



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

Notice of Decision

Decision Date: February 7, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010465

[REDACTED]

Dear [REDACTED],

On January 4, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 11, 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.

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 you were not eligible for Medicaid from February 1, 2016 through February 29, 2016?

Procedural History

On May 9, 2016, NYSOH received your updated application for financial assistance. That application included a request for help paying medical bills in the month of February 2016.

On May 11, 2016, NYSOH issued a notice of eligibility determination stating that your request for assistance with paying medical bills for February 1, 2016 through February 29, 2016 was denied because the program you were eligible for cannot pay for any care you received in the past.

On June 23, 2016, you spoke to NYSOH's Account Review Unit and appealed to have your eligibility for financial assistance in 2016 based on your 2015 adjusted gross income, rather than your 2016 adjusted gross income.

On January 4, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, the issue was amended to reflect that your appeal was actually regarding your eligibility for Medicaid in the month of February 2016. The record was developed during the hearing and left open for 21 days, until January 25, 2017, to allow you time to submit proof of your income

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for the month of February 2016. The record remained open until the end of the 21-day time frame and no documents were submitted. The record is now closed.

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 single, and claim no dependents.
- 2) You testified that you are seeking retroactive Medicaid for the month of February 2016 because you had to have medical testing done for a temp job in that month, and you still have a bill that is outstanding.
- 3) You testified that you were not employed in the month of February 2016, and that you began a job in March 2016.
- 4) You testified that you have rental properties which you did receive income from in the month of February 2016, but that you also have expenses associated with those properties.
- 5) The application that was submitted on May 9, 2016 listed annual income of \$58,923.53, and the eligibility determination relied on this amount.
- 6) You testified that this income consisted of rental income and some earned income, but that your adjusted gross income would be much less because of the expenses associated with your rental properties.
- 7) You testified that you could not testify as to what your February 2016 income was, but that, if you filed your 2016 taxes, you would have a better idea of the breakdown of your income by month.
- 8) The record was held open for 21 days to allow you time to submit proof of your gross income for the month of February 2016. However, no documentation was received by the Appeals Unit by the end of the 21 days.

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); NY Social Services 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 Federal Register 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 not eligible for Medicaid for February 1, 2016 through February 29, 2016.

You are in a one-person household; you file your taxes with a tax filing status of single and claim no dependent on your tax return.

You testified that you are seeking to have coverage for the month of February 2016, as you have an outstanding medical bill for that month.

The record reflects that you submitted your initial application on May 9, 2016. When an individual files an initial application for Medicaid, his or her eligibility for retroactive Medicaid depends on the date of application. To this end,

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it does not matter whether or not that initial application resulted in Medicaid going forward. Instead, an individual, who has filed an initial application for Medicaid through NYSOH, has the right to be evaluated for Medicaid for the three months before the month of his or her application.

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 2016, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,366.20 per month. There is no indication in the record that you would have been ineligible for Medicaid based on non-financial criteria during February 2016.

You testified that you were working in the month of February 2016, but that you had income from rental properties. You testified that you were not able to say specifically what your gross income for the month of February 2016 was, and that you would need to prepare your tax return to find out. The record was kept open to give you time to prepare your return and submit proof of your monthly income for February 2016. However, no further documentation was submitted to NYSOH after the hearing.

Since there is not enough evidence in the record to show that you met the monthly income requirements for Medicaid in the month of February 2016, the May 11, 2016 eligibility determination stating that you were not eligible for Medicaid in the month of February 2016 was correct and is AFFIRMED.

Decision

The May 11, 2016 eligibility determination stating that you were not eligible for Medicaid in the month of February 2016 is AFFIRMED.

Effective Date of this Decision: February 7, 2017

How this Decision Affects Your Eligibility

You were not eligible for Medicaid in the month of February 2016, based on information available in the record.

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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:

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- By mail at:
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The May 11, 2016 eligibility determination stating that you were not eligible for Medicaid in the month of February 2016 is **AFFIRMED**.

You were not eligible for Medicaid in the month of February 2016, based on information available in the record.

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Legal Authority

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A Copy of this Decision Has Been Provided To:

