



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

Notice of Decision

Decision Date: January 30, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010859

[REDACTED]

Dear [REDACTED],

On January 5, 2017, your Authorized Representative, [REDACTED], appeared by telephone at a hearing on your appeal of NY State of Health's June 17, 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 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: January 30, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010859

[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 not eligible for Medicaid from January 1, 2015 to January 31, 2015?

Procedural History

On April 6, 2015, NYSOH received an application for health insurance, in which you requested to receive help with paying for medical bills during the three-month period prior to your application.

Also on April 6, 2015, NYSOH received an Unemployment Insurance Monetary Benefit Determination letter, dated November 1, 2012, issued to you confirming your unemployment insurance claim against [REDACTED].

On April 9, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid because your household income of \$6,720.00 was at or below the allowable income limit. This eligibility was effective as of April 1, 2015.

On July 14, 2016, NYSOH received (1) a letter from your spouse requesting an appeal of the denial of your eligibility for retroactive Medicaid during the month of January 2015 and (2) various medical bills issued to your spouse reflecting service dates of between January 1, 2015 and January 3, 2015.

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On June 18, 2016, NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid for January 1, 2015 through January 31, 2015 because your monthly household income of \$14,384.92 is over the allowable monthly income limit of \$2,789.00.

On July 30, 2016, NYSOH received an additional letter in support of your appeal regarding the determination issued denying your spouse retroactive Medicaid during the month of January 2015.

On January 5, 2017, your Authorized Representative, [REDACTED], had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and remained open as the Hearing Officer directed you to provide as additional evidence to corroborate your testimony: all earning statements received by your spouse during the month of January 2015 (including the final payment representing her severance from her former employer). The record was to be closed 15 days after the hearing date, or upon the receipt of the above referenced documents, whichever occurred earlier.

On January 13, 2017, your spouse provided to the Appeals Unit through your NYSOH account: (1) an additional letter in support of your appeal regarding the determination issued denying your spouse retroactive Medicaid during the month of January 2015, (2) an earnings statement issued to your spouse by her former employer, [REDACTED], on January 30, 2015, (3) an earnings statement (reflecting your spouse's severance from her former employer) issued on January 30, 2015, (4) a W-2 Employee Wage and Tax Statement for 2015 issued to your spouse by [REDACTED], and (5) a 1099-Misc issued for 2015 reflecting Miscellaneous Income received by your spouse from [REDACTED].

Accordingly, the record was closed on January 13, 2017.

Findings of Fact

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

- 1) Your spouse testified, and your application reflects, that you filed your 2015 federal income tax return as married filing jointly, and claimed your two children as dependents.
- 2) You were initially found eligible for Medicaid as of April 1, 2015. You spouse testified that you are seeking retroactive Medicaid coverage for the month of January 2015.
- 3) Your spouse testified that you have not been employed since your employment with [REDACTED] ended during October 2012.

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- 4) Your spouse testified that she has been the household's sole source of income since October 2012.
- 5) Your spouse testified that she was employed by [REDACTED] until about January 30, 2015, when her position was eliminated due to company restructuring.
- 6) Your spouse testified that she was paid bi-weekly by [REDACTED]. In response to the Hearing Officer's request for all earning statements your spouse received from her former employer during January 2015, your spouse uploaded an earning statement dated January 30, 2015 reflecting a gross pay amount of \$1,442.31, and a separate earning statement January for a gross pay amount of \$17,307.69. Your spouse further testified that the second January 30, 2015 earning statement represented a severance payment made by [REDACTED].
- 7) Your spouse testified, and the documentation you provided on July 14, 2015 reflects, that you were seeking retroactive Medicaid coverage for the month of January 2015 since you had incurred over \$12,000.00 in medical costs between January 1, 2015 and January 3, 2015.
- 8) Your spouse testified that the income you received during January 2015 was allocated for bills and living costs that you incurred during that month and the months following, and that you did not receive the invoices from the hospital until April or May of 2015, which left you in a precarious financial position.

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 2015 FPL, which is \$24,250.00 for a four-person household (80 Federal Register 3236, 3237).

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 from January 1, 2015 to January 31, 2015.

You are in a four-person household; you file your taxes with a tax filing status of married filing jointly, and claim your two children as dependents on your tax return.

You were initially found eligible for Medicaid in the April 9, 2015 eligibility determination notice. According to this notice, your coverage with Medicaid began April 1, 2015.

Your spouse testified that you are seeking to have your Medicaid coverage retroactively applied for January 2015.

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 January 2015, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$2,789.00 per month. There is no indication in the record that you would

have been ineligible for Medicaid based on non-financial criteria during January 2015.

You spouse testified that she was paid bi-weekly by her former employer, [REDACTED]. Your spouse uploaded an earning statement dated January 30, 2015 for a gross pay amount of \$1,442.31. Your spouse also uploaded a separate earning statement dated January 30, 2015 reflecting a gross pay amount of \$17,307.69, which your spouse testified was received in connection with her severance from [REDACTED]. While the record reflects there was at least one additional earning statement received by you on or about January 16, 2015, which was not provided by your spouse, we find there is sufficient information in the record that your household income during the month of January 2015 was at least \$18,750.00.

Since your income of \$18,750.00 was more than the \$2,789.00 monthly Medicaid limit for January 2015, NYSOH properly determined that you were not eligible for Medicaid coverage during that month. Therefore, the June 18, 2016 eligibility determination notice stating that you were not eligible for retroactive Medicaid in the month of January 2015, is correct and is AFFIRMED.

Decision

The June 18, 2016 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: January 30, 2017

How this Decision Affects Your Eligibility

Your Medicaid coverage began effective April 1, 2015.

You are not eligible for retroactive Medicaid coverage during the month of January 2015.

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

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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
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- By fax: 1-855-900-5557

Summary

The June 18, 2016 eligibility determination notice is AFFIRMED.

Your Medicaid coverage began effective April 1, 2015.

You are not eligible for retroactive Medicaid coverage during the month of January 2015.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545.

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A Copy of this Decision Has Been Provided To:

