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

Notice of Decision

Decision Date: December 23, 2016

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000010841

Dear [redacted],

On December 12, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 26, 2016 eligibility redetermination.

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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DEPARTMENT OF HEALTH
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Decision

Decision Date: December 23, 2016

NY State of Health Account ID:
Appeal Identification Number: AP000000010841

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 not eligible for Medicaid for January 1, 2016 through February 29, 2016?

Procedural History

On January 15, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you and your spouse were eligible for Medicaid because your household income of $9,600.00 is at or below the allowable income limit. This eligibility was effective as of January 1, 2015.

Also on January 15, 2015, an enrollment confirmation notice was issued confirming you and your spouse's enrollment on January 14, 2015 into a Medicaid Managed Care plan effective February 1, 2015.

On October 23, 2015, a renewal notice was issued stating it was time to renew you and your spouse's health insurance for the next year. The notice stated based on state and federal data sources NYSOH did not have enough information to determine if you still qualified for financial assistance. The notice asked that you update the information in your NYSOH account by December 15, 2015. If you missed this deadline, the financial assistance you were receiving could end.

No updates were made to your account by December 15, 2015.

On December 22, 2015, a disenrollment notice was issued terminating you and your spouse's Medicaid Managed Care plan effective December 31, 2015.

NYSOH received your updated application for financial assistance first on January 9, 2016.

On January 10, 2016, NYSOH issued a notice stating you and your spouse would need to provide more information to determine your eligibility because the income information you provided did not match what NYSOH had obtained from state and federal data sources. You were asked to provide income documentation by January 24, 2016, to confirm the information you provided in your application is accurate.

On February 26, 2016, NYSOH issued an eligibility redetermination notice finding you and your spouse ineligible for help paying medical bills for November 1, 2015 through January 31, 2016. The notice stated this was because the program you were both eligible for cannot pay for any care you received in the past.

NYSOH then received updated applications on March 1, 8, April 7, 8, 29, 30, May 4, and 6, 2016. Each time NYSOH found that you needed to provide additional documentation to confirm your income.

On June 29, 2016, NYSOH issued an eligibility determination notice stating that you and your spouse were eligible for Medicaid for March 1, 2016 through May 31, 2016 because the monthly household income of $2,091.67 is below the allowable monthly income limit of $2,319.00.

On July 7, 2016, you enrolled you and your spouse in a Medicaid Managed Care plan with an effective date of August 1, 2016.

On July 14, 2016, you spoke to NYSOH's Account Review Unit and appealed the fact that you were denied retroactive coverage through Medicaid for the months of January, through February, 2016.

On December 12, 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 household income for January, 2016. Specifically, you were asked to provide your spouse's remaining two paystubs for the month of January, 2016. On December 12, 2016, NYSOH received the remaining two paystubs requested and have been incorporated in the record as (Appellant's Exhibit 1). The record is now closed.

Findings of Fact

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

1) You testified you are seeking insurance for you and your spouse.

2) You testified you would like to be found eligible for Medicaid for the months of January through February 29, 2016.

3) You testified that you expect to file your 2016 federal income tax return as married filing jointly, and claim your one child as a dependent.

4) You were initially found eligible for Medicaid as of June 1, 2016. You testified that you are seeking retroactive Medicaid coverage for the month of January 2016.

5) The record supports NYSOH specifically denied your request for help paying your medical bills for November 1, 2015 through January 31, 2016. The notice stated this was because the program you were eligible for does not allow for cannot pay for any care you received in the past.

6) You provided pay stubs for your spouse in the form of check's dated January 7, 14, 21, and 28, 2016 in the gross amount of $426.13, $542.93, $317.58, and $560.51 respectively (See Appellant's Exhibit 1).

