



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

Notice of Decision

Decision Date: May 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014716

[REDACTED]

Dear [REDACTED],

On April 6, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's January 3, 2017 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

Decision Date: May 10, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014716



Issue

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

Did NY State of Health properly determine that you were ineligible for Medicaid?

Procedural History

On December 9, 2016, NY State of Health (NYSOH) received your updated application for health insurance. Also on December 9, 2016, you uploaded income documentation to your NYOSH account.

On December 10, 2016, NYOSH issued a notice stating that the income information listed on your application did not match what NYOSH received from state and federal data sources and that more information regarding your proof of income was needed to confirm the information in your application by December 22, 2016.

On December 22, 2016, NYOSH invalidated the documents you submitted on December 9, 2016, on the basis that the documents were insufficient to solve the inconsistencies on your account.

On December 23, 2016, NYOSH issued a notice stating that the income you submitted did not confirm the information in your application. It directed you to provide additional proof of income before December 22, 2016.

On January 2, 2017, there was a systematic update and your application was run using federal and state data sources.

On January 3, 2017, NYSOH issued an eligibility determination notice, based on the January 2, 2017 application, stating that using federal and state data sources you were eligible for a full price qualified health plan through NYOSH, effective February 1, 2017. This notice further stated that you were not eligible for Medicaid because NYOSH did not receive the requested information to verify your income by the due date.

On January 9, 2017, you contacted NYSOH's Account Review Unit and appealed the January 3, 2017 eligibility determination notice insofar as, you were not found eligible for Medicaid.

On April 5, 2017, you were contacted by a Hearing Officer from NYSOH's Appeals Unit. During this telephone hearing, you asked if the hearing could be rescheduled since you had to on your way to a business meeting. The Hearing Officer agreed to adjourn the meeting to April 6, 2017.

On April 6, 2017, you had a telephone hearing with a Hearing Officer from NYOSH's Appeals Unit. The record was developed during the hearing and held open until April 21, 2017, to allow you to submit supporting documents; including an updated earning and expense record, and your contract with [REDACTED]

On April 6, 2017, you uploaded this documentation to your NYOSH account, after which the record was closed.

Findings of Fact

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

- 1) You are seeking insurance for yourself.
- 2) You testified that you expect to file your 2017 taxes with a tax filing status of single. You will claim no dependents on that tax return.
- 3) The application that was submitted on December 9, 2016 listed an expected annual household income of \$-375.44, consisting of \$2,800.00 you earn from your self-employment less expenses. You testified that this amount was correct at that time.
- 4) Your application on December 9, 2016 stated that you plan on taking a student loan interest deduction of \$3,175.44 on your 2017 tax return.

- 5) On December 9, 2016, you uploaded a screenshot of a “STC Payment Request Form”, a screenshot of a “Current Assignment” list, and a letter address to you from [REDACTED] that you do business with, dated August 9, 2016.
- 6) On December 22, 2016, NYOSH reviewed the income documentation, that was uploaded on December 9, 2016, and found that the income documentation was insufficient to resolve the inconsistency in your NYOSH account because you had not submitted paystubs from the employers listed on your application.
- 7) You testified that as of the time of the hearing your expected annual household income is \$24,500.00.
- 8) You testified that you are self-employed, and currently have two contracts; one with [REDACTED], and the other with [REDACTED].
- 9) You further testified that you are unsure if you will receive any other contracts for the 2017 year.
- 10) You testified that your 2016 Income Tax Return would not be indicative of your expected annual income in 2017.
- 11) Your application states that you live in Bronx County, NY.

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

Applicable Law and Regulations

Medicaid

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 2016 FPL, which is \$11,880.00 for a one-person household (80 Federal Register 3236, 3237).

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).

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).

People who receive or are eligible for Medicaid are not eligible for APTC since they have, or will soon have, active coverage in the system. They will be enrolled or remain in their Medicaid plan for 12 months, with limited exceptions, including entering prison or another facility that provides medical care, moving out of state, failing to provide a valid Social Security number, or having third party health insurance (NY Social Services Law § 366(4)(c)).

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, the Marketplace must request data that will allow the Marketplace to verify the household's income (45 CFR §155.320(c)(1)(i)).

If the Marketplace 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)).

Modified Adjusted Gross Income

NYSOH bases its eligibility determinations on modified adjusted gross income as defined in the federal tax code (45 CFR § 155.300(a)). The term "modified adjusted gross income" means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3) Social Security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

Student Loan Interest Deduction

"Adjusted gross income" is the gross income of the taxpayer minus the deductions permitted (26 USC § 62). Subject to some limitations, interest on a qualified educational loan can be deducted from adjusted gross income in an amount up to \$2,500 in interest paid by taxpayers during the taxable year, whose yearly income does not exceed \$160,000 (26 USC § 221; see also 26 USC § 62 (17)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were ineligible for Medicaid.

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 (MAGI) that is at or below 138% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$11,880.00 for a one-person household.

However, financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. To be eligible for Medicaid, you would need to meet the non-financial criteria and have a monthly income no greater than 138% of the FPL, which is \$1,367.00 per month for a one-person household.

For individuals whose income is need to calculate eligibility, NYOSH must request data that will allow NYOSH to verify the individuals household income.

If NYOSH cannot verify the income information required to determine eligibility, they must attempt to resolve the inconsistency by giving the applicant the opportunity to submit satisfactory documentary evidence.

You updated your account on December 9, 2016. The income in that application was negative \$375.44. This income amount did not match information from federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

On December 9, 2016, you uploaded a screenshot of a "STC Payment Request Form", a screenshot of a "Current Assignment" list, and a letter address to you from [REDACTED], dated August 9, 2016.

On December 22, 2016, NYSOH deemed these documents insufficient proof of income as you submitted screenshots of a statement from [REDACTED] and you had not submitted pay stubs from all employers that you currently worked for as listed in your December 9, 2016 application.

You testified that you are self-employed and are paid in installments pursuant to contracts with organizations that you do consultant work for, therefore, you do not receive regular pay stubs from the organizations that you have contracts with.

However, the income documentation that was submitted was insufficient to resolve the inconsistency on your account because you had not submitted records of detailed earnings and expenses for the last three months, business

pay rolls and records for the last three months, or a filed tax return from the previous year.

On December 23, 2016, NYOSH issued a notice stating that the income documentation you submitted on December 9, 2016 did not confirm the information in your application. This notice further directed you to submit additional income documentation, from the list of acceptable documents which was attached to the end of the notice, by December 22, 2016 to confirm your eligibility.

The December 23, 2016 notice directing you to submit additional proof of income was defective and did not give you proper notice that additional income documentation was needed to resolve the inconsistency in your account because the notice was sent after the stated due date for submitting additional income documentation. Thereby, not giving you sufficient time to attempt to submit additional documentation to resolve the inconsistencies on your account.

However, even though NYOSH sent a defective notice, the documents received to date, including the documentation submitted on April 6, 2017, are not sufficient to resolve the inconsistencies regarding your income as listed on your account.

In fact, the record indicates that between September 2015 to December 2016 your income has fluctuated between \$107,786.75 and \$-375.44.

Therefore, without sufficient documentation to verify your income and because NYOSH did not give you sufficient time to submit additional income documentation, the Appeals Unit cannot address whether NYOSH properly determined you ineligible for Medicaid.

Your case is being RETURNED to NYOSH to rerun your application, and to notify you accordingly. NYOSH must allow you sufficient time to submit acceptable proof of income, if necessary.

Acceptable proof of income for self-employment includes business records and receipts (e.g. business bank account records, invoices and checks) for the last 3 months, records of earnings and expenses (e.g. balance sheets from accounting software) for the last three months, or the most recent signed and filed tax return if representative of expected income. If you are unable to produce this documentation, you can contact NYOSH for additional help.

Decision

The Appeals Unit is unable to decide whether NYOSH properly determined you ineligible for Medicaid based on the record as developed as of the date of this Decision.

NYSOH must allow you sufficient time to submit income documentation, if necessary. Once such documentation is submitted and can be validated, your case will be RETURNED to rerun your application for financial assistance with health insurance, and to notify you accordingly.

Effective Date of this Decision: May 10, 2017

How this Decision Affects Your Eligibility

You remain eligible for a full price qualified health plan.

The Appeals Unit is unable to decide whether NYOSH properly determined you ineligible for Medicaid because necessary income documentation has not been submitted to date. For your eligibility to be redetermined by NYSOH, you must submit the proper income documentation, examples of which are noted above.

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

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).

- 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 Appeals Unit is unable to decide whether NYOSH properly determined you ineligible for Medicaid based on the record as developed as of the date of this Decision.

NYSOH must allow you sufficient time to submit income documentation, if necessary. Once such documentation is submitted and can be validated, your case will be RETURNED to rerun your application for financial assistance with health insurance, and to notify you accordingly.

You remain eligible for a full price qualified health plan.

The Appeals Unit is unable to decide whether NYOSH properly determined you ineligible for Medicaid because necessary income documentation has not been submitted to date. For your eligibility to be redetermined by NYSOH, you must submit the proper income documentation, examples of which are noted above.

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 sending you this notice 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 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 ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a okyerE 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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