



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

## Notice of Decision

Decision Date: September 15, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000008003

[REDACTED]

Dear [REDACTED],

On September 9, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's March 4, 2016 and April 19, 2016 eligibility determinations, and the March 8, 2016 enrollment confirmation 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 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]  
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## Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health (NYSOH) make a timely eligibility of your daughter's Medicaid eligibility?

Did NYSOH properly determine that your daughter's enrollment in her Medicaid Managed Care plan was effective April 1, 2016?

Did NYSOH properly determine that your daughter was ineligible for retroactive Medicaid from February 1, 2016 to February 29, 2016?

## Procedural History

On February 20, 2016, you updated your NYSOH account.

On February 21, 2016, NYSOH issued a notice indicating that your daughter may be eligible for health insurance through NYSOH but more information was needed to make a determination. The income information you provided did not match what NYSOH had obtained from State and Federal data sources and NYSOH was unable to make a determination until you submitted additional income documentation. This same notice requested that you submit income documentation for your household by March 7, 2016.

On February 23, 2016, a letter from your former employer was uploaded to your NYSOH account indicating your employment from August 5, 2013 through February 17, 2016.

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On March 4, 2016, NYSOH issued a notice of eligibility determination stating that your daughter was eligible for Medicaid because your household income of \$0.00 is at or below the allowable income limit. This eligibility was effective as of March 1, 2016.

On March 8, 2016 NYSOH issued a notice of enrollment in the plan you selected on March 7, 2016, stating that your daughter was enrolled in a Medicaid Managed Care plan, and that her coverage would start on April 1, 2016.

On March 17, 2016 you spoke to NYSOH's Account Review Unit and appealed the start date of your daughter's Medicaid as well as the start date of your daughter's enrollment in her Medicaid Managed Care plan, insofar as it did not begin February 1, 2016.

On March 25, 2016, NYSOH issued a notice of eligibility determination indicating that in order for Medicaid coverage to be determined for the time period February 1, 2016 to February 29, 2016 proof of income for the time period February 1, 2016 to February 29, 2016 was required.

On March 20, 2016 and April 9, 2016 paystubs were uploaded to your NYSOH account for pay received from February 1, 2016 to February 29, 2016. These were verified by NYSOH on April 18, 2016.

On April 19, 2016 NYSOH issued an eligibility determination notice stating that your daughter was not eligible for Medicaid for February 1, 2016 to February 29, 2016 because the monthly household income of \$3,298.44 was over the allowable monthly income limit of \$2,056.00.

On September 9, 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 hearing.

## **Findings of Fact**

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

- 1) You created your NYSOH account and submitted an application to NYSOH for financial assistance on February 17, 2016.
- 2) You updated your application to NYSOH for financial assistance with a certified application counselor on February 20, 2016.
- 3) On March 4, 2016 your daughter was found eligible for Medicaid.

- 4) The record reflects, that you selected your daughter's Medicaid Managed Care Plan on March 7, 2016, and that your enrollment was effective on April 1, 2016.
- 5) You testified that you want either your daughter's Medicaid to begin in February 2016 or your daughter's Medicaid Managed Care plan to begin in February 2016 because your daughter had a prescheduled Well Care visit on February 27, 2016 for which you would like your daughter to have had coverage for.
- 6) You testified that you expect to file your 2016 federal income tax return as head of household, and claim your one child as a dependent.
- 7) You were initially found eligible for Medicaid as of March 1, 2016. You testified that you are seeking retroactive Medicaid coverage for your child the month of February 2016.
- 8) You uploaded three paystubs showing payments received in February 2016; the first is dated February 5, 2016 for a gross pay amount of \$1,480.80, the second is dated February 19, 2016 for a gross pay amount of \$1,480.80, the third is dated February 26, 2016 for a gross pay amount of \$336.83.
- 9) You testified that in February 2016 you received a gross amount of \$3,298.43.

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

## **Applicable Law and Regulations**

### Medicaid

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

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## Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i)).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f)).

## Timely Notice of Medicaid Eligibility

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

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date 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 NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Medicaid applicants who are a child at least one year of age but younger than 19 years of age notice of their eligibility determination within 30 days from the date of the application (18 NYCRR §360-2.4(a)(3)(ii)).

## 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).

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 \$16,020.00 for a two-person household (81 Fed. Reg. 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). Family size equals the number of individuals for whom the taxpayer is allowed a deduction under 26 USC § 151 for the taxable

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year, which typically includes: (1) the taxpayer, (2) his or her spouse, and (3) any claimed dependents (26 USC § 36B(d)(1)).

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)).

## **Legal Analysis**

The first issue under review is whether NYSOH's March 4, 2016 eligibility determination was timely.

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income.

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

You updated your NYSOH account on February 20, 2016. On February 21, 2016 NYSOH issued a notice requesting you submit income documentation by March 7, 2016, to confirm your child's eligibility because the income information you provided did not match what NYSOH had obtained from State and Federal data sources.

On February 23, 2016 you uploaded a letter from your former employer documenting your separation from employment effective February 17, 2016. NYSOH issued an eligibility determination notice on March 4, 2016 that stated your daughter was eligible for Medicaid effective March 1, 2016. Since NYSOH issued an eligibility determination 10 days from the date your income documentation was submitted, the March 4, 2016 eligibility determination was timely. Therefore, the March 4, 2016 eligibility determination was correct and is **AFFIRMED**.

The second issue under review is whether NYSOH properly determined that your daughter's enrollment in her Medicaid Managed Care plan was effective April 1, 2016.

The record reflects that you contacted NYSOH on March 7, 2016 and enrolled your daughter into a Medicaid Managed Care plan.

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The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

On March 7, 2016, you selected a Medicaid Managed Care plan for your daughter, so it properly took effect on the first day of the following month, that is, on April 1, 2016.

Therefore, the March 8, 2016 enrollment confirmation notice stating that your daughter's enrollment in her Medicaid Managed Care plan would be effective April 1, 2016, was correct and must be AFFIRMED.

The third issue under review is whether NYSOH properly determined that your daughter was not eligible for Medicaid for February 1, 2016 through February 29, 2016.

Your daughter is in a two-person household; you file your taxes with a tax filing status of head of household and claim one dependent on your tax return.

Your daughter was initially found eligible for Medicaid in the March 4, 2016 eligibility determination notice. According to this notice, your daughter's coverage with Medicaid began March 1, 2016.

You testified that you are seeking to have your daughter's Medicaid coverage retroactively applied for the month of February.

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 February, your child would have needed to meet the non-financial criteria and have an income no greater than 154% of the FPL, which is \$2,056.00 per month. There is no indication in the record that your daughter would have been ineligible for Medicaid based on non-financial criteria during February.

You uploaded a paystub dated February 5, 2016 for a gross pay amount of \$1,480.80, a paystub dated February 19, 2016 for a gross pay amount of

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\$1,480.80, and a paystub dated February 26, 2016 for a gross amount of \$336.83. Therefore, the record indicates that in the month of February 2016, you had a monthly household income of \$3,298.43. In your testimony, you confirmed these earnings.

Since your income of \$3,298.43 was more than the \$2,056.00 monthly Medicaid limit for 2016, NYSOH properly determined that your daughter was not eligible for Medicaid coverage during that month. Therefore, the April 19, 2016 eligibility determination stating that your daughter was not eligible for Medicaid in the month of February 2016, is correct and is AFFIRMED.

## **Decision**

The March 4, 2016 eligibility determination is AFFIRMED.

The March 8, 2016 enrollment notice is AFFIRMED.

The April 19, 2016 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** September 15, 2016

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

This decision does not change your daughter's eligibility.

Your daughter's eligibility for Medicaid was effective as of March 1, 2016.

The effective date of your daughter's Medicaid Managed Care plan is April 1, 2016.

Your daughter is not eligible for Medicaid in the month of February 2016.

## **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:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

This decision does not change your daughter's eligibility.

Your daughter's eligibility for Medicaid was effective as of March 1, 2016.

The March 4, 2016 eligibility determination is AFFIRMED.

The effective date of your daughter's Medicaid Managed Care plan is April 1, 2016.

The March 8, 2016 enrollment notice is AFFIRMED.

Your daughter is not eligible for Medicaid in the month of February 2016.

The April 19, 2016 eligibility determination is AFFIRMED.

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## **Legal Authority**

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

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

