



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

Notice of Decision

Decision Date: January 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000011827



On December 9, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health August 26, 2016 eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this letter.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(b).

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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 the NY State of Health is:

Did New York State of Health (NYSOH) properly determine that you were not eligible for retroactive Medicaid coverage for May 1, 2016 through June 30, 2016?

Procedural History

On April 30, 2016, NYSOH issued an eligibility determination notice that you were eligible to enroll in the Essential Plan effective as of June 1, 2016.

Also on April 30, 2016, NYSOH issued an enrollment notice confirming that as of April 29, 2016, you were enrolled in an Essential Plan 1 health plan, with a plan enrollment start date of April 1, 2016.

On July 11, 2016, your NYSOH account was updated.

On July 12, 2016, NYSOH issued a notice stating that you “may be eligible for health insurance through New York State of health but MORE information is needed to make a determination.” The notice directed you to provide proof of income by July 26, 2016 to confirm your eligibility.

Also on July 12, 2016, NYSOH issued a disenrollment notice stating that your Essential Plan 1 coverage would end effective July 31, 2016.

On August 22, 2016, your NYSOH account was updated and documentation was uploaded to your account ([REDACTED]).

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On August 23, 2016, NYSOH issued a notice stating that you “may be eligible for health insurance through New York State of health but MORE information is needed to make a determination.” The notice directed you to provide proof of income by September 6, 2016 to confirm your eligibility.

On August 26, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective as of August 1, 2016.

Also on August 26, 2016, NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid from May 1, 2016 through June 30, 2016, and you were eligible for Medicaid from July 1, 2016, through July 31, 2016.

On August 27, 2016, NYSOH issued an enrollment notice confirming that as of August 26, 2016, you were enrolled in a Medicaid Managed Care (MMC) plan with a plan enrollment start date of October 1, 2016.

On September 1, 2016, you spoke to NYSOH’s Account Review Unit and requested an appeal insofar as the eligibility for retroactive Medicaid coverage.

On December 1, 2016, you had a scheduled telephone hearing with a Hearing Officer from NYSOH Appeals Unit. You stated that you were unable to participate in the hearing at your scheduled time because of a conflict. The hearing was rescheduled for December 9, 2016, and you waived formal notice of hearing.

On December 9, 2016, you contacted by the same Hearing Officer from NYSOH Appeals Unit. Your testimony was taken during the hearing and the record was left open until December 19, 2016 to allow you to submit: (1) your outstanding medicals bills; and (2) a history of your unemployment insurance benefits.

On December 19, 2016, you faxed thirteen-pages of documents to NYSOH Appeals Unit. You faxed outstanding medical bills for the period of May 30, 2016, through August 16, 2016, from AdvantageCare Physicians; Mount Sinai Doctors; Quest Diagnostics, and The Institute For Family Health. That documentation has been marked as “Appellant Exhibit A” and has been incorporated into the record.

No additional income documentation was received by NYSOH by December 19, 2016. The record is now complete and closed.

Findings of Fact

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

1. You testified that you were appealing your eligibility for retroactive Medicaid coverage.

2. According to your NYSOH account and testimony, you were applying for health insurance for yourself.
3. According to your NYSOH account, you expect to file a 2016 federal income tax return, with the tax status of single, and do not expect to claim any dependents on that tax return.
4. According to your August 22, 2016, NYSOH application, it was indicated that you wanted “help paying for medical bills from the last 3 months.”
5. According to your August 22, 2016, NYSOH application, you reported a monthly income of \$1,700.00 for the months of May and June 2016.
6. On August 22, 2016, you uploaded a letter, with a mail date of June 29, 2016, from the New York State Department of Labor. The letter stated:

This letter is proof that you have received all regular Unemployment Insurance Benefits available on your current claim. This means you have received the maximum 26 weeks (104 effective dates) of benefits on your claim with a benefit year ending 12/18/2016 ([REDACTED]).

7. On August 26, 2016, NYSOH determined you eligible for Medicaid effective August 1, 2016, and eligible for retroactive Medicaid for July 1, 2016 through July 31, 2016.
8. You testified that the only income you received in the months of May and June 2016 was unemployment insurance benefits (UIB).
9. You were directed by the Hearing Officer from the NYSOH Appeals Unit to submit your UIB history to demonstrate the amounts that were received in May and June 2016 on or before December 19, 2016.
10. The NYSOH Appeals Unit did not receive any additional income documentation on or before December 19, 2016.

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 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

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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)), N.Y. Soc. Serv. 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 Fed. Reg. 4036).

Medicaid Retroactive Coverage:

The Department of Health must make Medicaid eligibility effective no later than the third month before the month of application if the individual received medical services that would have been covered under Medicaid and 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

Currently at issue is whether NYSOH properly determined that you were not eligible for retroactive coverage of Medicaid from May 1, 2016 through June 30, 2016.

According to the record, your household size for Medicaid purposes was one. Your NYSOH account reflects that you expect to file your 2016 federal income tax return, with a tax status of single, and do not expect to claim any dependents on that tax return.

Medicaid can be provided through the NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138% of the FPL for the applicable family size.

On the date of your application, the FPL was \$11,880.00 for a one-person household. Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits may be based on current monthly household income

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and family size. In order to be eligible for Medicaid a household of one must not exceed a monthly income limit of \$1,367.00.

Medicaid coverage can be made effective retroactively for up to three months prior to an individual's initial application if they would have been eligible for Medicaid in those three months had they applied.

The record reflects you requested help paying for medical bills from the last 3 months and attested to a monthly income of \$1,700.00 for the months of May and June 2016. Based on that attestation, NYSOH properly determine that you were not eligible for retroactive Medicaid coverage for the months of May and June 2016.

The record reflects that your only income in the months of May and June 2016 was unemployment insurance benefits. You were directed by the Hearing Officer from the NYSOH Appeals Unit to submit your UIB history to demonstrate the amounts that were received in May and June 2016 on or before December 19, 2016.

However, the NYSOH Appeals Unit did not receive the requested documentation within the time allotted. Therefore, the record does not contain sufficient testimony or documentation to return your case to NYSOH to recalculate your benefits on a monthly basis.

Decision

The August 16, 2016 eligibility determination is AFFIRMED.

Effective Date of this Decision: January 17, 2017

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

You are not eligible for Medicaid May 1, 2016 until June 30, 2016.

You remain eligible for Medicaid effective August 1, 2016, and eligible for retroactive Medicaid for July 1, 2016 until July 31, 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.

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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 after the date 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 date 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 August 16, 2016 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

You are not eligible for Medicaid May 1, 2016 until June 30, 2016.

You remain eligible for Medicaid effective August 1, 2016, and eligible for retroactive Medicaid for July 1, 2016 until July 31, 2016.

Legal Authority

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A Copy of this Decision Has Been Provided To:



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