination as it related to the denial of a Special Enrollment Period so you could change qualified health plans.

On March 28, 2016, NYSOH issued a cancellation notice for the bronze-level qualified health plan for non-payment of premium, effective February 1, 2016.

On April 6, 2016, NYSOH received your updated application for financial assistance, in which you requested help paying for medical bills for the last three months. You also submitted copies of your earning statements for eight consecutive weeks and a letter from your spouse's employer indicating that he was no longer employed as of March 30, 2016. In that

On April 7, 2016, NYSOH issued a notice 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 for you and your daughter by April 22, 2016 to confirm the information in your application.

On April 12, 2016, NYSOH issued a notice stating that you had submitted documentation but it was insufficient to resolve the request. Additional

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information was still required to confirm your eligibility. Additional proof of income information was required in regards to your father who was listed as a household member.

On April 21, 2016 you submitted to NYSOH a copy of your father's Social Security monthly benefit award letter for 2015.

On April 26, 2016, NYSOH issued a notice stating that you had submitted documentation but it was insufficient to resolve the request. Additional information was still required to confirm your eligibility. Additional proof of income information was required in regards to you, your spouse and your four-year-old child.

On May 16, 2016, you submitted to NYSOH copies of your earning statements for ten consecutive weeks.

On May 18, 2016, NYSOH issued a notice stating that you had submitted documentation but it was insufficient to resolve the request. Additional information additional information was still required to confirm your eligibility. Additional proof of income information was required in regards to you, your spouse and your four-year-old child.

On May 26, 2016, you submitted a handwritten note stating that you were the sole provider for your spouse, your four-year-old child and your infant son.

On May 27, 2016, NYSOH issued a fourth notice stating that you had submitted documentation to resolve the proof of income inconsistency, however additional information was required to confirm your eligibility. The notice asked that you provide income documentation for you and your four-year-old daughter by June 11, 2016 to confirm the information in your application.

On July 15, 2016, you submitted to NYSOH copies of your earning statements for ten consecutive weeks for period of April 23, 2016 to July 7, 2016.

On July 22, 2016, NYSOH issued an eligibility determination notice stating in part that you were eligible for Medicaid, effective July 1, 2016, because your household income of \$33,280.01 was at or below the allowable income limit for your household size. This eligibility was effective as of July 1, 2016.

On August 17, 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 for 15 days to allow you time to submit proof of your income for the months of March 2016 and April 2016. The record remained open until the end of the 15 day time frame and no other documents were submitted. The record is now closed.

On August 24, 2016, NYSOH issued an eligibility determination notice that stated that you were eligible for retroactive Medicaid coverage for the period of April 1, 2016 through April 30, 2016.

## **Findings of Fact**

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

- 1) You testified that you expect to file your 2016 federal income tax return as married filing jointly and claim your two children as dependents on that tax return.
- 2) According to your NYSOH account, you and your family reside in Kings County, New York.
- 3) According to your NYSOH account, your eligibility for and enrollment in Medicaid for the last policy period ended February 29, 2016.
- 4) On March 2, 2016, NYSOH issued a notice denying you a special enrollment period. You appealed this determination.
- 5) You testified that you are actually seeking help with paying for medical bills incurred in March 2016 to cover your hospitalization for the birth of your infant child (child) on [REDACTED]. You updated your NYSOH account on April 6, 2016 and added your child to your account.
- 6) You testified that, at all times relevant, you were steadily employed and paid bi-weekly.
- 7) On April 6, 2016, you submitted to NYSOH bi-weekly earning statements from your employment, with check dates of February 19, 2016 showing gross earnings of \$1,152.00; March 4, 2016 showing gross earnings of \$1,280.00, March 18, 2016 showing gross earnings of \$1,352.00 and April 1, 2016 showing gross earnings of \$1,280.00. According to the two earning statements issued to you in March 2016, you received \$2,632.00 in gross earnings that month.
- 8) You testified that your spouse had inconsistent employment up to March 30, 2016, the date of his last employment.
- 9) You testified that your spouse earned \$400.00 in March 2016 before his employment ended.
- 10) According to your NYSOH account, you submitted a copy of your spouse's earnings statement, which shows he worked for the same employer as you. The check was issued on March 18, 2016, showing

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he received gross earnings of \$1,193.00 from his employment that day.

