

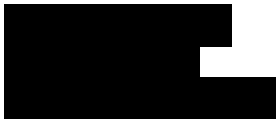


STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: January 30, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011277



Dear [REDACTED],

On December 29, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's July 29, 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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Decision

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NY State of Health Account ID: [REDACTED]
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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 June 2016?

Procedural History

On July 20, 2016, NYSOH received an application for health insurance. In that application, you requested help with paying medical bills for the three-month period prior to your application.

On July 21, 2016, NYSOH issued a notice stating that you might be eligible for health insurance through NYSOH; however, more information was required to make a determination on your eligibility. The notice directed you to provide income documentation by August 4, 2016, to confirm that the information contained in your application was accurate.

On July 22, 2016, NYSOH received (1) an Unemployment Insurance Monetary Benefit Determination letter issued to you by NYS Department of Labor on July 12, 2016 and (2) four earnings statements issued to your spouse by his employer, [REDACTED], between [REDACTED] and [REDACTED].

On July 28, 2016, NYSOH reran your eligibility based on the information contained in your account as of July 28, 2016.

On July 29, 2016, NYSOH issued a notice of eligibility determination notice. The notice stated that you were eligible for Medicaid because your household income of \$17,850.48 was at or below the allowable income limit for that program. This eligibility was effective as of July 1, 2016.

Also on July 29, 2016, NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid from June 1, 2016 through June 30, 2016 because your household income of \$2,645.79 for that month was over the allowable monthly income limit of \$2,319.00

On August 4, 2016, you spoke to NYSOH's Account Review Unit and appealed that eligibility determination notice insofar as you were denied retroactive Medicaid for the month of June 2016.

On December 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) all earnings statements issued to you by your former employer during month of June 2016, and (2) all earnings statements issued to your spouse by his former employer reflecting his gross income during month of June 2016, with the exception of the June 30, 2016 earning statement. 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 January 13, 2017.

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

Findings of Fact

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

- 1) You testified that you expect to file your 2016 federal income tax return as married filing jointly, and claim your oldest child as a dependent, who you indicated has special needs.
- 2) You further testified that your youngest daughter would be filing her own taxes for 2016.
- 3) You testified that your brother, [REDACTED], lived with you for a four-month period during 2016, for the trapping season. You further testified that he would also be filing his own taxes.
- 4) You were found eligible for Medicaid as of July 28, 2016. You testified that you are seeking retroactive Medicaid coverage for the month of June 2016.

- 5) You testified that you were paid weekly by your employer, [REDACTED], until the end of your employment on [REDACTED].
- 6) You testified that your spouse is paid weekly by his employer, [REDACTED] until the end of his employment on [REDACTED]. You uploaded a paystub dated June 30, 2016 reflecting that he was paid a gross amount of \$860.44.
- 7) You testified that you were seeking Medicaid coverage for the month of June 2016 since you incurred medical bills that month without the benefit of an insurance plan.
- 8) At the hearing, the Hearing Officer requested that you provide to NYSOH Appeals Unit the remaining earnings statements issued to your spouse during June 2016, which would have been received by him on June 2, 2016, June 9, 2016, June 16, 2016 and June 23, 2016.
- 9) At the hearing, the Hearing Officer requested that you provide to NYSOH Appeals Unit all earnings statements issued to you during June 2016 by your employer.
- 10) No additional documentation was provided by you prior to the record closing on January 13, 2017.

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 \$20,160.00 for a three-person household (81 Federal Register 4036).

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).

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 for June 2016.

You are in a three-person household; you file your taxes with a tax filing status of married filing jointly and intend to claim your oldest child as a dependent on your tax return. Your youngest child and your brother are properly not included within your household since they each intend to file their own tax return.

You were initially found eligible for Medicaid in the July 29, 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 the month of June 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 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 \$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 June 2016.

You testified that you and your spouse were paid weekly by your respective former employers. You uploaded a single earning statement issued to your spouse dated June 30, 2016, for a gross pay amount of \$860.44. However, the record reflects that you provided neither the four remaining earnings statements issued to your spouse by his employer during June 2016, nor any earnings statements issued to you by your employer during June 2016 prior to the record closing on January 13, 2017.

Since you did not provide the necessary documentation to confirm your household earnings during the month of June 2016, we are unable to assess your eligibility for retroactive Medicaid during the month June 2016. Therefore, the July 29, 2016 eligibility determination notice stating that you were not eligible for retroactive Medicaid in the month of June 2016, is correct and is AFFIRMED.

Decision

The June 29, 2016 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: January 30, 2017

How this Decision Affects Your Eligibility

You are not eligible for retroactive Medicaid in the month of June 2016.

Your eligibility for Medicaid was effective as of July 1, 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 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).

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 June 29, 2016 eligibility determination notice is AFFIRMED.

You are not eligible for retroactive Medicaid in the month of June 2016.

Your eligibility for Medicaid was effective as of July 1, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

