

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

Notice of Decision

Decision Date: January 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011201

[REDACTED]

[REDACTED],

On November 29, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's July 23, 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 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: January 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011201

[REDACTED]

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 for May 1, 2016 through June 30, 2016?

Procedural History

On June 16, 2016, NYSOH received (1) a letter issued by [REDACTED], dated June 1, 2016, reflecting that your employment ended on May 13, 2016, and (2) a letter issued by you, stating that you made \$8926.95 from January 1, 2016 to May 14, 2016.

On June 23, 2016, NYSOH received (1) a letter issued by [REDACTED] stating that your part time employment was 10 hours per week at \$9.00 per hour and (2) an earning statement issued by [REDACTED], of which [REDACTED] is a subsidiary, on June 17, 2016.

On July 19, 2016, NYSOH received an updated application for health insurance, in which you attested that you wanted help paying for medical bills during the last three months; in particular, during the months of May and June 2016.

On July 20, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan for a limited time because your household income of \$20,426.00 was at or below the allowable income limit for that program. This eligibility was effective as of September 1, 2016.

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Also on July 20, 2016, NYSOH issued an enrollment notice confirming your selection of an Essential Plan as of July 19, 2016. The notice stated that your Essential Plan coverage would begin effective August 1, 2016.

On July 23, 2016, NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid for May 1, 2016 through June 30, 2016 because the program you are eligible for cannot pay for any care you received in the past.

On August 1, 2016, you spoke to NYSOH's Account Review Unit and appealed the June 23, 2016 eligibility determination notice insofar as it denied you retroactive Medicaid for May 1, 2016 through June 30, 2016.

On November 29, 2016, you 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: (1) a letter issued by [REDACTED] stating income received by you during the months of May and June 2016, separately, (2) earning statements received from [REDACTED] during the months of June and July 2016, and (3) the first earning statement issued to you by [REDACTED] to reflect that you receive no income during months of May and June 2016. The record was to be closed 15 days after the hearing date, or upon the receipt of the above referenced documents, whichever occurred earlier. No additional documents were received from you by December 14, 2016.

Therefore, the record was closed on December 14, 2016.

Findings of Fact

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

- 1) You testified that you expect to file your 2016 federal income tax return as single, and would claim no dependents on that return.
- 2) You were found eligible for the Essential Plan as of July 19, 2016, with coverage beginning August 1, 2016. You testified that you are seeking retroactive Medicaid coverage for the months of May and June 2016.
- 3) Your account reflects that you were paid a total of \$8,926.00 by your former employer, [REDACTED], between January 1, 2016 and May 14, 2016.
- 4) Your account reflects that you were paid a total of \$500.00 by [REDACTED] between May 25, 2016 and June 15, 2016.

- 5) Your account reflects that you expect to receive \$11,000.00 in earned income from your current employer, [REDACTED], between June 27, 2016 and December 31, 2016. You testified that you did not receive your first earning statements from [REDACTED] until July of 2016.
- 6) You testified that you are seeking health insurance coverage for the months of May and June 2016 due to out-of-pocket medical expenses you incurred during that period.

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)), NY Social Services 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 Federal Register 4036).

Retroactive Medicaid

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of an initial 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 USCA § 1396A(34); 42 CFR § 435.915(a)). The Department of Health may make eligibility effective for fee-for-service Medicaid

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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 May 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 no dependent on your tax return.

The record reflects that you submitted your application on July 19, 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, it does not matter whether or not that 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 initial 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 during the months of May and June 2016, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the FPL for a one-person household, which was \$1,366.00 per month in 2016. There is no indication in the record that you would have been ineligible for Medicaid based on non-financial criteria during the months of May and June 2016.

During the hearing, the Hearing Officer directed you to provide (1) a letter issued by [REDACTED] stating income received by you during the months of May and June 2016, separately, (2) earning statements received from [REDACTED] during the months of June and July 2016, and (3) the first earning statement issued to you by [REDACTED] to reflect that you receive no income during months of May and June 2016. The record reflects that you did not provide any documents to the NYSOH Appeals Unit prior to the record closing on December 14, 2016.

Since the requested documentation was not provided by you, we are unable to assess your eligibility for retroactive Medicaid on a monthly basis during the months of May and June 2016.

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Therefore, the July 23, 2016 eligibility determination notice stating that you were not eligible for retroactive Medicaid is **AFFIRMED** on the basis of you not having provided sufficient documentation to support your request, rather than because the program you are eligible for cannot pay for any care you received in the past.

Decision

The July 23, 2016 eligibility determination notice is **AFFIRMED**.

Effective Date of this Decision: January 12, 2017

How this Decision Affects Your Eligibility

You are not eligible for Medicaid during the months of May and June 2016.

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:
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- By fax: 1-855-900-5557

Summary

The July 23, 2016 eligibility determination notice is AFFIRMED.

You are not eligible for Medicaid during the months of May and June 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