- 11) There is no earnings statement for your spouse from the previous pay period with a check date of March 4, 2016, even though you submitted one for yourself from the same employer dated March 4, 2016.
- 12) On April 6, 2016, you uploaded to your NYSOH account a letter from your husband's employer stating his employment ended March 30, 2016.
- 13) You were directed to submit proof of your spouse's income for all earnings he received in March 2016 by NYSOH and the Hearing Officer, but did not comply.
- 14) According to your NYSOH account, on April 6, 2016, you requested help paying for medical bills from the last three months on that application for financial assistance and were determined pending Medicaid eligible.
- 15) Due to a system defect [REDACTED], your retroactive Medicaid request was not acted upon by NYSOH until August 24, 2016.
- 16) According to your NYSOH account, on April 21, 2016, you submitted a copy of your father's 2015 Social Security benefit award letter, which reflected he receives \$1,800.00 per month in benefits during 2015.
- 17) According to your NYSOH account, on April 25, 2016, NYSOH validated your income because you had submitted 2 current bi-weekly pay stubs.
- 18) Your father's 2015 Social Security benefits awarded letter was deemed by NYSOH to be invalid proof of income because it was submitted outside of 30 days. On April 26, 2016 NYSOH issued a notice that additional proof of income was required.
- 19) On April 26, 2016, you submitted a Social Security benefits award letter, which showed your father's benefit entitlement for 2016 would remain at the same monthly amount as 2015 with a ten cent adjustment; that is, \$1,107.90 per month. This letter was deemed by NYSOH to be invalid because it was undated.
- 20) According to your NYSOH account, on May 16, 2016, you submitted earning statements from your employment with check dates of March 18, 2016, April 1, 2016, April 15, 2016, April 29, 2016 and May 13,

2016. These earning statements covered your employment from February 27 2016 to May 6, 2016.

- 21) According to your April 2016 earning statements, you received \$1,280.00 in gross earnings on April 1, 2016; \$1,304.00 in gross earnings on April 15, 2016; and \$1,364.00 in gross earnings on April 29, 2016, totaling gross earnings that month of \$3,948.00.
- 22) According to your spouse's April 2016 earnings statements for April 2016, he received a check dated April 1, 2016 showing gross earnings of \$1,290.86; and a check dated April 15, 2016 showing gross earnings of \$315.21, for a total of \$1,606.07.
- 23) According to your NYSOH account, on May 17, 2016, these documents were deemed invalid on the basis that there was no proof submitted of your father's social security income, who was listed as a household member.
- 24) According to your NYSOH account and your testimony at hearing, on May 20, 2016, you contact NYSOH to check on the status of your submitted documentation. At that time, it was discovered that the assistor had input incorrect information for your April 6, 2016 application.
- 25) It was also determined that there was a system defect which prevented you from being able to answer the question that you needed assistance with prior three months of medical bills. A system defect was filed [REDACTED].
- 26) According to an undated letter that you submitted on May 26, 2016 over your signature, you are the sole supporter of your spouse and two children.
- 27) During the succeeding months, additional notices were issued by NYSOH stating that you needed to submit additional proof of income.
- 28) According to your NYSOH account on July 15, 2016, you submitted copies of your May 2016 earnings via a check dated May 13, 2016 showing gross earnings received of \$1,280.00 and May 27, 2016 showing gross earnings of \$1,328.00, totaling \$2,608.00 that month.
- 29) On July 22, 2016, NYSOH validated your proofs of income which consisted of bi-weekly earnings statements from the same employer for the time period of May 13, 2016 to July 8, 2016.
- 30) You were deemed Medicaid eligible, effective July 1, 2016.



- 31) Your NYSOH account reflects that, on August 24, 2016, your outstanding request for assistance with medical bills for three months prior to your being found Medicaid eligible was addressed. Your eligibility for retroactive Medicaid was considered the months of April, May and June 2016. You were found eligible for retroactive Medicaid for the month of April 2016 based on only your earnings that month as calculated by NYSOH to be \$2,668.00.

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

## **Applicable Law and Regulations**

### De Novo Review

NYSOH's Appeals Unit must review each appeal de novo and "consider all relevant facts and evidence adduced during the appeals process" (45 CFR § 155.535(f)). "De novo review means a review of an appeal without deference to prior decisions in the case" (45 CFR § 155.500).

### Household Income

NYSOH bases its eligibility determinations on modified adjusted gross income (MAGI) as defined in the federal tax code (45 CFR § 155.300(a), 42 CFR § 603(e), see 26 USC § 36B(d)(2)(B)).

With regard to eligibility for financial assistance through NYSOH, a tax filer's household income includes the MAGI of all the individuals in the taxpayer's household who are required to file a federal tax return for the taxable year (26 CFR § 1.36B-1(e)(1); 42 CFR § 435.603(d)(1)). The MAGI-based income of a child who is not required to file a tax return is not included in household income (42 CFR § 435.603(d)(2)).

A person is not required to file a tax return if their gross income is less than the sum of the exemption amount plus the basic standard deduction allowable for that person (26 USC § 6012(1)(A)). For the 2015 year, a dependent who had yearly gross earned income greater than \$6,300.00 or gross unearned income greater than \$1,050.00 would be required to file a tax return (see IRS Revenue Procedure 2014-61).

Unearned income is generally all income other than salaries, wages and other amounts received as pay for work actually performed, including the taxable part of social security and pension payments (IRS Publication 929, p. 15).

For the purposes of determining a person's eligibility for financial assistance for health insurance through the Marketplace, the term MAGI means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3) Social Security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

For the purposes of determining the amount of taxable income a person receives from Social Security benefits, the IRS gives the term "modified adjusted gross income" the same definition as "adjusted gross income," without regard to certain income sources that are not relevant here (26 USC § 86(b)(2)).

"Adjusted gross income" means, in the case of an individual taxpayer, gross income minus certain specific deductions, such as expenses reimbursed by an employer, losses from sale or exchange of property, losses from premature withdrawal of funds from savings accounts, and deductions attributable to royalties (26 USC § 62(a)).

"Gross income" is defined as all income from whatever source it is derived from; however, notwithstanding the apparent overall inclusiveness of this definition, there are numerous items that are specifically excluded from gross income (26 USC § 61).

An individual's income from Social Security benefits is included in their gross income only to the extent that the sum of the person's IRS-defined "modified adjusted gross income" and one-half of their Social Security benefits is greater than \$25,000.00 (26 USC § 86(a)(1), (b)(1)), (c)(1)(A)).

#### 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 2016 FPL, which is \$24,300.00 for a four-person household; or \$3747.00 per month (80 Federal Regulation 4036).

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 an 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 USCA § 1396A(34); 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)).

### 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**

On March 3, 2016, you spoke with NYSOH Account Review Unit and requested a review on the basis that you were not allowed a special enrollment period so that you could change health plans outside of the 2016 open enrollment period. The record does contain an eligibility determination notice, dated March 4, 2016, which denied your request for a special enrollment period. However, during the course of the August 17, 2016 hearing, it was determined that the real issue in controversy was that your request for retroactive Medicaid coverage for the month of March 2016 had not been considered. This was the month in which your second child was born and from which you have outstanding medical bills for your hospitalization that you need to have covered.

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Here, the lack of a notice of eligibility determination on the issue of your retroactive Medicaid eligibility for the month of March 2016 does not prevent the Appeals Unit from reaching the merits of the case or constitute material error. Under 45 CFR § 155.505(b), you are as entitled to appeal a NYSOH failure to timely issue a notice of eligibility determination as you are to appeal an adverse notice of eligibility determination.

Since the Appeals Unit review of NYSOH determinations is performed on a de novo basis, no deference would have been granted to the notice of eligibility determination had it been issued. Therefore, the issue under review is whether NYSOH properly determined that you were not eligible for retroactive Medicaid for period of March 1, 2016 through March 31, 2016.