7) You provided pay stubs for your spouse in the form of check's dated February 4, and 11, 2016 in the gross amount of $410.65, and $415.20, respectively. (See Documents [redacted] [redacted]

8) You further provided on April 29, 2016, a detailed profit lost statement for your self-employed business. The statement of business records shows you did not receive any income for the month of January 2016. You testified this was correct (See Document [redacted]

9) Your detailed profit lost statement for your self-employed business shows you received no income in the month of February, 2016 (See Document [redacted]

10) You reside in Putnam County.

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

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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 $20,160.00 for a three-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 and your spouse were not eligible for Medicaid for January 1, through February 29, 2016.

You and your spouse are in a three person household; you file your taxes with a tax filing status of married filing jointly and claim one dependent on your tax return.

You and your spouse were initially found eligible for Medicaid on June 29, 2016, via eligibility determination notice. According to this notice, you and your spouse's coverage with Medicaid began effective June 1, 2016.

You testified that you are seeking to have you and your spouse's Medicaid coverage retroactively applied for the months of January 1, 2016, through February 29, 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.

The record indicates that you submitted multiple applications to NYSOH in January, February, March, and April 2016.

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 January 2016, you and your spouse would have needed to meet the non-financial criteria and have an income no greater than 138% of the Federal Poverty level (FPL), which is $2,319.00 per month. There is no indication in the record that you would have been ineligible for Medicaid based on non-financial criteria during January and February 2016.

You provided pay stubs for your spouse in the form of check's dated January 7, 14, 21, and 28, 2016 in the gross amounts of $426.13, $542.93, $317.58, and $560.51 respectively. (See Appellant's Exhibit 1).

You further provided a detailed profit lost statement for your self-employed business. The statement of business records shows you did not receive any income for the month of January 2016. You testified this was correct (See Document

Therefore, the record indicates that in the month of January 2016, you had a monthly household income of $1,847.15.

Since your income of $1,847.15 was less than the $2,319.00 monthly Medicaid limit for January 2016, the February 26, 2016, eligibility determination stating that you and your spouse were not eligible for Medicaid in the month of January 2016, is incorrect and is RESCINDED.

Since the record now contains a more 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 coverage for January 2016 based on a household size of three people and household income of $1,847.15 for the month of January, 2016.

You testified you are also seeking reimbursement for a medical bill not covered in the month of February, 2016. According to the record you provided in your profit loss statement you received no income that month. You are requested to provide

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any additional pay stubs for your spouse for the month of February, 2016, other than the two you have provided (See Documents [redacted]

Once NYSOH receives any remaining paystubs your spouse received in February, your eligibility for Medicaid for that month will be redetermined based on a three person household in Putnam County.

Decision

The February 26, 2016 eligibility redetermination notice is RESCINDED.

Your case is RETURNED to NYSOH to consider your request for retroactive coverage for January 2016 based on a household size of three people and household income of $1,847.15 for the month of January 2016.

You must provide any additional pay stubs for your spouse for the month of February 2016, other than the two you have provided. Once NYSOH receives any remaining paystubs your spouse received in February, your eligibility for Medicaid for that month will be redetermined.

Effective Date of this Decision: December 23, 2016

How this Decision Affects Your Eligibility

You and your spouse may be eligible for Medicaid for the month of January, 2016.

You and your spouse may be eligible for Medicaid for the month of February, 2016.

This is not a final determination of your eligibility. Your case is sent back to NYSOH to redetermine your eligibility based on the evidence you presented at the hearing.

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 February 26, 2016, eligibility redetermination notice is RESCINDED.

Your case is RETURNED to NYSOH to consider your request for retroactive coverage for January, 2016 based on a household size of three people and household income of $1,847.15 for the month of January, 2016.

You must provide any additional pay stubs for your spouse for the month of February, 2016, other than the two you have provided. Once NYSOH receives any remaining paystubs your spouse received in February, your eligibility for Medicaid for that month will be redetermined.

You and your spouse may be eligible for Medicaid for the month of January, 2016.

You and your spouse may be eligible for Medicaid for the month of February, 2016.

This is not a final determination of your eligibility. Your case is sent back to NYSOH to redetermine your eligibility based on the evidence you presented at the hearing.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

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