



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

## Notice of Decision

Decision Date: June 21, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015336

[REDACTED]

Dear [REDACTED],

On May 10, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's failure to issue a timely eligibility determination following your January 4, 2017 application.

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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: June 21, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015336



## Issue

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

Did NY State of Health (NYSOH) improperly fail to provide you with a substantive determination of your eligibility following your January 4, 2017 updated application?

## Procedural History

On January 4, 2017, NYSOH received your updated application for financial assistance with health insurance.

On January 5, 2017, NYSOH issued a notice stating the income information listed in your application did not match information obtained from state and federal data sources. The notice directed you to submit proof of your income by January 19, 2017 or NYSOH would not be able to determine your eligibility.

Also on January 5, 2017, NYSOH issued a disenrollment notice indicating your Medicaid Managed Care plan coverage would end on January 31, 2017, because you were no longer eligible to enroll in the plan.

On January 27, 2017, NYSOH issued a notice stating the documentation submitted did not confirm the information in your application. The notice directed you to submit additional proof of your income by February 18, 2017.

On January 30, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as NYSOH invalidated your income documentation and failed to issue an eligibility determination finding you eligible for Medicaid.

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On February 7, 2017, NYSOH issued an eligibility determination notice stating you were eligible for Medicaid, for a limited time, effective February 1, 2017. The notice indicated you had been granted Aid to Continue pending the outcome of your appeal.

Also on February 7, 2017, NYSOH issued an enrollment confirmation notice confirming your enrollment in a Medicaid Managed Care plan, pursuant to your grant of Aid to Continue, effective February 1, 2017.

On May 10, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

## **Findings of Fact**

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

- 1) You contacted NYSOH on January 4, 2017 to update your account and an updated application was submitted on your behalf that day. That application listed your annual income as \$4,160.00 consisting of \$80.00 you earned weekly from your employment.
- 2) According to your account, NYSOH was unable to verify the income information listed in your application and proof of income was requested by January 19, 2017.
- 3) According to your account, NYSOH received your income documentation and uploaded it to your account on January 20, 2017. The identification number assigned to the document ( [REDACTED] ) indicates it was a facsimile and the transmission data on the top of each page of the document indicates it was sent on January 10, 2017.
- 4) The income document was one page consisting of a handwritten list of weekly income earned from November 19, 2016 to January 7, 2017. The document also contained a note stating "[REDACTED] income is \$80.00 a week for 8 hrs. at [REDACTED]." The document was signed by your employer and dated January 10, 2017. It did not specify whether this income was gross pay or net pay.
- 5) According to your account, on January 26, 2017, NYSOH invalidated your income documentation on the alleged ground the letter provided did not provide your gross income.

- 6) NYSOH issued a notice on January 27, 2017 indicating the income documentation was insufficient to confirm the information in your application and directing you to submit additional proof of your income.
- 7) You testified you work one day a week at a restaurant and you are paid a flat rate of \$80.00 which you receive in cash at the end of the night. You testified this is the gross amount with no taxes deducted.
- 8) You testified you submitted a letter signed by your employer indicating the amount of your weekly income. You testified you submitted similar letters signed by the same employer in past years which have been verified by NYSOH without issue.
- 9) Your account confirms that in 2014 and 2015 you submitted income documentation signed by the same employer providing your weekly pay rate of \$80.00 ( [REDACTED], [REDACTED] ). Your account confirms this documentation was accepted by NYSOH as proof of your gross income verifying the information listed in your application and confirming your Medicaid eligibility. However, in 2014 and 2015 you submitted a DOH form, which specifically stated that the pay you received was gross pay. The handwritten letter you submitted for this year did not.
- 10) According to your account, a formal appeal was filed on your behalf on January 30, 2017 relating to NYSOH's failure to determine you eligible for Medicaid based on the income documentation you provided.
- 11) To date, the only eligibility determination issued by NYSOH in 2017 was on February 7, 2017 and pertains to NYSOH's grant of Aid to Continue pending the resolution of the appeal.
- 12) NYSOH has not issued an eligibility determination based on your January 4, 2017 updated application.

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

## **Applicable Law and Regulations**

### 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).

### Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow it 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)).

## **Legal Analysis**

The issue under review is whether NYSOH improperly failed to provide you with a substantive determination of your eligibility following your January 4, 2017 updated application.

You updated your application on January 4, 2017. NYSOH was unable to verify the income information listed in your application and proof of your income was requested by January 19, 2017.

Pursuant to the regulations, 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.

The January 5, 2017 notice indicated the income information listed in your application did not match information obtained from data sources, and that more information was needed. That notice directed you to submit proof of your income by January 19, 2017 or NYSOH would not be able to determine your eligibility.

Although your account indicates your income documentation was received on January 20, 2017, transmission data on the top of each page of the document indicates it was sent on January 10, 2017, prior to the January 19, 2017

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deadline. This document submitted was a letter signed and dated by your employer providing your weekly hours as well as your pay rate. NYSOH invalidated this document on the alleged ground the document did not provide your gross pay rate. Although you argue that NYSOH accepted similar documents in the past as proof of your income, documents you submitted for prior years did state that the pay was your gross income; the current submission did not.

Therefore, it is concluded the income documentation you submitted on January 10, 2017 was insufficient proof of your income and NYSOH properly requested additional information. No further documentation has been submitted.

However, at your hearing you testified that you earned \$80.00 per week, gross, and this is consistent with prior documentation of your income. Additionally, NYSOH failed to specify why your documentation was insufficient, so you were not given appropriate notice as to why your eligibility could not be determined.

Therefore, your case is returned to NYSOH to determine your eligibility, based on the January 4, 2017 application indicating you are in a one-person household and the income documentation establishing you receive \$80.00 in gross income weekly, as clarified by your testimony.

## **Decision**

NYSOH properly requested additional information regarding your income in response to your January 4, 2017 application, and the documentation submitted at that time was not sufficient for NYSOH to determine your eligibility.

**Effective Date of this Decision:** June 21, 2017

## **How this Decision Affects Your Eligibility**

This is not a final determination of your eligibility.

You testified at your hearing that you earned \$80.00 per week, gross, and this is consistent with prior documentation of your income. Additionally, NYSOH failed to specify why your documentation was insufficient, so you were not given appropriate notice as to why your eligibility could not be determined.

Therefore, there is now sufficient information for NYSOH to determine your eligibility. Your case is RETURNED to NYSOH to determine your eligibility, based on the January 4, 2017 application indicating you are in a one-person

household in Yates County, and the income documentation establishing you receive \$80.00 in gross income weekly, as clarified by your testimony.

## **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

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- By mail at:  
NY State of Health Appeals  
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- By fax: 1-855-900-5557

## **Summary**

NYSOH properly requested additional information regarding your income in response to your January 4, 2017 application, and the documentation submitted at that time was not sufficient for NYSOH to determine your eligibility.

This is not a final determination of your eligibility.

You testified at your hearing that you earned \$80.00 per week, gross, and this is consistent with prior documentation of your income. Additionally, NYSOH failed to specify why your documentation was insufficient, so you were not given appropriate notice as to why your eligibility could not be determined.

Therefore, there is now sufficient information for NYSOH to determine your eligibility. Your case is returned to NYSOH to determine your eligibility, based on the January 4, 2017 application indicating you are in a one-person household in Yates County, and the income documentation establishing you receive \$80.00 in gross income weekly, as clarified by your testimony.

## **Legal Authority**

We are issuing this determination 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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