



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

Notice of Decision

Decision Date: May 31, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028346

[REDACTED]

Dear [REDACTED]

On April 6, 2018, your spouse appeared by telephone at a hearing on your appeal of NY State of Health's failure to find you eligible for retroactive Medicaid assistance for the month of August 2017.

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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Decision Date: May 31, 2018

NY State of Health Account ID: [REDACTED]
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Issue

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

Was your request for retroactive Medicaid assistance for the month of August 2017 timely?

Procedural History

On September 13, 2017, September 14, 2017, October 25, 2017, November 14, 2017, and December 6, 2017, NYSOH received applications for financial assistance with health insurance submitted on behalf of you and your spouse. None requested retroactive assistance.

On September 14, 2017 and September 15, 2017, NYSOH issued eligibility determination notices stating you and your spouse were eligible for a qualified health plan, at full cost, effective October 1, 2017, but that you did not qualify to select a health plan outside the open enrollment period for 2017.

On October 26, 2017, November 15, 2017, and November 16, 2017, NYSOH issued eligibility determination notices stating you and your spouse were eligible to enroll in a qualified health plan, at full cost, effective November 1, 2017 and December 1, 2017, respectively, but that you might qualify for a special enrollment period to select a health plan outside the open enrollment period for 2017.

On December 7, 2017, NYSOH issued an eligibility determination notice stating you and your spouse were eligible to enroll in a qualified health plan, at full cost, effective January 1, 2018.

On December 11, 2017, NYSOH received another updated application submitted on behalf of you and your spouse. That application requested retroactive assistance for you for the month of September 2017.

On December 12, 2017, NYSOH issued an eligibility determination notice stating you and your spouse were eligible for the Essential Plan with no monthly premium, for a limited time, effective December 1, 2017. The notice directed you to submit proof of your household income by March 11, 2018 to confirm your eligibility or you and your spouse might lose your insurance or receive less help paying for your coverage. The notice indicated you and your spouse were eligible for the Essential Plan, because you were in the first five years of your qualified immigration status or were living in the United States under the color of law.

Also on December 12, 2017, NYSOH issued an enrollment notice confirming you and your spouse were enrolled in an Essential Plan, effective December 1, 2017.

On December 16, 2017, NYSOH issued a notice directing you to submit documentation of your household income for the month of September 2017 by December 30, 2017, so NYSOH could determine your eligibility for retroactive coverage in that month.

On January 17, 2018, NYSOH issued an eligibility determination notice, based on a January 16, 2018 systematic eligibility redetermination, stating you were eligible for retroactive Medicaid assistance for the month of September 2017, because your monthly household income for that month was below the allowable monthly income limit to qualify for Medicaid.

On February 2, 2018, you spoke to NYSOH's Account Review Unit and appealed insofar you were not eligible for retroactive Medicaid coverage for the month of August 2017.

On April 6, 2018, your spouse had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed thereafter.

Findings of Fact

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

- 1) Your spouse appeared on your behalf at the hearing.

- 2) Your spouse testified that you are only appealing your eligibility for retroactive coverage for the month of August 2017. You are not appealing your spouse's or your children's coverage.
- 3) Your spouse testified that he earned income from January 2017 to April 2017 and then started receiving unemployment insurance benefits (UIB) in April 2017, which were suspended from June through August 2017 when your family went to [REDACTED] for the summer.
- 4) Your spouse testified he began receiving UIB again in September 2017.
- 5) You spouse testified that your family lost its health insurance at the end of June 2017 when he lost his job.
- 6) The first application for health insurance received by NYSOH on behalf of your family was on September 13, 2017. That application listed annual household income for 2017 of \$158,555.00 and current monthly income of \$2,708.00.
- 7) According to your account, your children were determined eligible for Medicaid based on the monthly income amount attested to in your application.
- 8) You and your spouse were determined eligible to purchase a full cost qualified health plan, effective October 1, 2017, but you and your spouse did not qualify for a special enrollment period to enroll in a health plan outside the open enrollment period for 2017.
- 9) According to your account, there were several subsequent applications submitted on behalf of you and your spouse in September, October, and November 2017.
- 10) Following each updated application, NYSOH determined you and your spouse eligible to purchase a full cost QHP, but you needed to qualify for a special enrollment period to enroll in a plan.
- 11) On December 6, 2017, another updated application was submitted on behalf of you and your spouse and again you were determined eligible to purchase a full cost QHP, effective January 1, 2018.
- 12) On December 11, 2017, a phone application was submitted on behalf of you and your spouse. That application attested to no expected household income for 2018.

