



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

Notice of Decision

Decision Date: May 03, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014801

[REDACTED]

Dear [REDACTED],

On April 5, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's December 15, 2016 eligibility determination and NYSOH's failure to determine your youngest child eligible for Medicaid for November 2016.

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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NY State of Health Account ID: [REDACTED]
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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health properly determine that your youngest child was not eligible for Medicaid for the month of October 2016?

Did NY State of Health fail to determine your youngest child eligible for Medicaid for the month of November 2016?

Procedural History

On November 23, 2016, you submitted an application for financial assistance through NY State of Health (NYSOH) for your youngest child.

Also on November 23, 2016, additional income documentation was uploaded to your NYSOH account ([REDACTED]).

On November 24, 2016, NYSOH issued a notice stating that the income information in your application does not match what NYSOH received from state and federal data sources and more income documentation was needed to confirm the information in your application.

On December 14, 2016, your NYSOH account was updated.

On December 15, 2016, NYSOH issued an eligibility determination notice stating that your youngest child was eligible for Medicaid, effective as of December 1, 2016.

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Also on December 15, 2016, NYSOH issued an eligibility determination notice stating that your youngest child was not eligible for Medicaid for October 1, 2016 through October 31, 2016.

On December 16, 2016, NYSOH issued an enrollment notice confirming that as of December 15, 2016, you were enrolled in a Medicaid Managed Care (MMC) plan with an enrollment start date of January 1, 2017.

On January 12, 2017, you spoke with NYSOH's Account Review Unit and requested an appeal insofar as the start date of your youngest child's Medicaid eligibility.

On April 5, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was left open until April 6, 2017, to allow you to submit evidence of your household's income for the month of October 2016.

On April 6, 2017, you faxed seven-pages of documents to NYSOH's Appeals Unit. That documentation has been incorporated into the record and will be referred to as "Appellant Exhibit A."

Findings of Fact

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

- 1) You testified that you want your youngest child to be found eligible for Medicaid or Child Health Plus coverage from October 1, 2016 through November 30, 2016.
- 2) According to your NYSOH account, you expect to file your 2016 federal income tax return, with the tax status of married filing jointly, and expected to claim two dependents on that tax return.
- 3) According to your NYSOH account and testimony, your youngest child was born on [REDACTED].
- 4) According to your November 23, 2016 application, you indicated that you wanted help paying for medical bills from the last three months.
- 5) According to your December 14, 2016 application, you attested to an October 2016 household income of \$6,071.24.
- 6) Your pay stubs from [REDACTED] indicate that you were issued:

- (a) \$1,446.47 (\$1,513.27 gross pay (-) \$66.80 pretax deductions) in taxable wages on October 14, 2016;
- (b) \$1,438.90 (\$1,505.70 gross pay (-) \$ 66.80 pretax deductions) in taxable wages on October 28, 2016;
- (c) \$420.76 (\$487.56 gross pay (-) \$66.80) pretax deductions) in taxable wages on November 10, 2016;
- (d) \$38.36 (\$105.16 gross pay (-) \$66.80) pretax deductions) in taxable wages on November 25, 2016

[REDACTED]

7) Your spouse's earnings statements from [REDACTED] state that your spouse was issued:

- (a) \$1,999.50 in federal taxable wages on October 7, 2016;
- (b) \$3,779.55 in federal taxable wages on October 21, 2016;
- (c) \$1,614.24 in federal taxable wages on November 8, 2016;
- (d) \$2,156.46 in federal taxable wages on November 23, 2016

[REDACTED]

8) You testified that you expect to claim the following deductions on your 2016 federal income tax return:

- (a) \$22.00 monthly in student loan interest deduction;
- (b) \$3,900.00 yearly in tuition and fees deduction;
- (c) \$2,240.00 monthly in child care expenses.

9) You testified that received short-term disability benefits in November 2016. However, you were not certain if you or your employer paid the health insurance premiums for the disability insurance through [REDACTED].

10) On November 29, 2016, you submitted a payment history from [REDACTED]. The documentation shows that you were issued a basic benefit of \$497.00 on November 2, 2016; November 9, 2016, and November 16, 2016 [REDACTED].

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Modified Adjusted Gross Income

NYSOH bases its eligibility determinations on modified adjusted gross income as defined in the federal tax code (45 CFR § 155.300(a)). The term “modified adjusted gross income” means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3) Social Security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

“Adjusted gross income” means, in the case of an individual taxpayer, gross federal taxable income minus certain specific deductions, such as expenses reimbursed by an employer, losses from sale or exchange of property, losses from premature withdrawal of funds from time savings accounts, deductions attributable to royalties, and certain retirement savings (26 USC § 62(a)).

Subject to limitations, tuition and fees for higher education paid by the tax payer to a qualified educational institution can be deducted from their gross income in an amount up to \$4,000.00, provided the tax payer’s adjusted gross income does not exceed \$80,000.00, \$160,000.00 if filing a joint return (26 USC § 222(e); see IRS Publication 970).

