



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

Notice of Decision

Decision Date: January 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011013



Dear [REDACTED],

On December 27, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's July 19, 2016 eligibility determination.

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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Issue

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

Did New York State of Health (NYSOH) properly determine that you were not eligible for retroactive Medicaid coverage for the month of June 2016?

Procedural History

On July 7, 2016, and July 8, 2016, you submitted financial assistance applications through NYSOH.

On July 8, 2016, and July 9, 2016, NYSOH issued notices stating that you may be eligible for health insurance but more information was needed to confirm your eligibility. The notice directed you to submit proof of income by July 22, 2016, to confirm your eligibility.

On July 12, 2016, income and employment documentation was uploaded to your NYSOH account ([REDACTED]).

On July 19, 2016, NYSOH issued two notices:

- (a) An eligibility determination notice stating that you were eligible for Medicaid effective as of July 1, 2016;
- (b) An eligibility determination notice stating that you were not eligible for Medicaid for April 1, 2016 through June 30, 2016 because your household income was over the allowable monthly income limit.

On July 22, 2016, you spoke to NYSOH Account Review Unit and requested an appeal insofar as your eligibility for Medicaid for the period of June 1, 2016 through June 30, 2016.

On December 27, 2016, you had a scheduled telephone hearing with a Hearing Officer from the Appeals Unit of NYSOH. Your testimony was taken during the hearing, and the record was left open until December 29, 2016, to allow you to submit your earnings statements for the month of June 2016.

On December 27, 2016, a five-page fax was received by NYSOH Appeals Unit. That fax has been marked as "Appellant Exhibit A" and has been incorporated into the record. 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. You testified that you expect to file a 2016 federal income tax return, with the tax status of single, and claim no dependents on that tax return.
3. On July 19, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective July 1, 2016.
4. According to your NYSOH account, you indicated that you wanted help paying for medical bills for the last 3 months.
5. You testified and your NYSOH account reflects that you were employed at [REDACTED] in June 2016.
6. You testified that you were injured on June 17, 2016, and that was your last day of employment.
7. On December 27, 2016, you submitted earnings statements from your employer to the NYSOH Appeals Unit. You were issued:
 - (a) \$666.00 in gross earnings on June 1, 2016 ([REDACTED]);
 - (b) \$684.00 in gross earnings on June 6, 2016 ([REDACTED]);
 - (c) \$720.00 in gross earnings on June 14, 2016 ([REDACTED]);
 - (d) \$720.00 in gross earnings on June 22, 2016 ([REDACTED]);

(Appellant Exhibit A pgs. 2-5).

8. You testified that you want to be found eligible for retroactive Medicaid for June 2016 to cover the medical expenses that you incurred in that month.

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

Applicable Law and Regulations

Medicaid:

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:

NYSOH 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 they had applied (42 CFR 435.915(a)). NYSOH 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 you are eligible for retroactive Medicaid coverage for the month of June 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

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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 supports that you were found eligible for Medicaid effective July 1, 2016, and it was indicated in your account 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 dates of your applications, 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 December 27, 2016, you submitted earnings statements from your employer to the NYSOH Appeals Unit. That documentation demonstrates that you were issued (\$666.00 (+) \$684.00 (+) \$720.00 (+) \$720.00) at least \$2,790.00 in gross earnings in June 2016.

Since you were issued \$2,790.00 in gross earnings in the month of June 2016. NYSOH properly determined that you were not eligible for Medicaid coverage for the month of June 2016.

Therefore, the July 19, 2016 eligibility determination is AFFIRMED insofar as determining you not eligible for Medicaid for the month of June 2016.

Decision

The July 19, 2016 eligibility determination is AFFIRMED.

Effective Date of this Decision: January 27, 2017

How this Decision Affects Your Eligibility

You were not eligible for Medicaid June 1, 2016 through June 30, 2016.

If You Disagree with this Decision (Appeal Rights)

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).

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 July 19, 2016 eligibility determination is AFFIRMED.

You were not eligible for Medicaid June 1, 2016 through June 30, 2016.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

