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

Notice of Decision

Decision Date: March 31, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000011463

[redacted]

Dear [redacted]

On March 1, 2017, you appeared by telephone at a hearing on your appeal of the September 1, 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: March 31, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000011463

[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 the months of June and July 2016?

Procedural History

On July 15, 2015, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective July 1, 2015. That same day, your enrollment into a Medicaid Managed Care plan, beginning August 1, 2015, was also confirmed.

On May 4, 2016, NYSOH issued a renewal notice. The notice stated that, based on information available from state and federal data sources, NYSOH could not make a determination as to your eligibility for financial assistance with paying for your health insurance. The notice stated that you needed to update your application between May 16, 2016 and June 15, 2016, or the financial assistance you were currently receiving might end.

No updates were made to your account by June 15, 2016.

On June 17, 2016, NYSOH issued a notice stating that you were not qualified to enroll in coverage through NYSOH because you did not respond to the renewal notice and did not complete your renewal within the required timeframe. Your eligibility ended effective June 30, 2016.

Also on June 17, 2016, NYSOH issued a disenrollment notice stating that your enrollment in your Medicaid Managed Care plan ended effective June 30, 2016.

On June 28, 2016, you updated your application for health insurance.

On June 29, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan, effective August 1, 2016.

That same day, NYSOH also issued a notice of enrollment confirmation, confirming your enrollment in an Essential Plan 1, with a plan start date of August 1, 2016.

On July 5, 2016, you updated your NYSOH application again.

On July 6, 2016, NYSOH issued a notice stating that your July 5, 2016 application had been reviewed, but that more information was needed to make a determination as to your eligibility for health insurance. The notice directed you to provide documentation of income for yourself and your daughter by July 20, 2016.

Also on July 6, 2016, NYSOH issued a disenrollment notice stating that your enrollment in an Essential Plan 1 was terminated, effective August 1, 2016.

On July 14, 2016, documentation was faxed to NYSOH on your behalf, and it was uploaded to your NYSOH account on July 15, 2016.

On July 29, 2016, you updated your NYSOH application again.

On July 30, 2016, NYSOH issued a notice stating that your July 29, 2016 application had been reviewed, but that more information was needed to make a determination as to your eligibility for health insurance. The notice directed you to submit documentation of your income by August 13, 2016.

On August 2, 2016, documentation was uploaded to your NYSOH account.

On August 9, 2016, NYSOH issued a notice stating that you were eligible to enroll in the Essential Plan, effective September 1, 2016.

On August 15, 2016, you spoke to NYSOH's Account Review Unit and appealed that eligibility determination notice, insofar as your eligibility began on September 1, 2016, and not August 1, 2016.

On August 16, 2016, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an Essential Plan 1, effective September 1, 2016.

On August 24, 2016, you faxed documentation to NYSOH that was uploaded to your account on August 25, 2016.

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

On September 7, 2016, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in a Medicaid Managed Care plan, with a plan start date of October 1, 2016.

On March 1, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, the issue was modified to reflect that you were now appealing to have Medicaid coverage in the months of June and July 2016. The record was developed during the hearing held open up to March 16, 2017 to allow you to submit supporting documents.

On March 2, 2017, NYSOH received documentation. No other documentation was received by the close of March 16, 2017. The record is now closed.

Findings of Fact

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

1) You testified that you are seeking Medicaid from June 1, 2016 through July 31, 2016.

2) Your NYSOH account reflects that there were three people in your household at the time when you updated your application in June 2016.

3) Your applications in June, July, and August 2016 reflect that you expect to file your 2016 tax return as head of household with qualifying individual, and to claim two dependents on that tax return.

4) You first updated your application for financial assistance on June 28, 2016.

5) You testified that you did not receive the May 4, 2016 renewal notice, but that you called to update your application because your son was temporarily moving out of your household.

6) Your NYSOH account reflects that you were initially found eligible for the Essential Plan as of August 1, 2016.

7) You testified that the NYSOH representatives kept "screwing up" your income information, which caused you not to be eligible for Medicaid.

8) You testified that you work approximately 40 hours per week for $11.00 an hour with [redacted] You testified that this is a [redacted] position, so your hours vary.

9) On July 14, 2016, you faxed four paystubs to NYSOH for the following pay dates and gross earnings:

   a. June 17, 2016: $675.00;
   b. June 24, 2016: $695.00;
   c. July 1, 2016: $710.00;
   d. July 8, 2016: $710.00

   (Document [redacted]).

10) On August 2, 2016, you uploaded more documentation to NYSOH, including the following new paystubs:
   a. July 15, 2016: $710.00;
   b. July 22, 2016 $695.00;
   c. July 29, 2016: $710.00

   (Document [redacted]).

11) After the hearing, you faxed a two-page document to NYSOH, consisting of the following two paystubs:
   a. June 10, 2016: $429.00;
   b. June 17, 2016: $675.00.

   These documents are collectively marked and entered into the record as "Appellant's Exhibit One."

12) Your NYSOH applications from June, July, and August 2016 reflect that neither of your children have separate income, and that neither of them will be filing a tax return.

13) You testified that you are looking for Medicaid coverage for the months of June and July 2016 because you have outstanding medical bills from those two months, and you believe you should have been Medicaid eligible at that time.

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 can be provided through NYSOH 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), 42 CFR § 435.911(b)(1), 42 CFR § 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 Regulations 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 USC § 1396A(34); 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 you were eligible for Medicaid in the months of June and July 2016.

With regard to the month of June 2016, your NYSOH account reflects that you were enrolled in your previous coverage through Medicaid and your HealthPlus Medicaid Managed Care plan until June 30, 2016. The eligibility determination and disenrollment notices of June 17, 2016 confirm this. Therefore, there is no reason to re-examine your Medicaid eligibility for that month, as you had active Medicaid and Medicaid Managed Care plan coverage.

The remaining issue, then, is whether you were eligible for Medicaid in the month of July 2016.

You are in a three-person household; you file your taxes with a tax filing status of head of household, and claim two dependents on your tax return.

You submitted an application for financial assistance on July 5, 2016 and July 29, 2016. On September 1, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective August 1, 2016.

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 in July 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 any non-financial criteria during July 2016.

You submitted five paystubs for pay you received in the month of July 2016. Four of them were for gross earnings of $710.00 each, and one was for gross earnings of $695.00. Therefore, the record indicates that, in the month of July 2016, you had a monthly household income of $3,535.00.

Since your income of $3,535.00 was more than the $2,319.00 monthly Medicaid limit for July 2016, you would not have been eligible for Medicaid in the month of July 2016, based on your household income. Therefore, there is no reason to return your case to NYSOH for a determination of your Medicaid eligibility in the month of July 2016.

Decision

You had Medicaid and Medicaid Managed Care coverage in the month of June 2016, so there is no reason for NYSOH to re-examine your eligibility for that month.

You were over the Medicaid monthly income limit for your household size in the month of July 2016, so there is no reason to return your case to NYSOH to further evaluate your Medicaid eligibility for that month.

The September 1, 2016 eligibility determination notice beginning your eligibility for Medicaid coverage as of August 1, 2016 is AFFIRMED.

Effective Date of this Decision: March 31, 2017

How this Decision Affects Your Eligibility

You had active Medicaid and HealthPlus Medicaid Managed Care plan coverage in the month of June 2016, so your eligibility for coverage in that month is not at issue.

If you have unpaid medical bills for the month of June 2016, you should contact NYSOH's customer service line, or contact your former Medicaid Managed Care plan.

Your income in the month of July 2016 was over the monthly Medicaid income limit for your household size, so there is no basis for returning your case to NYSOH for a determination of your Medicaid eligibility in that month.

Your eligibility for Medicaid was effective August 1, 2016.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:

  Health Insurance Marketplace
  Attn: Appeals
  465 Industrial Blvd.
  London, KY 40750-0061

- By fax: 1-877-369-0129

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):

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- 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

You had Medicaid and Medicaid Managed Care coverage in the month of June 2016, so there is no reason for NYSOH to re-examine your eligibility for that month.

If you have unpaid medical bills for the month of June 2016, you should contact NYSOH's customer service line, or contact your former Medicaid Managed Care plan.

You were over the Medicaid monthly income limit for your household size in the month of July 2016, so there is no reason to return your case to NYSOH to further evaluate your Medicaid eligibility for that month.

The September 1, 2016 eligibility determination notice beginning your eligibility for Medicaid coverage as of August 1, 2016 is AFFIRMED.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[redacted]

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).

Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。 如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您免费提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجانًا.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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).

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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