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

Notice of Decision

Decision Date: March 21, 2018

NY State of Health Account ID:
Appeal Identification Number: AP000000025685

Dear

On February 14, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 13, 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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nystateofhealth
The Official Health Plan Marketplace

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

Decision

Decision Date: March 21, 2018

NY State of Health Account ID
Appeal Identification Number: AP000000025685

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 your children were not eligible for Medicaid any earlier than November 1, 2017?

Procedural History

On November 28, 2017, you submitted an application for financial assistance with health insurance for your children.

On December 5, 2017, you uploaded to your NYSOH account income documentation and proof of third-party health insurance. That information was reviewed and verified by NYSOH that same day and your children's eligibility was rerun.

On December 6, 2017, NYSOH issued an eligibility determination notice, based on the information NYSOH received on December 5, 2017, stating that your children were eligible for Medicaid, effective November 1, 2017.

On December 12, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your children were not found eligible for Medicaid starting earlier than November 1, 2017. On December 29, 2017, you spoke to NYSOH Account Review Unit and stated you were requesting retroactive Medicaid for the children for the month of October 2017 because you had medical and hospital bills for that month.

On January 15, 2018, you spoke with NYSOH and submitted an updated application for financial assistance with health insurance for your children. That application indicated that you were seeking help for paying for medical bills for the previous three months for one of your children (Marketplace ID: [redacted].

On January 16, 2018, you uploaded to you NYSOH account two earning statements for the month of October 2017.

On January 23, 2018, NYSOH issued an eligibility determination notice stating that your child was not eligible for Medicaid for August 1, 2017 through September 30, 2017, because you failed to provide information to confirm your household income.

On February 14, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and 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 are seeking Medicaid from October 1, 2017 to October 31, 2017 for one of your children (Marketplace ID: [redacted]), who is [redacted] years old.

2) According to your application, you expect to file your 2017 federal income tax return as Head of Household (with qualifying individual) and claim four dependents. However, you testified that you were confused about the wording on the application and that you and your spouse will file your tax return as married filing jointly and will claim the four children as dependents.

3) You testified that when you filed your initial application for financial assistance with health insurance for your children, you thought you had requested help with paying for medical bills for the previous three months.

4) You testified that when you received the December 6, 2017 eligibility determination you saw that it did not address health insurance for the months prior to November 2017.

5) On December 12, 2017, you contacted NYSOH, and NYSOH's records confirm that you requested help with paying for medical bills for your children for the three months previous to November 2017.

6) System notes related to your NYSOH account indicate that on December 29, 2017, you spoke with NYSOH representatives and specifically requested help with paying medical bills for the month of October 2017.

7) According to your NYSOH account, on January 15, 2018 you contacted NYSOH and submitted an updated application that requested help with medical bills for the previous three months. However, the application indicates that the NYSOH representative checked off that you needed help with the months of August 2017 and September 2017, and omitted October 2017.

8) You testified that you are employed as a [redacted] and are paid bi-weekly and receive $1,960.88 per paycheck before taxes.

9) According to your NYSOH account, on January 16, 2018, you uploaded two earning statements for the month of October 2017. The first statement is dated October 13, 2017 and with gross pay of $1,960.88 and the second statement is dated October 30, 2017 with gross pay of $1,960.88. The record reflects that your income for the month of October 2017 was $3,921.76.

10) Analysis of your NYSOH account, indicates that the earning statements you submitted on January 16, 2017 for the month of October 2017 were not properly reviewed for verification by NYSOH representatives.

11) You testified that you do not plan on taking any deductions on your tax return.

12) According to your NYSOH account and your testimony, you and your family reside in Tioga County.

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

Applicable Law and Regulations

Medicaid for Children

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 the case of an individual who expects to file a tax return and does not expect to be claimed by another taxpayer, the household consists of the taxpayer and all persons whom such individual expects to claim as a tax dependent (42 CFR § 435.603(f)(1).

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 2017 FPL, which is $50,759.00 for a six-person household (82 Federal Register 8831).

<u>Retroactive Medicaid</u>

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 determined that your child was not eligible for Medicaid prior to November 2017.

Your child is in a six-person household; you testified that you and your spouse will file your taxes with a tax filing status of married filing jointly and claim your four children as dependents on your tax return.

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 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.

While your NYSOH account reflects that your initial November 28, 2017 application did not indicate you were requesting help with medical bills for the previous three months, there is documentation in notes related to your account

that on December 12, 2017 you spoke with NYSOH representatives and requested retroactive Medicaid for your children. On December 29, 2017, the notes related to your account indicated you spoke with NYSOH representatives and stated that you were seeking retroactive Medicaid for one of your children for the month of October 2017.

According to your NYSOH account, on January 15, 2018 you contacted NYSOH and submitted an updated application that requested help with medical bills for the previous three months for one of your children. However, the application indicates that the NYSOH representative checked off that you needed help for that child's medical bills for the months of August 2017 and September 2017 and omitted October 2017.

You testified that you are seeking Medicaid from October 1, 2017 to October 31, 2017 for your child to cover [redacted] bills incurred that month.

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 2017 your child would have needed to meet the non-financial criteria and have an income no greater than 154% of the 2017 FPL, which is $4,230.00 per month. There is no indication in the record that your child would have been ineligible for Medicaid based on any non-financial criteria during October 2017.

You testified that you are employed as a [redacted] and are paid bi-weekly and receive $1,960.88 per paycheck before taxes. On January 16, 2018, you uploaded two earning statements for the month of October 2017. The first statement is dated October 13, 2017 and with gross pay of $1,960.88 and the second statement is dated October 30, 2017 with gross pay of $1,960.88. The record reflects that your income for the month of October 2017 was $3,921.76. Your NYSOH account, indicates that the earning statements you submitted on January 16, 2017 for the month of October 2017 were not properly reviewed and verified.

The January 23, 2018 eligibility determination notice denied you request for Medicaid coverage for your child for the months of August 1, 2017 through September 30, 2017. The stated reason was because you did not provide the necessary household income to confirm your child's eligibility. It is noted that this eligibility determination addresses the months of August 2017 and September 2017 and fails to address the month of October 2017. The notice also is based on the incorrect basis that you failed to submit proof of your household income. The record reflects that you did submit household income for the month of October 2017 on January 16, 2018, but that NYSOH did not review and verify this information.

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).

Therefore, NYSOH’s January 23, 2018 eligibility determination that denied your request for retroactive Medicaid coverage for your child is RESCINDED.

Since the record now contains a more accurate representation of what your household income was for the month of October 2017, your case is RETURNED to NYSOH to consider your request for retroactive Medicaid coverage for your child based on an income tax status of married filing jointly, with a household size of six people and household income of $3,921.76 for the month of October 2017.

Decision

The January 23, 2018 eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to consider your request for retroactive Medicaid coverage for your child for October 1, 2017 through October 31, 2017 based on an income tax filing status of married filing jointly, with a household size of six people and household income of $3,921.76.

Effective Date of this Decision: March 21, 2018

How this Decision Affects Your Eligibility

This is not a final determination of your child’s eligibility. Your case is sent back to NYSOH to redetermine your child’s eligibility for retroactive Medicaid based on an income tax filing status of married filing jointly, with a household size of six people and household income of $3,921.76 for the month of October 2017. NYSOH will notify you accordingly.

If You Disagree with this Decision (Appeal Rights)

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH’s Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the 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 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

The January 23, 2018 eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to consider your request for retroactive Medicaid coverage for your child for October 1, 2017 through October 31, 2017 based on an income tax filing status of married filing jointly, with a household size of six people and household income of $3,921.76.

This is not a final determination of your child's eligibility. Your case is sent back to NYSOH to redetermine your child's eligibility for retroactive Medicaid based on an income tax filing status of married filing jointly, with a household size of six people and household income of $3,921.76 for the month of October 2017. NYSOH will notify you accordingly.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

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)

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 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.

(Urdu)اردو

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.

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