You are in a four person household for purpose of this analysis. This is because you expect to file your 2016 taxes with a tax filing status of married filing jointly and will claim two dependents on your tax return.

You were initially pending eligibility for Medicaid in the April 6, 2016 preliminary eligibility determination. The April 7, 2016 notice stated you needed to submit additional proof of income by April 22, 2016.

You testified and your NYSOH account reflects that on April 6, 2016 and April 26, 2016 you submitted multiple earning statements from your employer showing continuous employment from January 30, 2016 to March 25, 2016. Further, the documents submitted included benefit statements from Social Security Administration showing your father's monthly benefits for 2015 and 2016. These documents also included a letter from your spouse's employer showing his last date of employment was March 30, 2016.

NYSOH reviewed the submitted documents and deemed them to be invalid proof of income due to your father's social security statements being undated and outside of 30 days.

NYSOH issued additional notices stating that you needed to submit further proof of income.

You testified and the record reflects that on May 16, 2016 you submitted to NYSOH additional earning statements from your employer showing continuous employment for the period of February 27, 2016 through May 6, 2016. You also submitted a statement that you are the sole provider for your spouse and your two children.

Your NYSOH account reflects that, on May 17, 2016, a NYSOH representative reviewed your submitted documentation and deemed that you had submitted valid weekly pay stubs. However, your father's Social Security benefits award letter did not have a date listed; therefore, it was again deemed that there was invalid proof of income. However, the letter clearly states that your father's

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benefits would stay the same in 2016 because there was no increase in the cost of living. Therefore, his monthly income of \$1,107.90 was ascertainable at that time.

Your NYSOH account reflects that you were found Medicaid eligible on July 22, 2016. This was after your submission to NYSOH on July 15, 2016 of additional consecutive bi-weekly earnings statements showing employment from April 23, 2016 up to July 1, 2016. Therefore, your Medicaid eligibility began as of the first of the month; that is, on July 1, 2016.

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.

On August 29, 2016 NYSOH addressed the pending request for retro Medicaid based on the July 1, 2016 eligibility date. NYSOH only considered retro Medicaid for the months of April, May and June, 2016, the three months before July 2016.

#### Your Father's Social Security Benefits

The record reflects that, during April 2016, you provided documentation which included your father's social security benefits. However, NYSOH deemed these proofs of income invalid as to your father's income. As stated above, your father's income from Social Security benefits was ascertainable as of April 2016; and NYSOH erred in invalidating his award letters.

The record further reflects that your father's sole source of income in 2015 and 2016 is Social Security retirement benefits. A dependent is required to file a tax return in part when their unearned income is greater than \$1,000.00. Unearned income includes the taxable portion of Social Security benefits.

To estimate whether any portion of a person's expected Social Security benefits will be taxable, one-half of a person's income from Social Security is added to any other income that person receives annually. Any amount in excess of \$25,000.00 is considered taxable income.

At the time of your April 26, 2016 application, your father received \$1,107.90 per month in Social Security retirement benefits. He had no other income. Therefore, \$6,647.40 (one-half the amount of Social Security he receives of \$13,294.80) with no earned income equals \$6,647.40 annually. Since \$6,647.40 is less than \$25,000.00, your father has no taxable income from Social Security and was not in 2015 and is not in 2016 required to file a tax return on the basis of his unearned income.

Since your father was not required to file a tax return in 2016, his Social Security retirement benefits did not count when determining the household's income and are deemed irrelevant.

### Your Household's Monthly Income and Your Eligibility for Retroactive Medicaid

After you submitted your proof of income documents on May 16, 2016 along with the written statement that you were the sole provider for your family, NYSOH continued to issue notices that the documentation you submitted was insufficient to resolve the proof of income request. The record reflects that the basis for these continued requests was because of the invalid documentation regarding your father's income.

Since your income documentation submissions of May 16, 2016 should have completed your application, you were entitled to a determination as to your eligibility for Medicaid within 45 days of that date. However, due to several documented system errors, it took NYSOH until your July 15, 2016 application to provide you with an eligibility determination. This is a full 67 days after you uploaded satisfactory income documentation. Therefore NYSOH's July 22, 2016 eligibility redetermination was untimely.