- 13) NYSOH determined you and your spouse conditionally eligible for the Essential Plan with no monthly premium, effective December 1, 2017. You were directed to submit proof of your household income to confirm the eligibility of you and your spouse.
- 14) According to your account, an Essential Plan was selected for you and your spouse and coverage through that plan became effective December 1, 2017.
- 15) The December 11, 2017 application requested retroactive coverage for you for the month of September 2017. You were directed to submit proof of your household income for that month prior to NYSOH determining your eligibility for retroactive coverage.
- 16) On January 16, 2018, NYSOH systematically redetermined your eligibility based on income documentation received and found you eligible for retroactive Medicaid assistance for the month of September 2017.
- 17) An appeal was filed on February 2, 2018 insofar as you were not eligible for retroactive Medicaid assistance for the month of August 2017.
- 18) Your spouse testified that you have an outstanding hospital bill from the month of August 2017.
- 19) Your spouse testified that he filed the online applications himself between September and December 2017.
- 20) According to your account, there was no request made for retroactive Medicaid assistance in any of the applications filed between September and November 2017.
- 21) Your spouse testified that he did not know why he did not request retroactive coverage in September, October, or November 2017.
- 22) According to your account, the first request for retroactive coverage was made in the December 11, 2017 application. That application requested retroactive coverage for September 2017.
- 23) Your spouse testified that when he requested retroactive coverage for you on December 11, 2017, he was only able to go back to September 2017.
- 24) There is no record of NYSOH determining your eligibility for retroactive Medicaid assistance for the month of August 2017.

- 25) At the time of the hearing, your spouse testified that you had not yet filed your 2017 federal tax return, but that you would file as married filing jointly and you would claim your two children as dependents.

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)).

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 \$24,600.00 for a four-person household (82 Federal Register 8831).

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 your request for retroactive Medicaid assistance for the month of August 2017 was timely.

Several applications were submitted on behalf of you and your spouse in September, October, and November 2017. Your spouse testified that he submitted the applications online himself. Following each application, NYSOH

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determined you and your spouse eligible to purchase a full cost qualified health plan, but you needed to qualify for a special enrollment period to enroll in a plan, which, according to your account, you did not.

On December 11, 2017, your application was updated requesting, for the first time, retroactive coverage for you. According to your account, you were subsequently granted retroactive Medicaid assistance for the month of September 2017 following verification of income documentation for that month. However, your spouse testified that you are seeking retroactive Medicaid assistance for the month of August 2017 for an outstanding hospital bill incurred in that month. Your spouse testified that when he requested retroactive Medicaid assistance in the December 11, 2017 application, he was only able to go back to September 2017. Therefore, you have appealed NYSOH's failure to find you eligible for retroactive Medicaid assistance for the month of August 2017.

Pursuant to the regulations, when an individual file 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.

Your spouse testified that you are seeking retroactive Medicaid coverage for the month of August 2017 only. However, the evidence establishes that there was no timely request of retroactive Medicaid assistance for that month. Since, according to the regulations, an applicant can be determined eligible for retroactive Medicaid assistance for up to three months prior to the date of an application, for you to have been eligible for retroactive Medicaid coverage for the month of August 2017, you would have had to file an application requesting retroactive assistance for that month by November 2017. Since the evidence establishes you did not request retroactive Medicaid assistance until December 11, 2017, the earliest any resulting retroactive coverage could have become effective is September 1, 2017.

Since the evidence establishes there was no timely request for retroactive Medicaid assistance for the month of August 2017, you were not eligible for retroactive coverage for that month and NYSOH's failure to find you eligible for retroactive Medicaid assistance for the month of August 2017 is AFFIRMED.

Decision

NYSOH's failure to find you eligible for retroactive Medicaid assistance for the month of August 2017 is **AFFIRMED**.

Effective Date of this Decision: May 31, 2018

How this Decision Affects Your Eligibility

You are not eligible for retroactive Medicaid assistance for the month of August 2017.

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 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 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):

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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

NYSOH's failure to find you eligible for retroactive Medicaid assistance for the month of August 2017 is **AFFIRMED**.

You are not eligible for retroactive Medicaid assistance for the month of August 2017.

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 मददत चाहन्छि भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोलने 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 srɛ wo, frɛ 1-855-355-5777. yɛbɛtumi ama wo obi a okyerɛ 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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