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

Notice of Decision

Decision Date: September 18, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000018311

[redacted]

Dear [redacted],

On July 24, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's alleged failure to issue a timely eligibility determination for retroactive Medicaid during the month of October 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).

This page intentionally left blank.

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).

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

Decision

Decision Date: September 18, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000018311

[redacted]

Issue

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

> Did NY State of Health (NYSOH) fail to provide a timely eligibility determination for retroactive Medicaid for October 2016?

Procedural History

On December 28, 2016, NYSOH issued a notice stating that you were conditionally eligible to purchase a qualified health plan (QHP) at full cost, effective February 1, 2017.

On January 23, 2017, you updated your application for health insurance which indicated that you were seeking help for paying for medical bills for the three months prior to your January 23, 2017 application.

On January 24, 2017, issued an eligibility determination notice stating that you were conditionally eligible for Medicaid, effective January 1, 2017. You were requested to provide proof of your citizenship status and Social Security number by March 1, 2017 to confirm your eligibility.

On February 10, 2017, NYSOH received (1) your Social Security Card, (2) your U.S. Passport and (3) your non-enhanced NYS Driver's License.

On March 1, 2017, NYSOH received a copy of your birth certificate issued by the [redacted]

On March 4, 2017, NYSOH redetermined your eligibility for health insurance.

On March 5, 2017, NYSOH issued an eligibility determination notice stating that you remained conditionally eligible for Medicaid, effective March 1, 2017. You were requested to provide proof of your Social Security number by March 16, 2017 to confirm your eligibility. Finally, NYSOH confirmed your request for help with paying medical bills for the three-month period prior to your application. It stated that you would receive a separate notice telling you if you are eligible for Medicaid for this time period after NYSOH received all documents that were needed to confirm your eligibility.

On March 7, 2017, NYSOH issued a notice acknowledging your request for help with paying medical bills during the three-month period prior to your application documentation. You were requested to provide proof of your income from October 1, 2016 to October 31, 2016 by March 21, 2017.

On March 29, 2017, NYSOH received (1) a letter signed by your sister-in-law, [redacted] stating that you were not working during all of 2016 until November 16, 2016, and that she provides your room and board, and (2) a letter signed by you stating that you were not working during the month of October 2016, and that you were living with your sister-in-law.

On April 24, 2017, you spoke to NYSOH's Account Review Unit and appealed NYSOH's alleged failure to issue a timely eligibility determination for retroactive Medicaid during the month of October 2016.

On July 24, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and remained open as the Hearing Officer directed you to provide as additional evidence to corroborate your testimony: (1) the first earnings statement issued to you by your employer, [redacted], reflecting your start date during late-November 2016, and (2) all earnings statements issued to your spouse reflecting his gross income received during the month of October 2016. The record was to be closed 15 days after the hearing date, or upon the receipt of the above referenced documents, whichever occurred earlier. No additional documents were received from you by August 8, 2017.

Accordingly, the record was closed on August 8, 2017.

Findings of Fact

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

1) You testified that you are seeking Medicaid from October 1, 2016 to October 31, 2016.

2) You testified that you expect to file your 2016 federal income tax return as single, and claim no dependents. However, you testified that you have been married to your spouse, [redacted], since October 2014. Your account reflects that he is currently living with you. You testified that you were instructed by a NYSOH representative when completing your January 23, 2017 application to not include your spouse within your NYSOH application, since it would provide a more favorable result.

3) You submitted an application for financial assistance on January 23, 2017, in which you requested assistance with paying for medical bills incurred during the three-month period prior to your application.

4) You testified that you incurred medical bills during your [redacted] on or about [redacted]

5) Your application submitted on January 23, 2017 does not reflect an amount of income you received during October 2016.

6) In response to NYSOH's request for additional income documentation to confirm your eligibility for retroactive Medicaid during the month of October 2016, you provided (1) a letter signed by your sister-in-law, [redacted], stating that you were not working during all of 2016 until November 16, 2016, and that she provides your room and board, and (2) a letter signed by you stating that you were not working during the month of October 2016, and that you were living with your sister-in-law.

