



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

Notice of Decision

Decision Date: November 2, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008436

[REDACTED]

Dear [REDACTED]

On October 3, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 12, 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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DEPARTMENT OF HEALTH
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Decision Date: November 2, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008436

[REDACTED]

Issues

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

Did you submit sufficient information to determine your Medicaid eligibility at the time of NYSOH's March 12, 2016 eligibility determination notice?

Did NY State of Health properly determine that you were ineligible for Medicaid and eligible to enroll in a Qualified Health Plan at full cost effective April 1, 2016?

Procedural History

On October 19, 2015, NY State of Health (NYSOH) received your application for health insurance.

On October 20, 2015, NYSOH issued a notice advising that you may be eligible for health insurance through NYSOH but more information was needed to make a determination. This same notice advised that the income information you provided did not match what NYSOH obtained from State and Federal data sources and directed you to produce income documentation for your household by November 4, 2015.

Also on October 20, 2015, you uploaded income documentation to your NYSOH account. This documentation consisted of a letter advising that you had not yet received a paystub for October 2015, a paystub from [REDACTED] dated September 4, 2015 for a gross pay amount of \$320.00; a paystub from [REDACTED] dated September 11, 2015 for a gross payment of \$155.00; a paystub

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from [REDACTED] dated September 18, 2015 for a gross payment of \$210.00; and a paystub from [REDACTED] dated September 28, 2015 for a gross payment of \$489.25.

On October 22, 2015, NYSOH invalidated this income documentation as four current and consecutive weeks of income documentation from all your employers was needed. Also on October 22, 2015, NYSOH issued a notice advising you that the income documentation you submitted was insufficient to resolve the inconsistency and that additional income information was required in order for NYSOH to issue an eligibility determination.

On November 2, 2015, you uploaded income documentation to your NYSOH account. This consisted of a resubmission of the September 18, 2015 paystub, the September 28, 2015 paystub, and the letter advising you had not yet received a paystub for October 2015.

Also on November 2, 2015, NYSOH invalidated this income documentation as four current and consecutive weeks of income documentation from all your employers was needed. On November 2, 2015, NYSOH issued a notice advising you that the income documentation you submitted was insufficient to resolve the inconsistency and that additional income information was required in order for NYSOH to issue an eligibility determination.

On November 2, 2015, NYSOH received your updated application for health insurance.

On November 3, 2015, NYSOH issued a notice advising that you may be eligible for health insurance through NYSOH but more information was needed to make a determination. This same notice advised that the income information you provided did not match what NYSOH obtained from State and Federal data sources and directed you to produce income documentation for your household by November 18, 2015.

On November 17, 2015, you uploaded income information to your NYSOH account. This consisted of an illegible print-out of your September 2015 earnings from [REDACTED]. On November 18, 2015, you uploaded income information to your NYSOH account showing a gross year to date earning from [REDACTED] as of September 28, 2015 of \$489.25.

On November 21, 2015, NYSOH invalidated this income documentation as the income information was from September 2015 and thirty consecutive days of consecutive earnings records within thirty days of the application was needed.

On December 14, 2015, you uploaded additional income documentation to your NYSOH account. This consisted of a letter from [REDACTED] indicating payment on

October 30, 2015 in the amount of \$525.00, on November 6, 2015 of \$416.50, and on November 23, 2015 of \$105.00.

On December 19, 2015, NYSOH invalidated this income documentation as four consecutive weeks of paystubs were required and no October 2015 pay information had been provided by your other employers.

On December 21, 2015, NYSOH issued a notice advising you that the income documentation you submitted was insufficient to resolve the inconsistency and that additional income information was required in order for NYSOH to issue an eligibility determination.

On March 8, 2016, NYSOH redetermined your eligibility.

On March 12, 2016, NYSOH issued a notice of eligibility determination which found that you were not eligible for Medicaid as you did not provide income information to confirm your eligibility. The March 12, 2016 notice of eligibility determination also found that you eligible to purchase a Qualified Health Plan at full cost effective April 1, 2016.

On March 29, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of that eligibility determination as it related to the timeliness of the eligibility determination as well as being found ineligible for Medicaid.

On October 3, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and left open for 21 days to allow you time to submit supporting documentation. No documentation was received within the allotted time. The record is now closed.

Findings of Fact

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

- 1) You testified that you filed your 2015 taxes with a tax filing status of single. You claimed no dependents on that tax return.
- 2) You are seeking insurance for yourself.
- 3) You testified that you earned between \$10,000 and \$15,000 in 2015 and your annual expected income for 2016 is \$3,016.00.
- 4) You testified that you are paid weekly.
- 5) You testified that you believe you were paid four or five times in October of 2015.

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- 6) You also testified that at some point in 2015 you switched from working for [REDACTED] and [REDACTED] to working for [REDACTED] however, you went on to testify that you were not sure during which month this took place.
- 7) You testified that as you work for temp agencies, work was not available every week, so there are some weeks you do not work and you are not paid for the weeks in which you do not work.
- 8) You did not produce November 2015, December 2015, or January 2016 paystubs nor did you produce documentation of your final day worked or final pay period from [REDACTED] or [REDACTED]
- 9) You uploaded income documentation to your NYSOH account on several occasions. On October 20, 2015 you uploaded a paystub from [REDACTED] dated September 4, 2015 for a gross pay amount of \$320.00; a paystub from [REDACTED] dated September 11, 2015 for a gross payment of \$155.00; a paystub from [REDACTED] dated September 18, 2015 for a gross payment of \$210.00; a paystub from [REDACTED] dated September 28, 2015 for a gross payment of \$489.25. On November 17, 2015 you uploaded an illegible print-out of your September 2015 earnings from [REDACTED]. On November 18, 2015 you uploaded a print-out showing a gross year to date earning from [REDACTED] as of September 28, 2015 of \$489.25. On December 14, 2015 you uploaded a letter from [REDACTED] indicating payment on October 30, 2015 in the amount of \$525.00, on November 6, 2015 of \$416.50, and on November 23, 2015 of \$105.00.
- 10) Your application states that you would not be taking any deductions on your 2015 tax return.
- 11) Your application states that you live in Onondaga County.

