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

Notice of Decision

Decision Date: April 21, 2017

NY State of Health Account ID [redacted]
Appeal Identification Number: AP000000013049

[redacted]

Dear [redacted],

On February 16, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 30, 2016 disenrollment notice and the November 3, 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 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: April 21, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000013049

[redacted]

Issues

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

> Did NY State of Health (NYSOH) properly terminate the Medicaid Managed Care plan you and your child were enrolled in, effective October 31, 2016?
>
> Did NYSOH properly determine you and your child were not eligible for Medicaid as of December 1, 2016, as stated in the November 3, 2016 eligibly determination notice?

Procedural History

On November 25, 2015, NYSOH issued a notice of eligibility determination stating you and your child were eligible for Medicaid, effective November 1, 2015.

Also on November 25, 2015, NYSOH issued an enrollment confirmation stating you and your child were enrolled in a Medicaid Managed Care plan, effective January 1, 2016.

On September 16, 2016, NYSOH issued a notice stating it was time to renew your health insurance for 2017. The notice stated that, based on information from federal and state sources, NYSOH could not decide whether you and your child qualified for financial help paying for your health coverage. The notice directed you to update your account by October 15, 2016 or you might lose the financial assistance you and your child were currently receiving.

On September 29, 2016, NYSOH received an updated application for health insurance submitted on behalf of you and your child.

On September 30, 2016, NYSOH issued a notice stating the income information contained in your application did not match what NYSOH received from state and federal data sources. The notice directed you to provide proof of your income by October 14, 2016 to confirm eligibility for you and your child.

Also on September 30, 2016, NYSOH issued a disenrollment notice stating coverage for you and your child in your Medicaid Managed Care plan was terminated, effective October 31, 2016.

No income documentation was received by October 14, 2016.

You updated your account again on October 19, 2016; NYSOH again issued a notice stating the income information contained in your application did not match what NYSOH received from state and federal data sources.

On November 3, 2016, NYSOH issued a notice of eligibility determination, based on a November 2, 2016 systematic redetermination, stating you and your child were eligible to purchase of qualified health plan at full cost through NYSOH, effective December 1, 2016. The notice indicted you and your child were not eligible for Medicaid because NYSOH had not received the requested information to verify your income by the due date.

Also on November 3, 2016, you spoke to NYSOH's Account Review Unit and appealed this eligibility determination insofar as you and your child were not eligible for Medicaid as well as the October 31, 2016 disenrollment from the Medicaid Managed Care plan you and your child were enrolled in.

On February 16, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was left open for you to submit evidence supporting your allegation that your medical condition prevented you from timely submitting proof of your income. On February 18, 2017, several documents were uploaded to your NYSOH account including emergency room records from [redacted], an eye witness statement, and a letter from a doctor dated [redacted]. Thereafter the record closed.

Findings of Fact

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

1) You and your child were determined eligible for Medicaid, effective November 1, 2015.

2) NYSOH issued a renewal notice directing you to update your account by October 15, 2016.

3) NYSOH received your updated application for financial assistance on September 29, 2016.

4) NYSOH was unable to verify the income amount listed in your application and issued a notice dated September 30, 2016 directing you to submit proof of your income by October 14, 2016.

5) You testified you received this letter but you did not open it until several weeks later because you were busy working and taking classes.

6) You testified you receive your notification from NYSOH by regular mail.

7) Your account confirms no income documentation was received by October 14, 2016.

8) You testified you suffered a [redacted] during this time that prevented you from submitting the requested income documentation by the deadline.

9) You testified you checked your mail on October 19, 2016 and read the September 30, 2016 disenrollment notice for the first time. You testified you contacted NYSOH on this day and you were advised you needed to submit proof of your income.

10) On October 25, 2016, you uploaded a letter of employment, from [redacted], indicating you receive an annual stipend of $22,500 through an [redacted] program through [redacted] ([redacted]). This document was verified by NYSOH on November 7, 2016.

11) You testified the $22,500.00 annual stipend you receive from [redacted], as confirmed in the October 24, 2016 letter submitted, is distributed over the span of the ten-month school year beginning in September 2016.

12) On November 2, 2016, NYSOH systematically redetermined your eligibility. The employment letter uploaded on October 25, 2016 had not yet been verified and NYSOH determined you and your child were not eligible for Medicaid because NYSOH had not received the requested information to verify your income by the due date.

13) On November 3, 2016, you submitted two paystubs from employment with the [redacted]; apparently through the [redacted].

14) You appealed both this determination and the October 31, 2016 disenrollment from the Medicaid Managed Care plan you and your child were enrolled in.

15) You testified you are seeking reinstatement for you and your child into your Medicaid Managed Care plan as of November 1, 2016.

16) You and your child were granted Aid-to-Continue on November 15, 2016 and subsequently reenrolled into a Medicaid Managed Care plan, effective November 1, 2016.

17) On February 18, 2017, you submitted the following documents:

a. Emergency room records establishing you were hospitalized and underwent testing on [redacted].

b. An unsigned and undated eye witness report ([redacted]).

c. A letter from a doctor dated December 27, 2016, opining you "developed a [redacted] within the context [redacted].

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

Applicable Law and Regulations

Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every 12 months or "whenever it receives information about a change in a beneficiary's circumstances that may affect eligibility" (42 CFR § 435.916(a)(1), (d)). NYSOH must make its "redetermination of eligibility without requiring information from the

individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency" (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates provided by the individual (45 CFR §155.335(h)).

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).

Legal Analysis

The issue under review is whether NYSOH properly terminated the Medicaid Managed Care plan you and your child were enrolled in, effective October 31, 2016.

You and your child were previously found eligible for Medicaid effective November 1, 2015.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's September 16, 2016 renewal notice stated there was not enough information to determine whether you and your child were eligible to continue your financial assistance for health insurance.

NYSOH received your updated application for financial assistance on September 29, 2016. NYSOH was unable to verify the income amount listed in your application. 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 September 30, 2016, NYSOH issued a notice directing you to submit proof of your income by October 14, 2016. You testified you received this letter but you did not open it until several weeks later because you were busy working and taking classes.

Given your admission you received the September 30, 2016 notice directing you to provide proof of your income and the lack of evidence that any notices sent to your mailing address were returned as undeliverable, it is concluded NYSOH properly notified you that additional information was needed to confirm eligibility for you and your child to continue receiving financial assistance.

Your account confirms no income documentation was received by October 14, 2016. You testified you suffered [redacted] during this time that prevented you from submitting the requested income documentation by the deadline.

You submitted documents evidencing you were hospitalized and underwent testing on [redacted] You also provided a letter from a doctor opining you "developed a [redacted] within the context [redacted] While this is sufficient evidence to establish you suffered [redacted] on [redacted] it is not sufficient to establish how this medical condition prevented you from providing proof of your income to NYSOH during the entire time from the September 16, 2016 notice to the October 14, 2016 deadline.

Therefore, the September 30, 2016 disenrollment notice stating the Medicaid Managed Care plan you and your child were enrolled in was terminated, effective October 31, 2016, is correct and is AFFIRMED.

The second issue is whether NYSOH properly determined you and your child were not eligible for Medicaid as of December 1, 2016, as stated in the November 3, 2016 eligibility determination notice.

The eligibility determination dated November 3, 2016 stated you and your child were not eligible for Medicaid because NYSOH had not received the requested information to verify your income by the due date.

Pursuant to the above cited regulations, 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. NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application.

NYSOH was unable to verify the income information listed in your September 29, 2016 updated application. Accordingly, NYSOH issued a notice dated September 30, 2016 directing you to submit proof of your income by October 14, 2016. No income documentation was received by NYSOH by the deadline.

Therefore, the November 3, 2016 eligibility determination notice stating you and your child were not eligible for Medicaid, effective December 1, 2016, because NYSOH had not received the requested information to verify your income by the due date, is correct and is AFFIRMED.

However, you uploaded an employment letter on October 25, 2016, albeit after the deadline for this information, and this document was not verified by NYSOH until November 7, 2016. Additional paystubs were submitted on November 3, 2016.

When a representative reviewed your income documentation on November 7, 2016, your income was calculated as the total of the income referenced in the letter from your employer ([redacted]) and the income included on the paystubs from [redacted]; the representative presumed that this documentation showed income from two different jobs. It appears that this is not accurate.

Additionally, you credibly testified the $22,500.00 annual stipend you receive from [redacted], as confirmed in the October 24, 2016 letter submitted, is distributed over the span of the ten-month school year beginning in September 2016. The November 7, 2016 application update appears to have included the full amount of this stipend in the calculation of your 2016 income. Given your testimony, this is not accurate. Accordingly, you are eligible for a redetermination of your eligibility.

Decision

The September 30, 2016 disenrollment notice is AFFIRMED.

However, the November 3, 2016 eligibility determination notice is RESCINDED, and your case is returned to NYSOH to determine whether the income documentation you submitted all related to the same job, to recalculate your 2016 income based on the amount received in 2016, to assist you in updating your application with your correct household income, and to redetermine your eligibility as of October 25, 2016 (when you submitted the letter from your employer).

Effective Date of this Decision: April 21, 2017

How this Decision Affects Your Eligibility

Your case will be returned to NYSOH to redetermine your eligibility as of the date you uploaded the letter from your employer on October 25, 2016. A new eligibility determination notice will be issued at that time.

Your Aid to Continue will remain in effect until NYSOH has addressed this issue.

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 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 September 30, 2016 disenrollment notice is AFFIRMED.

However, the November 3, 2016 eligibility determination notice is RESCINDED, and your case is returned to NYSOH to determine whether the income documentation you submitted all related to the same job, to recalculate your 2016 income based on the amount received in 2016, to assist you in updating your application with your correct household income, and to redetermine your eligibility as of October 25, 2016 (when you submitted the letter from your employer).

Your case will be returned to NYSOH to redetermine your eligibility as of the date you uploaded the letter from your employer on October 25, 2016. A new eligibility determination notice will be issued at that time.

Your Aid to Continue will remain in effect until NYSOH has addressed this issue.

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)

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.

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.

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