



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

## Notice of Decision

Decision Date: February 23, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011124

[REDACTED]

Dear [REDACTED]

On December 28, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health's July 20, 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

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).

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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## Decision

Decision Date: February 23, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011124



## 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 retroactive Medicaid coverage for the period from April 1, 2016 to June 30, 2016?

## Procedural History

You first requested assistance in paying medical bills for the three months preceding the application, in your application submitted on May 24, 2016.

On June 1, 2016, June 15, 2016, July 2, 2016, and again on July 15, 2016, NYSOH issued notices stating that documentation regarding your income was needed before a determination could be made regarding your eligibility.

Attachments were included with multiple notices that explained what documentation was needed.

On July 19, 2016 NYSOH redetermined your eligibility.

On July 20, 2016 NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective July 1, 2016.

In a second notice issued on July 20, 2016, NYSOH determined that you were not eligible for retroactive Medicaid coverage for the period from April 1, 2016 to

June 30, 2016 because the monthly household income of \$1,401.22 was over the allowable monthly income limit of \$1,367.00.

On July 28, 2016, you spoke to NYSOH's Account Review Unit and appealed that eligibility determination notice insofar as it denied retroactive Medicaid for April 1, 2016 through June 30, 2016.

On December 28, 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 income from April, May, and June 2016; specifically, the Hearing Officer directed you to submit copies of your paystubs from April and May 2016 and documentation showing the dates and amounts of payments received by you for unemployment insurance benefits.

On January 1, 2017 you uploaded copies of ten receipts and records of payments for prescription medications and medical services rendered; copies of paystubs with paydates of May 17, 2016, April 20, 2016, April 15, 2016, April 14, 2016, April 6, 2016, April 5, 2016 and April 1, 2016. On January 6, 2017 you uploaded a copy of a [REDACTED] statement reflecting payments received by you on June 3, 2016, June 9, 2016, June 15, 2016, June 22, 2016 and June 29, 2016. The documentation was marked as Appellant's Exhibit #1 and was incorporated into the record. The record is now closed.

## **Findings of Fact**

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

- 1) The application submitted on May 24, 2016 listed an expected annual income of \$19,684.27, which include both earned income and unemployment benefits. The application stated that your average monthly income was the same as your current monthly income at that time.
- 2) You submitted some documentation on May 26, 2016, but it was insufficient for NYSOH to make an eligibility determination because it did not specifically and fully document actual earnings.
- 3) On June 10, 2016 you submitted an "Unemployment Insurance Monetary Benefit Determination" notice, which is not one of the forms identified as sufficient to document income.
- 4) On July 13, 2016 you uploaded page one of four from your unemployment insurance account, which documented only a single payment of \$261.00 released to you on June 21, 2016.

- 5) The application dated July 19, 2016 listed an expected annual income of \$16,814.61. The application also stated that your average monthly income was not the same as the current month.
- 6) The income details of your NYSOH account indicate that the “system calculated” monthly income in your July 19, 2016 application was determined to be \$1,401.22.
- 7) You testified that you expect to file your 2016 federal income tax return as single, and claim one dependent.
- 8) You were found eligible for Medicaid as of July 1, 2016. You testified that you are seeking retroactive Medicaid coverage for the period from April 1, 2016 to June 30, 2016.
- 9) Your testimony was vague insofar as you did not know the amount of your employment income in April 2016 or May 2016.
- 10) You provided supporting documentation consisting of paystubs with pay dates dated April 1, 2016 in the amount of \$170.80, April 5, 2016 in the amount of \$516.40, April 6, 2016 in the amount of \$170.80, April 14, 2016 in the amount of \$148.47, April 15, 2016 in the amount of \$49.11 and April 20, 2016 in the amount of \$503.49. The paystub dated April 20, 2016 indicated that your gross earnings year-to-date were \$12,401.89.
- 11) You testified that you had employment income in May 2016 before becoming unemployed. You were unable to recall any pay dates or gross earnings amounts you received in May 2016.
- 12) You provided supporting documentation consisting of a single paystub with a pay date of May 17, 2016 in the amount of \$516.40. The paystub indicated that your gross earnings year-to-date were \$13,767.72.
- 13) Your testimony was vague insofar as you did not know when you began collecting unemployment insurance benefits or the payment amounts that were released to you.
- 14) You provided supporting documentation consisting of a [REDACTED] statement reflecting payments received by you on June 3, 2016 in the amount of \$228.38, June 9, 2016 in the amount of \$228.38, June 15, 2016 in the amount of \$228.38, June 22, 2016 in the amount of \$228.38 and June 29, 2016 in the amount of \$228.38.

- 15) You testified that you are seeking Medicaid coverage for the months of April 2016, May 2016 and June 2016 because you incurred medical bills during these months.

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 \$16,395.00 for a one-person household (81 Federal Regulation 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 retroactive Medicaid coverage during April 1, 2016 through June 30, 2016.

You are in a one-person household; you file your taxes with a tax filing status of single and claim one dependent on your tax return.

You were initially found eligible for Medicaid in the July 20, 2016 eligibility determination notice. According to this notice, your coverage with Medicaid began July 1, 2016.

You testified that you are seeking to have your Medicaid coverage retroactively applied for April 1, 2016 through June 30, 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.

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 April 2016, May 2016, or June 2016, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,367.00 per month. There is no indication in the record that you would have been ineligible for Medicaid based on non-financial criteria during April 1, 2016 through June 30, 2016.

Your application for financial assistance dated July 19, 2016 listed an expected annual household income of \$16,814.61 and stated that your average monthly income was not the same as the current month. As a result, the income details of your NYSOH account state that the "system calculated" monthly income in your June 19, 2016 application was determined to be \$1,401.22. On July 20, 2016, NYSOH issued a notice stating that you were not eligible for Medicaid in April 2016, May 2016, or June 2016 because the monthly household income of \$1,401.22 was over the allowable monthly income limit of \$1,367.00.

Regarding your gross earnings in April 2016, your testimony was vague insofar as you could not recall any pay dates or gross earnings for that month. You provided supporting documentation consisting of paystubs with pay dates dated April 1, 2016 in the amount of \$170.80, April 5, 2016 in the amount of \$516.40, April 6, 2016 in the amount of \$170.80, April 14, 2016 in the amount of \$148.47, April 15, 2016 in the amount of \$49.11 and April 20, 2016 in the amount of \$503.49. The paystub dated April 20, 2016 indicated that your gross earnings year-to-date was \$12,401.89.

Regarding your gross earnings in May 2016, your testimony was equally vague as you were unable to recall any pay dates or gross earnings for that month. You provided supporting documentation consisting of a single pay stub with a pay date of May 17, 2016 in the amount of \$516.40 as your only income for May 2016. The paystub dated May 17, 2016 indicated that your gross earnings year-

to-date amount was \$13,767.72. Your gross earnings in May 2016 (\$13,767.72) minus your earnings from May 17, 2016 (\$516.40) resulted in a gross earnings of \$13,251.32. The paystub dated April 20, 2016 indicated that your gross earnings year-to-date was \$12,401.89. Therefore, the amount of gross earnings between April 20, 2016 and May 17, 2016 that was not documented by you was at least \$849.43; there is no evidence at all as to when in May your employment and earnings ended.

There is no testimony or documentation explaining when these additional gross earnings were actually earned by you, and it is impossible to determine whether this additional income was earned in April or May. Therefore, there is insufficient evidence to determine your monthly income for either April 2016 or May 2016.

Your testimony regarding your June 2016 gross income was equally vague insofar as you did not recall when you began collecting unemployment insurance benefits or the amounts that were released to you. You testified only that you became unemployed in May 2016 and began collecting unemployment insurance benefits in June 2016. On July 13, 2016 you uploaded only one page of four from your unemployment insurance account, which documented only a single payment of \$261.00 released to you on June 21, 2016. There is no way to determine from the evidence you submitted whether that was the only unemployment insurance benefit payment made to you in June 2016 because you did not submit the complete document.

You provided supporting documentation consisting of a [REDACTED] statement of payments received by you on June 3, 2016 in the amount of \$228.38, June 9, 2016 in the amount of \$228.38, June 15, 2016 in the amount of \$228.38, June 22, 2016 in the amount of \$228.38 and June 29, 2016 in the amount of \$228.38.

According to the documentation provided by you, an unemployment insurance benefit payment in the amount of \$261.00 was received by you on June 21, 2016. This \$261.00 payment is inconsistent with the unemployment insurance payment amounts (\$228.38), you claim were received by you on June 3, 2016, June 9, 2016, June 15, 2016, June 22, 2016 and June 29, 2016.

In addition, the date of the \$261.00 unemployment insurance payment (June 21, 2016) is inconsistent with the dates of the unemployment insurance payments you allege were received by you on June 15, 2016 & June 22, 2016. Therefore, based on the documentation you provided, there is insufficient evidence to determine your income for the month of June 2016.

Since you have not submitted complete documentation of your income for the months of April 2016, May 2016, and June 2016, there is no basis for reconsidering whether you were eligible for retroactive Medicaid benefits for those months.



The July 20, 2016 eligibility determination stating that you were not eligible for retroactive Medicaid coverage in the months April 2016, May 2016 and June 2016 is AFFIRMED.

## **Decision**

The July 20, 2016 eligibility determination notice is AFFIRMED.

**Effective Date of this Decision:** February 23, 2017

## **How this Decision Affects Your Eligibility**

You were not eligible for Medicaid in the months of April 2016, May 2016 and June 2016, based on information available in the record.

## **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:

- 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 20, 2016 eligibility determination notice is AFFIRMED.

You were not eligible for Medicaid in the months of April 2016, May 2016 and June 2016, based on information available in the record.

## **Legal Authority**

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

**A Copy of this Decision Has Been Provided To:**

