



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

Notice of Decision

Decision Date: March 2, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013695

[REDACTED]

Dear [REDACTED],

On February 24, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 3, 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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Appeal Identification Number: AP000000013695

[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 retroactive Medicaid for October 1, 2016 through October 31, 2016?

Procedural History

On November 2, 2016, NYSOH received your initial application for health insurance, in which you requested help with paying for medical bills incurred during the month of October 2016.

On November 3, 2016, NYSOH issued a notice of eligibility determination notice stating that you were eligible to enroll in the Essential Plan, effective December 1, 2016.

Also on November 3, 2016, NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid for October 1, 2016 through October 31, 2016 because the monthly household income of \$1,375.00 is over the allowable monthly income limit of \$1,367.00

On December 1, 2016, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination notice insofar as it denied you retroactive Medicaid for the month of October 2016.

On February 24, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open until 5:00 p.m. on March 1, 2017 to allow you time to submit proof of your income during the month of October 2016; specifically, the Hearing Officer directed you to submit a copies of your October 15, 2016 and October 31, 2016 earnings statements issued to you by [REDACTED]. On February 28, 2017, you faxed copies of these earnings statements to NYSOH Appeals Unit.

Accordingly, the record was closed as of February 28, 2017.

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 were initially found eligible for Essential Plan as of November 2, 2016. Your coverage under that plan began effective December 1, 2016. You testified that you are seeking retroactive Medicaid coverage for the month of October 2016.
- 3) You testified that you are exactly twice a month by your employer, [REDACTED]. You uploaded an earnings statement dated October 15, 2016 for a gross pay amount of \$687.50 and an earnings statement dated October 31, 2016 for a gross pay amount of \$687.50.
- 4) You testified that you did not anticipate taking any deductions on your taxes.
- 5) You testified that you were seeking retroactive Medicaid during the month of October 2016 since you incurred significant hospital bills during that month.

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

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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)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were not eligible for Medicaid for October 1, 2016 through October 31, 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 were found eligible for the Essential Plan in the November 3, 2016 eligibility determination notice. According to this notice, your Essential Plan coverage began December 1, 2016.

You testified that you are seeking Medicaid coverage retroactively applied for the month of October 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.

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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 October 2016, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,367.00 per month. There is no indication in the record that you would have been ineligible for Medicaid based on non-financial criteria during October 2016.

You testified that you are paid twice a month. On February 28, 2017, you provided to NYSOH Appeals Unit through facsimile an earnings statement dated October 15, 2016 for a gross pay amount of \$687.50 and an earnings statement dated October 31, 2016 for a gross pay amount of \$687.50. Therefore, the credible evidence of record reflects that in the month of October 2016, you had a monthly household income of \$1,375.00.

Since your income of \$1,375.00 was more than the \$1,367.00 monthly Medicaid limit for October 2016, NYSOH properly determined that you were not eligible for Medicaid coverage during that month. Therefore, the November 3, 2016 eligibility determination notice stating that you were not eligible for Medicaid in the month of October 2016, is correct and is AFFIRMED.

Decision

The November 3, 2016 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: March 2, 2017

How this Decision Affects Your Eligibility

You are not eligible for Medicaid in the month of October 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 must be done within four months of the Decision Date, which appears on the first page of this Decision.

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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:
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Summary

The November 3, 2016 eligibility determination notice is AFFIRMED.

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

Legal Authority

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

A Copy of this Decision Has Been Provided To:

