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

Notice of Decision

Decision Date: September 19, 2016

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000008213

[redacted]

Dear [redacted],

On September 14, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 2, 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

Decision Date: September 19, 2016

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000008213

[redacted]

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 eligible for retroactive Medicaid from November 1, 2015 through January 31, 2016, and not as of October 1, 2016?

Procedural History

On February 2, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you were eligible for Medicaid for the treatment of emergency medical conditions only, effective February 1, 2016.

Also on February 2, 2016, NYSOH issued an enrollment notice confirming that you had health insurance coverage through Medicaid as of February 1, 2016.

Also on February 2, 2016, NYSOH issued another notice of eligibility determination that stated, based on your request for help with paying medical bills for the three month period before your February 1, 2016 application for health insurance, you were eligible for Medicaid retroactively for the treatment of emergency medical conditions only from November 1, 2015 through January 31, 2016.

On March 23, 2016, you spoke to NYSOH's Account Review Unit and appealed that eligibility determination notice insofar as you needed an additional month of

retroactive Medicaid to October 1, 2015 to cover hospital and doctor bills for that month.

On September 14, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. A Spanish interpreter (ID# [redacted] assisted. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

1) According to your NYSOH account, you were initially found eligible for Medicaid for the treatment of emergency medical conditions only as of February 1, 2016, based on an income of $0.00. This was because you are not a citizen, qualified alien or permanently residing in the United States under color of law (PRUCOL).

2) According to your NYSOH account, you requested help with paying medical bills for the three month period before your February 1, 2016 application for health insurance and you were eligible for Medicaid retroactively from November 1, 2015 through January 31, 2016.

3) You testified that you are seeking retroactive Medicaid coverage for the month of October 2015, because you were hospitalized that month and have hospital and doctor bills related to your illness.

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 2016 FPL, which is $11,880.00 for a one-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).

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 issue under review is whether NYSOH properly determined that you were eligible for Medicaid for November 1, 2015 through January 31, 2016.

You are in a one-person household for purposes of this analysis and have $0.00 income.

You were initially found eligible for Medicaid in the February 2, 2016 eligibility determination notice. According to this notice, your coverage with Medicaid began February 1, 2016. You were also determined eligible for Medicaid retroactively from November 1, 2015 through January 31, 2016, as stated in the second February 2, 2016 eligibility determination notice.

You testified that you are seeking to have your Medicaid coverage retroactively applied for the month of October 2015 to cover medical bills from that month.

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.

The record reflects that you were determined eligible for Medicaid for three months prior to February 1, 2016, that is, from November 1, 2015 through January 31, 2016. There is no mechanism in the law to extend Medicaid retroactively for a fourth month as you had requested in your appeal. Therefore, the February 2, 2016 eligibility determination regarding your three months of retroactive Medicaid is correct and is AFFIRMED.

Decision

The February 2, 2016 eligibility determination notice regarding your eligibility for retroactive Medicaid is AFFIRMED.

Effective Date of this Decision: September 19, 2016

How this Decision Affects Your Eligibility

You are not eligible for Medicaid in the month of October 2015 through NYSOH.

Your eligibility for Medicaid was effective as of November 1, 2015 for the treatment of emergency medical conditions only.

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):

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 February 2, 2016 eligibility determination notice regarding your eligibility for retroactive Medicaid is AFFIRMED.

You are not eligible for Medicaid in the month of October 2015 through NYSOH.

Your eligibility for Medicaid was effective as of November 1, 2015 for the treatment of emergency medical conditions only.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

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).