7) You testified, and provided letters signed by you and your sister-in-law, stating that you were not employed during October 2016.

8) You testified, and later updated your application on April 24, 2017 reflecting, that your spouse was employed by the [redacted] and makes $34,943.00 annually as the [redacted]

9) No additional income documents issued to either you or your spouse were received by NYSOH Appeals Unit prior to the record closing on August 8, 2017.

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

Applicable Law and Regulations

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR § 155.320(c)(1)(i), 42 CFR § 435.945).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR § 155.315(f); 42 CFR § 435.952).

Timely Notice of Medicaid Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

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)).

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 $16,020.00 for a two-person household (81 Federal Register 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 failed to provide a timely eligibility determination for retroactive Medicaid between October 1, 2016 and October 30, 2016.

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income.

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

You updated your NYSOH account on January 23, 2017. The income amount that was entered into these applications did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income during the month of October 2016 to confirm your eligibility for retroactive Medicaid during that month.

The record reflects that on March 29, 2017 you provided (1) a letter signed by your sister-in-law, [redacted] stating that you were not working during 2016 until November 16, 2016 and that she provides your room and board, and (2) a letter signed by you stating that you were not working during the month of October 2016, and that you were living with your sister-in-law. While these letters were provided after the March 21, 2017 deadline noted in the March 7, 2017 notice, they appear not to have been reviewed by NYSOH representatives for confirming your income and eligibility.

We, therefore, find that NYSOH was deficient in timely issuing an eligibility determination, or at a minimum, providing a follow-up notification that more income documentation was required to confirm your eligibility.

You are in a two-person household; while your earlier applications reflected that you would be filing your 2016 tax return as single, you testified during the hearing that this was done at the suggestion of a NYSOH representative. You further testified that you have been filing tax returns with your spouse jointly since your marriage during October 2014.

You submitted an application for financial assistance on January 23, 2017 requesting help in paying for medical bills from October 1, 2016 to October 31, 2016.

When an individual files an initial application for Medicaid, his or her eligibility for retroactive Medicaid depends on the date of application. To this end, it does not matter whether 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.

To assess your eligibility for retroactive Medicaid during the month of October 2016, the Hearing Officer requested that you provide: (1) the first earnings statement issued to you by your employer, [redacted], reflecting your start date during late November 2016, and (2) all earnings statements issued to your spouse reflecting his gross income received during the month of October 2016, in each case no later than August 8, 2017.

You did not provide the requested documentation by closing of the record on August 8, 2017

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.

While there is no indication in the record that you would have been ineligible for Medicaid based on non-financial criteria during October 2016, you have not provided sufficient income documentation to confirm your eligibility for retroactive Medicaid during the month of October 2016.

Therefore, we are unable to return your case to NYSOH for a redetermination of your eligibility.

Decision

We find that NYSOH was deficient in timely issuing an eligibility determination or, at a minimum, providing a follow-up notification that more income documentation was required to confirm your eligibility. However, since you have not provided sufficient income documentation to confirm your eligibility for retroactive Medicaid during the month of October 2016, we are unable to return your case to NYSOH for a redetermination of your eligibility.

Effective Date of this Decision: September 18, 2017

How this Decision Affects Your Eligibility

You remain ineligible for retroactive 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 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

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).

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

Summary

We find that NYSOH was deficient in timely issuing an eligibility determination or, at a minimum, providing a follow-up notification that more income documentation was required to confirm your eligibility. However, since you have not provided sufficient income documentation to confirm your eligibility for retroactive Medicaid during the month of October 2016, we are unable to return your case to NYSOH for a redetermination of your eligibility.

You are not eligible for retroactive 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:

[redacted]

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).

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。我们可以为您免费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 مجانًا.

বাংলা (Bengali)

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).

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।

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 महत्त्वपूर्ण 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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.

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).

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).