Subject to limitations, interest on a qualified educational loan can be deducted from adjusted gross income in an amount up to \$2,500 in interest paid by taxpayers during the taxable year, for individuals filing a joint tax return, whose yearly income does not exceed \$160,000 (26 USC § 221; see also 26 USC § 62 (17)).

Generally, gross income does not include “amounts received through accident or health insurance (or through an arrangement having the effect of accident or health insurance) for personal injuries or sickness (other than amounts received by an employee, to the extent such amounts (A) are attributable to contributions by the employer which were not includible in the gross income of the employee, or (B) are paid by the employer)” (26 USC § 104(a)(3); see IRS Publication 525).

Medicaid – Infant Children

A child who is under the age of one is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income is at or below 223% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.118(c); New York State Department of Health 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 \$24,300.00 for a four-person household (81 Federal Register 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).

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 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 first issue under review is whether your youngest child was eligible for Medicaid in the month of October 2016.

According to your December 15, 2016 eligibility determination notice, your child's Medicaid coverage was effective December 1, 2016. Furthermore, your NYSOH account reflects that you want your child's Medicaid coverage retroactively applied for the months of October and November 2016.

You expected to file your 2016 federal income tax return, with the tax status of married filing joint, and expect to claim two dependents on that tax return. Therefore, your child is in a four-person tax household.

Medicaid can be provided through NYSOH to children under the age of one who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 223% of the FPL for the applicable family size, which is \$4,516.00 for a four-person household.

The application that was submitted on December 14, 2016, listed an October 2016 household monthly income of \$6,071.24, and the eligibility determination relied upon that information.

Since \$6,071.24, exceeds the monthly income threshold for an infant to be found Medicaid eligible, NYSOH properly found your child to be ineligible for Medicaid, based on the information provided in your application. Therefore, the December 15, 2016, eligibility determination is AFFIRMED.

The credible record supports that you were issued (\$1,446.47 (+) \$1,438.90) \$2,885.37 in taxable wages in October 2016, and your spouse was issued (\$1,999.50 (+) \$3,779.55) \$5,779.05 in taxable wages in October 2016.

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You testified that you expect to claim the following deductions on your 2016 federal income tax return: \$22.00 monthly in student loan interest deduction; \$3,900.00 yearly in tuition and fees deduction; \$2,240.00 monthly in child care expenses.

The Internal Revenue Service rules do not allow child care expenses to be deducted from the calculation of your adjusted gross income. Those expenses cannot be deducted when NYSOH determines eligibility for financial assistance. Therefore, your household's qualifying monthly deduction is $(\$3,900.00/12 (+) \$22.00) \$347.00$.

Therefore, your household's October 2016 income is $(\$5,779.05 (+) \$2,885.37 (-) \$347.00) \$8,317.42$. Based on the documentation provided, your household's October 2016 household income exceeds the Medicaid income threshold. Your case will not be returned to NYSOH to recalculate your child's eligibility for Medicaid in October 2016.

The second issue under review is whether NYSOH failed to determine your child eligible for Medicaid in November 2016.

The credible record supports that you were issued $(\$420.76 (+) \$38.36) \$459.12$ in taxable wages in November 2016, and your spouse was issued $(\$1,614.24 (+) \$2,156.46) \$3,770.70$ in taxable wages in November 2016.

Furthermore, based on the analysis above, your household's qualifying monthly deduction was $(\$3,900.00/12 (+) \$22.00) \$347.00$.

The record reflects that you were issued three payments of \$497.00 of short-term disability insurance payment in November 2016. However, the record is unclear on whether you or your employer have been paying the health insurance premiums for that disability insurance plan.

Whether disability insurance payments must be reported as income is contingent on whether you or your employer is paying the health insurance premiums for that insurance plan. Based on the available record, it is unclear whether you or your employer has paid the insurance premiums for the [REDACTED] insurance plan. There is insufficient evidence to calculate your household income for the month of November 2016.

Therefore, your case will not be returned to NYSOH to recalculate whether your youngest child was eligible for Medicaid for the month of November 2016.

Decision

The December 15, 2016, eligibility determination is **AFFIRMED**.

The record contains insufficient documentation to return your case to NYSOH to recalculate your youngest child's eligibility for Medicaid in the month of November 2016.

Effective Date of this Decision: May 03, 2017

How this Decision Affects Your Eligibility

Your youngest child was not eligible for Medicaid in the month of October 2016.

The record contains insufficient documentation to determine whether your youngest child was eligible for Medicaid for the month of November 2016.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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

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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):

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- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The December 15, 2016, eligibility determination is AFFIRMED.

The record contains insufficient documentation to return your case to NYSOH to recalculate your youngest child's eligibility for Medicaid in the month of November 2016.

Your youngest child was not eligible for Medicaid in the month of October 2016.

The record contains insufficient documentation to determine whether your youngest child was eligible for Medicaid for the month of November 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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