



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

Notice of Decision

Decision Date: March 07, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013811

[REDACTED]

Dear [REDACTED],

On February 28, 2017 you appeared by telephone at a hearing on your appeal of NY State of Health's January 10, 2017 eligibility determination notice and enrollment confirmation 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).

This page intentionally left blank.



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

Decision

Decision Date: March 07, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013811

[REDACTED]

Issues

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

Was your spouse eligible for Medicaid for the months of July, August, and September 2016?

Did NY State of Health provide you with a timely determination of your Medicaid eligibility as of January 10, 2017?

Did NY State of Health properly determine that your Medicaid Managed Care plan began February 1, 2017?

Procedural History

On October 27, 2016, NY State of Health (NYSOH) received your household's updated application for health insurance.

On October 28, 2016 NYSOH issued a notice stating that the income information in your application does not match what NYSOH had received from state and federal data sources. The notice requested that you and your spouse provide proof of your income by November 11, 2016 in order to confirm your eligibility.

On November 3, 2016 NYSOH received by fax four of your spouse's paystubs and a letter stating that you are a stay at home mother and do not currently work.

On November 16, 2016 NYSOH again received by fax four of your spouse's paystubs and a letter stating that you are a stay at home mother and do not currently work.

On November 17, 2016, NYSOH reran your household's application for health insurance.

On November 18, 2016 NYSOH issued a notice stating that the income information in your application does not match what NYSOH had received from state and federal data sources. The notice requested that you and your spouse provide proof of your income by November 26, 2016 in order to confirm your eligibility.

On November 21, 2016 NYSOH attached the November 17, 2016 faxes to your NYSOH account.

On November 22, 2016 NYSOH attached the November 3, 2016 faxes to your NYSOH account.

On November 29, 2016 an NYSOH representative invalidated the documentation that was submitted because two of the four paystubs were outdated.

On November 30, 2016 NYSOH issued a notice stating that the documentation that NYSOH reviewed was not sufficient to confirm your eligibility. The notice requested that you and your spouse submit additional proof of your household's income by December 26, 2016.

On December 5, 2016, you spoke to NYSOH's Account Review Unit and appealed NYSOH's failure to issue an eligibility determination notice for you and your spouse.

On January 9, 2017 NYSOH redetermined you and your spouse's eligibility for health insurance.

On January 10, 2017 NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for Medicaid because your household income of \$24,336.00 is at or below the allowable income limit. Your eligibility for Medicaid was effective as of January 1, 2017 and your spouse's eligibility for Medicaid was effective October 1, 2016.

Also on January 10, 2017 NYSOH issued an enrollment confirmation notice confirming your enrollment in a Medicaid Managed Care plan, effective February 1, 2017.

On February 28, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing you testified that you are seeking 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).

have coverage through Medicaid for yourself for the month of December 2016 and for your spouse to have coverage through Medicaid for July, August, and September 2016 in order to help pay for medical bills incurred during those months. The record was developed during the hearing and left open for 15 days to allow you time to submit proof of your spouse's income for July, August, and September 2016. On March 1, 2017 the NYSOH Appeals Unit received a fax containing the requested documentation. The documentation was incorporated into the record as Appellant's Exhibit #1 and the record was closed.

Findings of Fact

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

- 1) You testified that you and your spouse expect to file your 2016 federal income tax return with a tax filing status of married filing jointly, and claim your two children as dependents.
- 2) Your spouse was initially found eligible for Medicaid as of October 1, 2016. You testified that you are seeking retroactive Medicaid coverage for your spouse for the months of July, August, and September 2016.
- 3) You testified that in July, August, and September 2016 your spouse was paid weekly.
- 4) You provided paystubs for your spouse showing that for the month of July he received on July 1, 2016 a gross pay of \$605.92; on July 8, 2016 a gross pay of \$273.98; on July 15, 2016 a gross pay of \$693.00; on July 22, 2016 a gross pay of \$443.38; and on July 29, 2016 a gross pay of \$770.00.
- 5) You provided paystubs for your spouse showing that for the month of August he received on August 5, 2016 a gross pay of \$691.25; on August 12, 2016 a gross pay of \$848.75; on August 19, 2016 a gross pay of \$788.48; and on August 26, 2016 a gross pay of \$768.22.
- 6) You provided paystubs for your spouse showing that for the month of September he received on September 2, 2016 a gross pay of \$547.12; on September 9, 2016 a gross pay of \$702.38; on September 16, 2016 a gross pay of \$421.85; on September 23, 2016 a gross pay of \$680.12; and on September 30, 2016 a gross pay of \$770.63.
- 7) You testified that your spouse is the sole income earner in your household and that you were not employed in July, August, and September 2016.

- 8) You were found eligible for Medicaid as of January 1, 2017 and enrolled in a Medicaid Managed Care plan as of February 1, 2017. You testified that you are seeking Medicaid coverage for yourself in the month of December 2016.
- 9) On November 3, 2016 you faxed in documentation to NYSOH. That documentation contained four paystubs from your spouse's employer for check dates October 7, 2016; October 14, 2016; October 21, 2016; and October 28, 2016, and a letter stating that you were a stay at home mom and do not have any income.
- 10) On November 22, 2016 NYSOH attached the November 3, 2016 faxes to your NYSOH account.
- 11) On November 29, 2016 an NYSOH representative determined that the income documentation you submitted was insufficient because two of the paystubs were outdated insofar as they were not within 30 days of November 17, 2016.

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 through NYSOH can be provided 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 federal poverty level (FPL) for the applicable family size (42 CFR §§ 435.119(b), 435.911(b)(1), 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 2016 FPL, which is \$24,300.00 for a four-person household (81 Fed. Reg. 4036).

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of 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 CFR § 435.915(a)). The Department of Health may

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).

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)).

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 who are at least 19 years of age notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

NYSOH must provide Medicaid applicants who are a child at least one year of age but younger than 19 years of age notice of their eligibility determination within 30 days from the date of the application (18 NYCRR §360-2.4(a)(3)(ii)).

Legal Analysis

The first issue under review is whether your spouse was eligible for Medicaid for the months of July, August, and September 2016.

Your spouse is in a four-person household; he files his taxes with a tax filing status of married filing jointly and claims two children as dependents.

NYSOH received your spouse's initial application for health insurance on October 27, 2016. Your spouse was subsequently found eligible for Medicaid effective October 1, 2016.

You testified that you are seeking retroactive Medicaid coverage for your spouse for the months of July, August, and September 2016.

Medicaid coverage can be made effective retroactively for up to three months prior to an individual's 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.

To be eligible for Medicaid in July, August and September 2016, your spouse would have needed to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$2,795.00 per month. There is no indication in the record that your spouse would have been ineligible for Medicaid based on non-financial criteria during those months.

You testified that your spouse is the sole income earner in your household and that you were not employed in July, August, and September 2016. You further testified that in July, August, and September 2016 your spouse was paid weekly.

You provided paystubs for your spouse showing that for the month of July he received on July 1, 2016 a gross pay of \$605.92; on July 8, 2016 a gross pay of \$273.98; on July 15, 2016 a gross pay of \$693.00; on July 22, 2016 a gross pay of \$443.38; and on July 29, 2016 a gross pay of \$770.00. Therefore, the record indicates that in the month of July, your spouse had a monthly household income of \$2,786.28.

You provided paystubs for your spouse showing that for the month of August he received on August 5, 2016 a gross pay of \$691.25; on August 12, 2016 a gross pay of \$848.75; on August 19, 2016 a gross pay of \$788.48; and on August 26, 2016 a gross pay of \$768.22. Therefore, the record indicates that in the month of August, your spouse had a monthly household income of \$3,096.80.

You provided paystubs for your spouse showing that for the month of September he received on September 2, 2016 a gross pay of \$547.12; on September 9, 2016 a gross pay of \$702.38; on September 16, 2016 a gross pay of \$421.85; on September 23, 2016 a gross pay of \$680.12; and on September 30, 2016 a gross pay of \$770.63. Therefore, the record indicates that in the month of September, your spouse had a monthly household income of \$3,122.10.

The record does not contain an eligibility determination from NYSOH in regards to your spouse's eligibility for retroactive Medicaid for the months of July, September, and August 2016. Since the record now contains a more accurate representation of what your household's income was for those months, your case

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).

is RETURNED to NYSOH to consider your spouse's request for retroactive coverage for July 2016 based on a household size of four people and a monthly household income of \$2,786.28; for August 2016 based on a household size of four people and a monthly household income of \$3,096.80; and for September 2016 based on a household size of four people and a monthly household income of \$3,122.00.

The second issue is whether NYSOH provided you with a timely determination of your Medicaid eligibility as of January 10, 2017.

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 updated your NYSOH account on October 27, 2016. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

On November 3, 2016 you faxed in documentation to NYSOH. That documentation contained four paystubs from your spouse's employer for check dates October 7, 2016; October 14, 2016; October 21, 2016; and October 28, 2016, and a letter stating that you were a stay at home mom and do not have any income.

However, NYSOH did not attach these documents to your account until November 21, 2016. As a result, on November 29, 2016 an NYSOH representative determined that the income documentation you submitted was insufficient because two of the paystubs were outdated insofar as they were not within 30 days of November 17, 2016.

As stated above, you faxed the documentation to NYSOH on November 3, 2016 and it was through no fault of your own that NYSOH delayed attaching that information to your account for verification purposes. Had your documents been reviewed on November 3, 2016, all of the paystubs would have been within the 30-day window.

Therefore, your application was complete as of November 3, 2016 for purposes of issuing an eligibility determination.

NYSOH must provide Medicaid applicants who are at least 19 years of age notice of their eligibility determination within 45 days from the date of the

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).

completed application. 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 January 10, 2017 that stated you were eligible for Medicaid effective January 1, 2017. Since NYSOH issued an eligibility determination 68 days from the date your application was considered complete, the January 10, 2017 eligibility determination was untimely.

The third issue is whether NYSOH properly determined that your Medicaid Managed Care plan began February 1, 2017.

The date on which a Medicaid Managed Care plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

You submitted sufficient documentation of your household's income on November 3, 2016. Had NYSOH issued an eligibility determination on November 3, 2016, you would have been able to select a Medicaid Managed Care plan that day, and your enrollment in your Medicaid Managed Care plan would have taken effect on the first day of the first month following November 3, 2016; that is, on December 1, 2016.

Therefore, the January 10, 2017 eligibility determination notice is MODIFIED to state that you are eligible for Medicaid, effective December 1, 2016, and the January 10, 2017 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan was effective as of December 1, 2016.

Your case is RETURNED to NYSOH to enroll you into your Medicaid Managed Care plans as of December 1, 2016.

Decision

There has been no determination on your spouse's eligibility for retroactive Medicaid for July, August, and September 2016. Your case is RETURNED to NYSOH to consider your spouse's request for retroactive coverage for July 2016 based on a household size of four people and a monthly household income of \$2,786.28; for August 2016 based on a household size of four people and a monthly household income of \$3,096.80; and for September 2016 based on a household size of four people and a monthly household income of \$3,122.00.

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).

NYSOH failed to issue a timely notice of your eligibility for Medicaid.

The January 10, 2017 eligibility determination notice is MODIFIED to state that you are eligible for Medicaid, effective December 1, 2016.

The January 10, 2017 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan was effective as of December 1, 2016.

Your case is RETURNED to NYSOH to enroll you into your Medicaid Managed Care plans as of December 1, 2016.

Effective Date of this Decision: March 07, 2017

How this Decision Affects Your Eligibility

There has been no determination of your spouse's eligibility for Medicaid for the months you requested. Your case is being sent back to NYSOH to make a determination on his eligibility based on the information you submitted during your hearing.

NYSOH failed to issue a timely notice of your eligibility for Medicaid. You should have been eligible for Medicaid as of December 1, 2016.

Your case is being sent back to NYSOH to reinstate your Medicaid Managed Care coverage for the month of December 2016.

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

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).

done within 30 days 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

There has been no determination of your spouse's eligibility for Medicaid for the months you requested.

Your case is RETURNED to NYSOH to consider your spouse's request for retroactive coverage for July 2016 based on a household size of four people and a monthly household income of \$2,786.28; for August 2016 based on a household size of four people and a monthly household income of \$3,096.80; and for September 2016 based on a household size of four people and a monthly household income of \$3,122.00.

NYSOH failed to issue a timely notice of your eligibility for Medicaid.

The January 10, 2017 eligibility determination notice is MODIFIED to state that you are eligible for Medicaid, effective December 1, 2016.

The January 10, 2017 enrollment confirmation notice is MODIFIED to state that your enrollment in your Medicaid Managed Care plan was effective as of December 1, 2016.

Your case is being sent back to NYSOH to reinstate your Medicaid Managed Care coverage for the month of December 2016.

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).

Legal Authority

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

A Copy of this Decision Has Been Provided To:

