



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

Notice of Decision

Decision Date: December 1, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000009469



Dear [REDACTED],

On October 27, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health’s failure to issue a timely eligibility determination.

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 at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(b).

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

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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:

Did New York State of Health (NYSOH) fail to issue you a timely eligibility determination notice?

Procedural History

On November 19, 2015, NYSOH received your initial application for health insurance.

On November 20, 2015, NYSOH issued a notice asking you to provide more information in order to determine your eligibility for financial assistance. The notice directed you to submit income documentation for your household by December 5, 2015, to confirm that the information you provided in your application was accurate.

Also on November 20, 2015, your NYSOH account was updated.

On November 21, 2015, NYSOH issued a notice asking you to provide more information in order to determine your eligibility for financial assistance. The notice directed you to submit income documentation for your household by December 6, 2015, to confirm that the information you provided in your application was accurate.

On November 23, 2015, you faxed employment and income documentation to NYSOH ([REDACTED] [REDACTED] uploaded November 24, 2015).

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On December 8, 2015, your NYSOH account was updated.

On December 9, 2015, NYSOH issued a notice asking you to provide more information in order to determine your eligibility for financial assistance. The notice directed you to submit income documentation for your household by December 24, 2015, to confirm that the information you provided in your application was accurate.

On December 16, 2015, your NYSOH account was updated.

On December 17, 2015, NYSOH issued a notice asking you to provide more information in order to determine your eligibility for financial assistance. The notice directed you to submit income documentation for your household by January 1, 2016, to confirm that the information you provided in your application was accurate.

On December 22, 2015, you uploaded income documentation to your NYSOH account ([REDACTED] [REDACTED])

On December 31, 2015, your NYSOH account was updated.

On January 1, 2016, NYSOH issued a notice asking you to provide more information in order to determine your eligibility for financial assistance. The notice directed you to submit income documentation for your household by January 16, 2016, to confirm that the information you provided in your application was accurate.

On April 11, 2016, you uploaded income documentation to your NYSOH account ([REDACTED])

On May 6, 2016, your NYSOH account was updated. Based on your May 6, 2016 application, NYSOH rendered a preliminary eligibility determination that you were eligible to receive up to \$109.00 of advance premium tax credit, effective June 1, 2016.

Also on May 6, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as NYSOH's failure to issue a timely eligibility determination.

On May 7, 2016, NYSOH issued an eligibility determination notice that you were eligible to receive up to \$109.00 of advance premium tax credit, effective as of June 1, 2016. The notice also stated that you did not qualify to select a health plan outside of the open enrollment period for 2016.

On October 27, 2016, before your scheduled hearing, you uploaded billing statements from [REDACTED] and [REDACTED] to your NYSOH account ([REDACTED]).

On October 27, 2016, you had a telephone hearing with a Hearing Officer from the NYSOH Appeals Unit. Testimony was taken during the hearing and the record was left open to allow you to upload your unemployment insurance benefit history, for the months of November 2015 and December 2015, to your NYSOH account.

On October 27, 2016, you uploaded a four-page "Official Record of Benefit Payment History" printout from NYS Department of Labor's website to your NYSOH account ([REDACTED]). That documentation has been designated as "Appellant Exhibit A" and has been incorporated into the record. The record is now complete and closed.

Findings of Fact

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

- 1) You testified that you want to be found eligible for Medicaid.
- 2) You testified that you received medical services at the [REDACTED] [REDACTED] in December 2015.
- 3) [REDACTED] and [REDACTED] is seeking payment, in the amounts of \$812.70 and \$422.80, for the medical services provided at the [REDACTED] ([REDACTED]).
- 4) According to your NYSOH account, your application for financial assistance was initially received by NYSOH on November 19, 2015.
- 5) According to your November 19, 2015 application, you expected to file your federal income tax return, with the tax status of single, and not claim any dependents on that tax return.
- 6) According to your November 19, 2015 application, you attested to an expected yearly income of \$31,520.00 and a currently monthly income of \$0.00.
- 7) On November 23, 2015 you faxed employment and income documentation to NYSOH. You submitted:
 - a. A "Notice of Separation-Benefits" from [REDACTED], stating that your date of employment separation was October 27, 2015 ([REDACTED]).

