



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

Notice of Decision

Decision Date: January 23, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012197

[REDACTED]

Dear [REDACTED],

On January 17, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 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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Decision

Decision Date: January 23, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012197

[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 eligible for Medicaid for April 1, 2016 through April 30, 2016, and not March 1, 2016 through March 31, 2016?

Procedural History

On July 28, 2016, NYSOH received your initial application for financial assistance with health insurance. On that application, you indicated that you were requesting help paying for medical bills from the last 3 months.

On July 29, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid because your household income of \$0.00 is at or below the allowable income limit. This eligibility was effective as of July 1, 2016.

Also on July 29, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid for April 1, 2016 through April 30, 2016 because the monthly household income of \$0.00 is at or below the monthly income limit of \$1,367.00.

On September 23, 2016, you spoke to NYSOH's Account Review Unit and appealed that eligibility determination notice insofar as you were not found eligible for retroactive Medicaid for the month of March 2016.

On January 17, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. [REDACTED] was also sworn in and provided testimony during the hearing. The record was developed during the hearing closed at the end of the hearing.

Findings of Fact

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

- 1) You testified that you were originally found eligible for Medicaid through your local Department of Social Services on July 12, 2013 and that your coverage through your local Department of Social Services ended prior to March of 2016.
- 2) You testified that in July of 2016, you applied through NYSOH for Medicaid.
- 3) Your mother testified that you are enrolled in your Medicaid Managed Care plan as of September 1, 2016.
- 4) You testified that you have outstanding medical bills for March 2016.
- 5) You testified that you contacted NYSOH to apply for Medicaid once you started getting bills for treatment that you had received in March of 2016 and you discovered that you had no coverage.
- 6) You testified that you expect to file your 2016 federal income tax return as single, and will claim no dependents.
- 7) You were initially found eligible for Medicaid through NYSOH as of July 1, 2016. You testified that you are seeking retroactive Medicaid coverage for the month of March 2016.
- 8) You testified that you had no income in 2016. You testified that you had no income in March of 2016.
- 9) You testified that your girlfriend provides you with financial support in the form of housing, utilities, and food.
- 10) The record reflects that your NYSOH account was created on July 28, 2016 and that you first submitted an application for financial assistance with health insurance that same day.

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 \$16,395.00 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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were eligible for Medicaid for April 1 2016 through April 30, 2016, and not eligible for Medicaid for March 1, 2016 through March 31, 2016.

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 were also found eligible for retroactive Medicaid for April 1, 2016 through April 30, 2016.

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You testified that you are seeking to have your Medicaid coverage retroactively applied for the month of March 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.

The record reflects that you first applied for health insurance through NYSOH on July 28, 2016. Therefore, you were eligible to apply for retroactive Medicaid coverage for the three months prior to your July 28, 2016 application, those months being April 2016, May 2016, and June 2016.

Since March 2016 is more than three months prior to your initial application for health insurance through NYSOH, NYSOH properly determined that you were eligible for Medicaid for April 1, 2016 to April 30, 2016 and not March 1, 2016 through March 31, 2016. Therefore, the July 29, 2016 eligibility determination stating that you were eligible for Medicaid in the month of April 2016, and not March 2016, is correct and is AFFIRMED.

Decision

The July 29, 2016 eligibility determination is AFFIRMED.

Effective Date of this Decision: January 23, 2017

How this Decision Affects Your Eligibility

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

Your eligibility for Medicaid was effective as of April 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

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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:
NY State of Health Appeals
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- By fax: 1-855-900-5557

Summary

The July 29, 2016 eligibility determination is AFFIRMED.

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

Your eligibility for Medicaid was effective as of April 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:

