



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: AP000000011487

[REDACTED]

Dear [REDACTED],

On January 23, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 29, 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

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 30, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000011487

[REDACTED]

## Issue

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

Did NY State of Health properly determine that you were not eligible for help paying for your medical bills from April 1, 2016 through April 30, 2016?

## Procedural History

On December 9, 2015, an eligibility determination notice was issued based on your December 8, 2015 application for financial assistance finding you eligible to receive advance premium tax credits up to \$206.00 per month effective January 1, 2016.

On January 21, 2016, an enrollment confirmation notice was issued confirming your enrollment on January 20, 2016 in a Bronze level qualified health plan effective January 1, 2016.

On March 30, 2016, NYSOH received your updated application for financial assistance.

On March 31, 2016, a disenrollment notice was issued terminating your Bronze level qualified health plan effective April 30, 2016.

On May 23, 2016, NYSOH received your updated application for financial assistance.

On May 24, 2016, an eligibility determination notice was issued based on your May 23, 2016 application stating that you were conditionally eligible to receive up to \$250.00 in advance premium tax credits, effective July 1, 2016. This was conditioned on you submitting income documentation to confirm your household's income.

Also on March 31, 2016, an enrollment confirmation notice was issued confirming your enrollment in the Essential Plan 2 with \$0.00 premium effective May 1, 2016.

On June 29, 2016, NYSOH issued an eligibility determination notice stating that you were not eligible for help paying your medical bills for April 1, 2016 through April 30, 2016 because the program you are eligible for cannot pay for any care you received in the past.

On August 16, 2016, you spoke to NYSOH's Account Review Unit and appealed that eligibility determination notice insofar as it denied help paying for medical bills for the month of April 2016.

On January 23, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the proceeding.

## **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 single, and claim no dependents.
- 2) You testified that you are seeking retroactive Medicaid coverage for the month of April, 2016.
- 3) The record supports you were enrolled in a Bronze level qualified health plan until April 30, 2016. It is unclear from the record whether premium payments were made for this month of coverage to your health plan.
- 4) An incident filed on August 16, 2016 stating you were denied retroactive coverage through Medicaid, due to a subscriber agreement you would have to provide 15 days' notice to terminate your current health plan. As a result, your qualified health plan was showing an end date of April 30, 2016 (See [REDACTED]).
- 5) You testified you lost your employment in March, 2016.

- 6) On November 30, 2016 you uploaded documentation showing your official record of unemployment benefit payments. The third page of the document shows disbursement dates of April 4, 11, 18, 25, 2016 in the amount of \$262.50, \$350.00, \$350.00, and \$350.00 respectively (See [REDACTED]).
- 7) You testified your unemployment benefits were the only income you received in April, 2016.
- 8) You testified you incurred medical costs in the month of April, 2016 in Florida for which you have outstanding medical bills you would like covered.
- 9) You testified you are not sure how much in medical bills you incurred.
- 10) You reside in [REDACTED].

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); N.Y. Soc. Serv. 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 \$11,880.00 for a one-person household (81 Fed. Reg. 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)).

### Valid Appeal Requests

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination (45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that you were not eligible for help paying for your medical bills for April 1, 2016 through April 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.

You testified that you are seeking to be found eligible for Medicaid for the month of April, 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, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the 2016 FPL, which is \$1,367.00 per month.

As a result of being requested to provide income documentation you uploaded documentation to your NYSOH account on November 30, 2016. The document shows your official record of unemployment benefit payments. The third page of

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the document shows disbursement dates of April 4, 11, 18, 25, 2016 in the amount of \$262.50, \$350.00, \$350.00, and \$350.00 respectively (See [REDACTED]).

Therefore, the record indicates that in the month of April, 2016, you had a monthly household income of \$1,312.50.

Since your income of \$1,312.50 was less than the \$1,367.00, monthly Medicaid limit for April, 2016, you would be financially eligible for Medicaid for the month of April, 2016.

As a result, the June 29, 2016 eligibility determination is RESCINDED.

Your case is RETURNED to NYSOH to consider your request for retroactive coverage for Medicaid for April, 2016 based on a household size of one, a household income of \$1,312.50 for the month of April, 2017, and residing in Ulster County.

The record supports you were enrolled in a Bronze level qualified health plan effective January 1, 2016. Your NYSOH account shows the end date of this coverage to be April 30, 2016. During your hearing it was unclear if premium payments were made to your health plan for the month of April, 2016.

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by the Exchange to provide timely notice of an eligibility determination ; and (5) a denial of a request for a special enrollment period.

If you were enrolled in a qualified health plan during the month of April, 2016 when you incurred your medical bills, NYSOH Appeals Unit does not have the authority to hear coverage issues related to health plans services.

However, we will RETURN your case to NYSOH to investigate if your Bronze level qualified health plan was in effect for the month of April 2016.

## **Decision**

The June 29, 2016 eligibility determination is RESCINDED.

Your case is RETURNED to NYSOH to consider your request for retroactive coverage for Medicaid for April, 2016 based on a household size of one, a

household income of \$1,312.50 for the month of April, 2017, and residing in Ulster County.

Your case is RETURNED to NYSOH to investigate if your Bronze level qualified health plan was in effect for the month of April, 2016.

**Effective Date of this Decision:** January 30, 2017

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

This is not a final determination of your eligibility. Your case is sent back to NYSOH to redetermine your eligibility based on the evidence you presented at the hearing.

### **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

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- By mail at:  
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## **Summary**

The June 29, 2016 eligibility determination is **RESCINDED**.

Your case is **RETURNED** to NYSOH to consider your request for retroactive coverage for Medicaid for April, 2016 based on a household size of one, a household income of \$1,312.50 for the month of April, 2017, and residing in Ulster County.

Your case is **RETURNED** to NYSOH to investigate if your Bronze level qualified health plan was in effect for the month of April, 2016.

This is not a final determination of your eligibility. Your case is sent back to NYSOH to redetermine your eligibility based on the evidence you presented at the hearing.

## **Legal Authority**

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

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