Ordinarily, your case would be returned to NYSOH to reconsider your eligibility for financial assistance altogether for the month of April 2016; however, based on the defects and delays your request for retroactive Medicaid coverage in that month was not considered until August 24, 2016. The record reflects that retroactive Medicaid coverage was provided for the month of April 2016 based on monthly income of \$2,668.00 as calculated by NYSOH because it was less than the maximum allowable monthly income limit of \$3,747.00 for a household your size. However, the credible evidence of record shows that your household's income for April 2016 consisted of your gross earnings that you received of \$3,948.00 and your spouse's gross earnings of \$1,606.07 that he received, totaling \$5,554.07 that month. Therefore, the August 24, 2016 retroactive Medicaid eligibility determination notice was issued in error as it was based on an incorrect monthly income amount of \$2,668.00, when your household's documented income that month was \$5,554.07, and must be **RESCINDED**.

It is noted that you provided proof of income for May 2016, which the credible evidence shows was \$2,608.00 in gross earnings you received since you were the sole provider in your household. Therefore, your case is **RETURNED** to NYSOH to consider your eligibility for Medicaid based on a four-person household with a monthly income of \$2,608.00 in May 2016, for an individual residing in Kings County.

If it is determined that you were eligible for Medicaid in May 2016, your request for retroactive Medicaid in March 2016, when you were pregnant and the applicable FPL was 223% of \$24,300.00 for a four-person household, or \$3,747.00 per month would ordinarily be considered.

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However, at present, the March 2016 earning statements you provided show you received \$2,632.00 in gross earnings and your spouse received, at a minimum, \$1,193.00 in gross earnings, which totals \$3,825.00 in monthly household income for March 2016. Since \$3,825.00 exceeds the maximum allowable monthly income limit of \$3,747.00 to be eligible for Medicaid, you would not qualify for retroactive Medicaid in March 2016. Therefore, no further action is required of NYSOH in this regard.

## **Decision**

The August 24, 2016, retroactive Medicaid eligibility determination is RESCINDED.

Your case is RETURNED to NYSOH to consider your eligibility for Medicaid for the month of May 2016 based on a four-person household with a monthly income of \$2,608.00, for an individual residing in Kings County.

**Effective Date of this Decision:** October 24, 2016

## **How this Decision Affects Your Eligibility**

Based on documentary evidence, your household income for the month of April 2016 exceeded the maximum allowable income limit for Medicaid that month. NYSOH's determination that you were eligible for retroactive Medicaid that month was based on an inaccurate monthly income, was in error, and is rescinded.

Your case is being sent back to NYSOH to verify your eligibility for Medicaid for the month of May 2016 based on a four-person household with a monthly income of \$2,608.00 that month, for an individual residing in Kings County.

If it is determined that you were Medicaid eligible in May 2016, your eligibility for retroactive Medicaid in the month of March 2016 cannot be redetermined by NYSOH because your household income for that month exceeds the maximum allowable monthly income limit for Medicaid.

## **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.

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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 August 24, 2016, retroactive Medicaid eligibility determination is **RESCINDED**.

Your case is **RETURNED** to NYSOH to consider your eligibility for Medicaid for the month of May 2016 based on a four-person household with a monthly income of \$2,608.00, for an individual residing in Kings County.

Based on documentary evidence, your household income for the month of April 2016 exceeded the maximum allowable income limit for Medicaid that month. NYSOH's determination that you were eligible for retroactive Medicaid that month was based on an inaccurate monthly income, was in error, and is rescinded.



Your case is being sent back to NYSOH to verify your eligibility for Medicaid for the month of May 2016 based on a four-person household with a monthly income of \$2,608.00 that month, for an individual residing in Kings County.

If it is determined that you were Medicaid eligible in May 2016, your eligibility for retroactive Medicaid in the month of March 2016 cannot be redetermined by NYSOH because your household income for that month exceeds the maximum allowable monthly income limit for Medicaid.

## **Legal Authority**

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

**A Copy of this Decision Has Been Provided To:**

