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

Notice of Decision

Decision Date: January 17, 2017

NY State of Health Account ID:
Appeal Identification Number: AP000000010234

On December 20, 2016, you appeared by telephone at a hearing on your appeal of your eligibility for retroactive Medicaid during the month of January 2016.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this letter.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(b).

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

Decision

Decision Date: January 17, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000010234

Issue

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

> Whether you are eligible for retroactive Medicaid for the month of January 2016?

Procedural History

On February 8, 2016, an initial financial assistance application was submitted with NYSOH.

On February 9, 2016, NYSOH issued a notice stating that you "may be eligible for health insurance through NY State of Health but MORE information [was] needed to make a determination." The notice directed you to submit additional income documentation by February 24, 2016 to confirm your eligibility.

On February 11, 2016, your NYSOH account was updated and income documentation was uploaded to your account ( ).

On February 12, 2016, NYSOH issued a notice stating that you "may be eligible for health insurance through NY State of Health but MORE information [was] needed to make a determination." The notice directed you to submit additional income documentation by February 27, 2016 to confirm your eligibility.

On March 30, 2016, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a qualified health plan at full cost through NYSOH effective as of May 1, 2016.

On April 6, 2016, your NYSOH account was updated.

On April 7, 2016, NYSOH issued a notice stating that you “may be eligible for health insurance through NY State of Health but MORE information [was] needed to make a determination.” The notice directed you to submit additional income documentation by April 22, 2016 to confirm your eligibility.

On May 13, 2016, income documentation was uploaded to your NYSOH account [redacted]).

On May 18, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective May 1, 2016.

Also on May 18, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid for February 1, 2016 through April 30, 2016 because your household income was at or below the allowable income limit.

On June 13, 2016, you spoke to NYSOH’s Account Review Unit and requested an appeal insofar as your eligibility for retroactive Medicaid for the month of January 2016.

On June 20, 2016, additional income documentation was uploaded to your NYSOH account ([redacted]).

On December 20, 2016, you had a scheduled telephone hearing with a Hearing Officer from the Appeals Unit of NY State of Health. Your testimony was taken during the hearing and the record was closed at the end of the hearing. The record is now complete and closed.

Findings of Fact

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

1. You are applying for health insurance through NYSOH for yourself.

2. Your initial financial application was submitted through NYSOH on February 8, 2016.

3. According to your NYSOH account, it was indicated on your February 8, 2016 application that you were seeking “help paying for medical bills from the last 3 months.”

4. According to your NYSOH account and testimony, you expect to file your 2016 federal income tax return, with the tax status of single, and do not expect to claim any dependents on that tax return.

5. You testified that your only source of income in January 2016 was from your employer, [redacted].

6. According to Incident [redacted] in the Evidence Packet that was created in anticipation of your telephone hearing, “Appellant is appealing to get MA FFS for January 2016” ([redacted]).

7. On June 20, 2016, a Compensation Detail Report (S601) from [redacted], for the period of December 28, 2015 to June 12, 2016, was uploaded to your NYSOH account. You were issued:

   (a) $326.53 in gross income on January 8, 2016;
   (b) $214.70 in gross income on January 15, 2016;
   (c) $312.49 in gross income on January 22, 2016;
   (d) $202.12 in gross income on January 29, 2016
   ([redacted]).

8. You testified that you have approximately $2,000.00 to $2,500.00 in outstanding medical bills for January 2016.

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

Applicable Law and Regulations

De Novo Review

The NYSOH 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).

Medicaid for Adults between the Ages of 19 and 65

Medicaid can be provided through the Marketplace 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 that is at or below 138% of the federal poverty for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

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 by the US Department of Health and Human Services, March 19, 2014).

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).

Medicaid Retroactive Coverage:

The Department of Health must make Medicaid eligibility effective no later than the third month before the month of application if the individual received medical services that would have been covered under Medicaid and 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 record does not contain a notice of eligibility determination or redetermination regarding the issue of whether or not you qualify for retroactive Medicaid for the month of January 2016. It does contain Incident [redacted], which demonstrates that on June 13, 2016, you contacted NYSOH to appeal your eligibility for retroactive Medicaid for the month of January 2016.

Here, the lack of a notice of eligibility determination on the issue of retroactive Medicaid for the month of January 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 NYSOH’s 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 you were properly denied retroactive Medicaid coverage for January 2016.

According to the record, your household size for Medicaid purposes was one. Your NYSOH account reflects that you expect to file your 2016 federal income tax return, with a tax status of single, and do not expect to claim any dependents on that tax return.

Medicaid coverage can be made effective retroactively for up to three months prior to an individual’s initial application if they would have been eligible for Medicaid in those three months had they applied.

The record support that your initial financial application was submitted through NYSOH on February 8, 2016, and it was indicated on your February 8, 2016 application that you were seeking help paying for medical bills for the last 3 months.

Medicaid can be provided through the NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138% of the FPL for the applicable family size.

On the date of your initial application, the FPL was $11,880.00 for a one-person household. Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits may be based on current monthly household income and family size. In order to be eligible for Medicaid a household of one must not exceed a monthly income limit of $1,367.00.

On June 20, 2016, a Compensation Detail Report from [redacted] for the period of December 28, 2015 to June 12, 2016, was uploaded to your NYSOH account. That documentation demonstrates that you were issued ($326.53 (+) $214.70 (+) $312.49 (+) $202.12) $1,055.84 in gross income in January 2016.

Since the record now contains an accurate representation of what your income was for the month of January 2016 your case is RETURNED to NYSOH to consider your request for retroactive Medicaid coverage for January 2016 based on a household size of one-person and a household income of $1,055.84.00 for that month.

Decision

The May 18, 2016 eligibility determination notices remain unchanged.

Your case is RETURNED to NYSOH to consider your request for retroactive Medicaid for January 2016 based on a household size of one-person and a household income of $1,055.84 for that month.

Effective Date of this Decision: January 17, 2017

How this Decision Affects Your Eligibility

Your has been returned to NYSOH to determine your eligibility for retroactive Medicaid for the month of January 2016, based on your initial application of February 8, 2016, and a one-person household with a monthly income of $1,055.84 in January 2016.

NYSOH will notify you once this redetermination has been made.

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 after the date 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 date 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 May 18, 2016 eligibility determination notices remain unchanged.

Your case is RETURNED to NYSOH to consider your request for retroactive coverage Medicaid for January 2016 based on a household size of one-person and a household income of $1,055.84 for that month.

NYSOH will notify you once this redetermination has been made.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).

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).