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)).

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)).

NYSOH may not deny an individual Medicaid on the basis of information received from State and Federal sources, unless NYSOH has sought additional information from the individual (45 CFR §435.952(d)).

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).

Legal Analysis

The first issue is whether you had submitted sufficient information to determine your Medicaid eligibility at the time of NYSOH's March 12, 2016 eligibility determination notice.

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 created your NYSOH account and submitted an application on October 19, 2015. On October 20, 2015, NYSOH issued a notice requesting you submit income documentation by November 4, 2015, to confirm your eligibility because the income information you provided did not match what NYSOH had obtained from State and Federal data sources.

On October 20, 2015, you uploaded a letter advising that you had not yet received a paystub for October 2015, a paystub from [REDACTED] dated September 4, 2015 for a gross pay amount of \$320.00; a paystub from [REDACTED] dated September 11, 2015 for a gross payment of \$155.00; a paystub from [REDACTED] dated September 18, 2015 for a gross payment of \$210.00; and a paystub from [REDACTED] dated September 28, 2015 for a gross payment of \$489.25. These documents were marked as invalid proof of income by NYSOH on October 22, 2015.

On October 22, 2015, NYSOH issued a notice advising you that the income documentation you had submitted was insufficient to resolve the inconsistency in your account.

On November 2, 2015, you uploaded income documentation to your NYSOH account. This consisted of a resubmission of the September 18, 2015 paystub, the September 28, 2015 paystub, and the letter advising you had not yet received a paystub for October 2015.

Also on November 2, 2015, NYSOH invalidated this income documentation as four current and consecutive weeks of income documentation from all your employers was needed. On November 2, 2015, NYSOH issued a notice advising you that the income documentation you submitted was insufficient to resolve the inconsistency and that additional income information was required in order for NYSOH to issue an eligibility determination.

You updated your NYSOH account on November 2, 2015. On November 3, 2015, NYSOH issued a notice requesting that you submit income documentation by November 18, 2015, to confirm your eligibility because the income information you provided did not match what NYSOH had obtained from State and Federal data sources.

On November 17, 2015, you uploaded income information to your NYSOH account. This consisted of an illegible print-out of your September 2015 earnings from [REDACTED]. On November 18, 2015, you uploaded income information to your NYSOH account showing a gross year to date earning from [REDACTED] as of September 28, 2015 of \$489.25. These documents were marked as invalid proof of income by NYSOH on November 21, 2015.

On December 14, 2015, you uploaded additional income documentation to your NYSOH account. This consisted of a letter from [REDACTED] indicating payment on October 30, 2015 in the amount of \$525.00, on November 6, 2015 of \$416.50, and on November 23, 2015 of \$105.00. These documents were marked as invalid proof of income by NYSOH on December 19, 2015.

On December 21, 2015, NYSOH issued a notice advising you that the income documentation you had submitted was insufficient to resolve the inconsistency in your account.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. The applicant must be notified if the application does not contain sufficient information to permit NYSOH to conduct an eligibility determination. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH issued an eligibility determination notice on March 12, 2016 that stated you were eligible to enroll in a Qualified Health Plan at full cost effective April 1, 2016. The notice further stated that you were not eligible for Medicaid because you failed to provide documentation of your income. Based on the record as established, your application was still not complete at the time of this determination. Therefore, NYSOH was unable to make a determination as to whether or not you qualified for Medicaid because you did not submit sufficient documentation.

The second issue is whether NYSOH properly determined that you were ineligible for Medicaid and eligible to enroll in a Qualified Health Plan at full cost effective April 1, 2016.

When NYSOH cannot verify information that is required to make an eligibility determination, it must notify the applicant and allow the applicant time to submit satisfactory documentation. On October 20, 2015, October 22, 2015, November 2, 2015, November 3, 2015, and December 21, 2015 NYSOH issued a notice to advise you that additional income documentation was needed to resolve the inconsistency in your account between the income you reported and the income information that NYSOH obtained from State and Federal data sources. However, you never submitted income documentation which was sufficient to resolve this inconsistency.

Although you testified that you believe you stopped working for [REDACTED] and [REDACTED] prior to beginning to work for [REDACTED], you did not submit your final paystubs from [REDACTED] and [REDACTED] nor did you submit documentation from either of these employers demonstrating your last day of employment.

You testified that you believe you were paid four or five times in October of 2015, however, the income documentation you submitted only documented one instance of being paid in October of 2015, that being from [REDACTED] on October 30, 2015.

Therefore, your testimony was also insufficient to resolve the above noted inconsistency.

NYSOH may not deny an individual Medicaid on the basis of information received from State and Federal sources, unless NYSOH has sought additional information from the individual.

As NYSOH sought additional income information from you, but sufficient income documentation was never provided, NYSOH properly found that you were ineligible for Medicaid and properly found you eligible to enroll in a Qualified Health Plan at full cost, effective April 1, 2016.

Therefore, the March 12, 2016 notice of eligibility determination notice stating that you were ineligible to enroll in Medicaid and eligible to enroll in a Qualified Health Plan at full cost, was correct and must be AFFIRMED.

Decision

The March 12, 2016 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: November 2, 2016

How this Decision Affects Your Eligibility

This decision does not change your eligibility.

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.

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)).

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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 March 12, 2016 eligibility determination notice is AFFIRMED.

This decision does not change your eligibility.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