- b. An Unemployment Insurance Monetary Benefit Determination from New York State's Department of Labor stating that you were entitled to a weekly benefit rate of \$425.00 with a claim effective start date of November 2, 2015 ([REDACTED])
- 8) On December 22, 2015 you uploaded income documentation to your NYSOH account. You submitted:
 - a. 2014 Form 1040EZ Income Tax Return for Single and Joint Filers With No Dependents stating that your adjusted gross income was \$50,220.00 in 2014 ([REDACTED])
 - b. A statement, dated December 22, 2015, attesting that you are the sole member of your household and had not had any income since October 27, 2015 ([REDACTED])
- 9) According to your account, NYSOH did not send any notices stating that the documentation that you had submitted was insufficient.
- 10) According to your "Official Record of Benefit Payment History" from New York State Department of Labor's website, your payment history reflects that no payments were released in November 2015 or December 2015, and five payments of \$425.00 were released on January 4, 2016 (Appellant Exhibit A pg. 2).

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, the 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)).

Timely Notice

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 FR § 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

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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 Household Size

An individual who expects to file a tax return for the taxable year in which an initial determination or renewal of eligibility is being made, and who does not expect to be claimed as a tax dependent 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)).

Medicaid:

Medicaid can be provided through the Marketplace 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)), N.Y. Soc. Serv. 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 2015 FPL, which is \$11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

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).

Legal Analysis

The issue is whether NYSOH provided you with a timely notice of eligibility determination regarding your application for financial assistance through the NYSOH.

For all individuals whose income is needed to calculate their 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.

On November 19, 2015, you submitted your initial application for financial assistance through NYSOH. You attested to an expected yearly income of \$31,520.00 and a currently monthly income of \$0.00.

On November 20, 2015, NYSOH issued a notice asking you to provide more income documentation in order to determine your eligibility for financial assistance through NYSOH. In that notice, it stated that additional "Proof Income" was needed to make an eligibility determination.

The record supports that you faxed employment and income documentation to NYSOH on November 23, 2015. You submitted a "Notice of Separation-Benefits" from [REDACTED] stating that your employment separation date was October 27, 2015. Furthermore, you submitted an "Unemployment Insurance Monetary Benefit Determination" from New York State's Department of Labor stating that you would be issued weekly benefit rate of \$425.00 with a claim effective start date of November 2, 2015.

The documentation faxed to NYSOH contained sufficient information for NYSOH to render an eligibility determination based on the documents provided as of Nov 23, 2015.

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.

The record reflects that NYSOH did not issue any notice stating that the documentation that you had submitted was insufficient and did not an eligibility determination until May 7, 2016. Since your application was complete with adequate income documentation as of November 23, 2015, NYSOH exceeded the 45-day time limit to issue you an eligibility determination.

Since NYSOH failed to issue you a determination within 45 days, NYSOH failed to issue you a timely notice of eligibility.

Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138% of the FPL for the applicable family size.

The record reflects that you expected to file your federal income tax return, with the tax status of single, and not claim any dependents on that tax return. Therefore, you are one-person household.

On the date of your initial application, the FPL was \$11,770.00 for a one-person household. Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits may be based on current monthly household income and family size. To be eligible for Medicaid, you must meet the nonfinancial criteria and have an income no greater than 138% of the FPL. In order to be eligible for Medicaid a household of one must not exceed a monthly income limit of \$1,354.00.

The record reflects that you attested to a current monthly income of \$0.00 on your November 19, 2015. Furthermore, the record contains sufficient employment and income documentation to show that you were not employed and did not receive any income in November 2015.

Your case is RETURNED to NYSOH to determine your eligibility for financial assistance as of the date of the completed application, November 23, 2015. Your application will be based on a one-person household, with a November 2015 monthly household income of \$0.00.

Decision

NYSOH failed to provide you with a timely notice of an eligibility determination regarding your application for financial assistance through NYSOH.

Your case is RETURNED to NYSOH to determine your eligibility for financial assistance as of the date of the completed application, November 23, 2015. Your application will be based on a one-person household, with a November 2015 monthly household income of \$0.00.

Effective Date of this Decision: December 1, 2016

How this Decision Affects Your Eligibility

Your case has been returned to NYSOH to determine your eligibility for financial assistance as of November 23, 2015.

If You Disagree with this Decision (Appeal Rights)

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 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 after the date 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 date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

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

NYSOH failed to provide you with a timely notice of an eligibility determination regarding your application for financial assistance through NYSOH.

Your case is RETURNED to NYSOH to determine your eligibility for financial assistance as of the date of the completed application, November 23, 2015. Your application will be based on a one-person household, with a November 2015 monthly household income of \$0.00.

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Your case has been returned to NYSOH to determine your eligibility for financial assistance as of November 23, 2015.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

