



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

Notice of Decision

Decision Date: March 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013666

[REDACTED]

Dear [REDACTED],

On February 28, 2017 you appeared by telephone at a hearing on your appeal of NY State of Health's January 19, 2017 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 21, 2017

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000013666

[REDACTED]

Issue

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

Did NYSOH properly determine that you, your spouse, and your youngest daughter's Medicaid coverage was effective no earlier than January 1, 2017?

Procedural History

On August 9, 2016, a notice was issued stating that you and your daughters had Medicaid coverage through Genesee Department of Social Services that would end effective October 31, 2016. You were advised that you had an NYSOH account that you should log into that account between September 16, 2016 and October 15, 2016 to update your account and apply for coverage.

On November 2, 2016, information in your NYSOH account was update. On November 11, 2016 an application was submitted to NYSOH. Your youngest daughter was not listed on your NYSOH application at this time.

On November 12, 2016, NYSOH issued an eligibility determination notice stating that your spouse was not eligible for Medicaid because the household income was over the allowable income limit for that program.

Also on November 12, 2016, NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid because the household income was over the allowable income limit for that program and you were receiving Medicare Public MEC.

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On November 30, 2016, you spoke to NYSOH's Account Review Unit and appealed that eligibility determination insofar as you and your spouse were not eligible for Medicaid.

On January 18, 2017, your NYSOH account was updated to include your youngest daughter and the income in your account was also updated. You also indicated that you were seeking help for paying for medical bills for November and December 2016.

On January 19, 2017, NYSOH issued a notice stating in part that you, your spouse, and your youngest daughter were eligible for Medicaid, effective January 1, 2017.

Also on January 19, 2017, NYSOH issued a notice stating that NYSOH received your request for help with paying for medical bills for the three-month period prior to your January 18, 2016 application. The notice asked that you and your spouse provide proof of your income for October, November, and December, 2016.

On February 28, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing held open to March 15, 2017, to allow you time to submit income documents for your spouse for the months of November and December 2016.

As of the close of the business day on March 15, 2017, the Appeals Unit did not receive any documents from you and none were viewable in your NYSOH account. Therefore, the record was closed that same day and this decision is based on the record as developed at the time of the hearing.

Findings of Fact

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

- 1) You testified that you are appealing the fact that you, your spouse, and your youngest daughter did not have Medicaid coverage in November and December 2016.
- 2) You testified that you expect to file your 2016 taxes with a tax filing status of married filing jointly.
- 3) On November 11, 2016 an application for health insurance was submitted on your household's behalf. This application indicated that you would be claiming two of your children as dependents. Your youngest daughter was not listed on your application at this time.

- 4) You testified that your youngest daughter should have been listed on this application and her eligibility for insurance should have been evaluated because it does not make sense that you would not include your youngest daughter on your account for insurance coverage.
- 5) The November 11, 2016 application listed annual household income of \$38,353.60, consisting of \$13,248.00 of income you receive in Social Security benefits, and \$25,105.60 your spouse received in income from a job.
- 6) On January 18, 2017 your youngest daughter was added to your NYSOH account and you indicated that you would be claiming her along with your other two children as dependents.
- 7) The January 18, 2017 application listed annual household income of \$13,248.00 consisting solely of income you receive in Social Security benefits.
- 8) You testified that your spouse had coverage through your Local Department of Social Services that ended in August 2016.
- 9) You testified that you and your youngest daughter had Medicaid coverage through your Local Department of Social Services that ended on October 31, 2016.
- 10) You testified that in November and December 2016 your household's income consisted of \$1,104.00 per month that you received in Social Security benefits and income that your spouse received from her job.
- 11) You testified that your spouse's paychecks vary because of different hours worked and over time. You further testified that your spouse missed a lot of time in December 2016.
- 12) You testified that your spouse lost her job in December 2016.
- 13) You were asked to provide documentation stating your spouse's income for the months of November and December 2016 to the NYSOH Appeals Unit within 15 days from the date of your hearing.
- 14) No documentation was received by the NYSOH Appeals Unit and the record was closed after 15 days had passed.

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 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)).

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 154% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

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 \$28,440.00 for a five-person household (81 Fed. Reg. 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 USCA § 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 NYSOH properly that you, your spouse, and your youngest daughter's Medicaid coverage was effective no earlier than January 1, 2017.

On November 11, 2016 an application for health insurance was submitted on your household's behalf. Your youngest daughter was not listed on your application at this time.

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The November 11, 2016 application listed annual household income of \$38,353.60, consisting of \$13,248.00 of income you receive in Social Security benefits, and \$25,105.60 your spouse received in income from a job. As a result of this application, you and your spouse were found not eligible for Medicaid because your household income was over the allowable income limit.

On January 18, 2017 your youngest daughter was added to your NYSOH account and you indicated that you would be claiming her along with your other two children as dependents. Therefore, you, your spouse, and your youngest daughter are in a five-person household. The income on this application was also updated to \$13,248.00 consisting solely of income you receive in Social Security benefits. As a result of this application, you, your spouse, and your youngest daughter were found eligible for Medicaid, effective January 1, 2017.

On the January 18, 2017 application you also requested help in paying for medical bills for October, November, and December, 2016.

When an individual files an application for Medicaid, his or her eligibility for retroactive Medicaid depends on the date of application. To this end, it does not matter whether or not that initial application resulted in Medicaid going forward. Instead, an individual, who has filed an initial application for Medicaid through NYSOH, has the right to be evaluated for Medicaid for the three months before the month of his or her application.

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 November and December 2016, you and your spouse would have needed to meet the non-financial criteria and have an income no greater than 138% and your youngest daughter no greater than 154% of the FPL, which is \$3,268.00 for you and your spouse per month and \$3,646.00 for your youngest daughter per month. There is no indication in the record that you, your spouse or your youngest daughter would have been ineligible for Medicaid based on non-financial criteria during November and December 2016.

You testified that in November and December 2016 your household's income consisted of \$1,104.00 per month that you received in Social Security benefits and income that your spouse received from her job. You testified that your spouse's paychecks vary because of different hours worked and over time. You further testified that your spouse missed a lot of time in December 2016. You were asked to provide documentation stating your spouse's income for the months of November and December 2016 to the NYSOH Appeals Unit within 15

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days from the date of your hearing. No documentation was received by the NYSOH Appeals Unit and the record was closed after 15 days had passed.

Since you failed to provide documentation of your household's income for November and December 2016, your, your spouse's, and your youngest daughter's eligibility for Medicaid in those months cannot be evaluated.

Therefore, the January 19, 2017 eligibility determination notice stating that you, your spouse, and your youngest daughter are eligible for Medicaid, effective January 1, 2017, is correct and is AFFIRMED.

Decision

The January 19, 2017 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: March 21, 2017

How this Decision Affects Your Eligibility

You, your spouse, and your youngest daughter remain eligible for Medicaid effective January 1, 2017.

You did not submit the requested income documentation to redetermine your household's eligibility for the three months prior to January 1, 2017.

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)).

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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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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 19, 2017 eligibility determination notice is AFFIRMED.

You, your spouse, and your youngest daughter remain eligible for Medicaid effective January 1, 2017.

You did not submit the requested income documentation to redetermine your household's eligibility for the three months prior to January 1, 2017.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

