



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: AP000000015417



Dear [REDACTED],

On April 27, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 7, 2017 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 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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Decision

Decision Date: June 21, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000015417



Issue

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

Did NY State of Health properly determine you were not eligible for Medicaid?

Procedural History

On January 11, 2017, NYSOH received your application for financial assistance with health insurance.

On January 12, 2017, NYSOH issued a notice stating the income information in your application did not match the information obtained from state and federal data sources. The notice directed you to submit proof of your income by January 26, 2017 or NYSOH would not be able to determine your eligibility for health coverage.

On January 13, 2017, NYSOH issued a notice, based on your January 12, 2017 updated application, stating the income information in your application did not match the information obtained from state and federal data sources. The notice directed you to submit proof of your income by January 26, 2017 or NYSOH would not be able to determine your eligibility for health coverage.

On February 2, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as NYSOH had not yet issued an eligibility determination.

On February 7, 2017, NYSOH issued an eligibility determination notice, based on a February 6, 2017 systematic eligibility redetermination, stating you were eligible to purchase a qualified health plan as full cost, effective March 1, 2017. The

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notice stated that you were not eligible for Medicaid, because NYSOH had not received the requested information to verify your income by the due date.

Also on February 7, 2017, NYSOH invalidated income documentation you submitted and redetermined your eligibility that day.

On February 8, 2017, NYSOH issued a notice stating the income information in your application did not match the information obtained from state and federal data sources. The notice directed you to submit proof of your income by February 22, 2017 or NYSOH would not be able to determine your eligibility for health coverage.

Also on February 8, 2017, NYSOH issued a notice stating the documentation you provided did not confirm the information in your application. The notice directed you to submit additional proof of your income by February 22, 2017.

On April 27, 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 supports the following findings of fact:

- 1) NYSOH received your initial application for financial assistance with health insurance on January 11, 2017. That application listed your annual income as \$0.00. The application indicated you had stopped working and you were receiving financial support from your family.
- 2) The income information in this application differed from information received from state and federal data sources, so NYSOH requested proof of your income.
- 3) On January 12, 2017, an updated application was submitted on your behalf. This application listed your annual income as \$5,000.00 consisting of income earned from your business from August 14, 2016 to November 14, 2016. NYSOH again requested proof of your income to determine your eligibility.
- 4) On January 19, 2017, you uploaded eleven invoices for [REDACTED] [REDACTED] from dates in August, September, October, and November 2016. The last invoice was dated November 21, 2016. All invoices were marked "paid."

- 5) On January 19, 2017, you also uploaded a document titled “employee detail” indicating gross pay in the amount of \$673.75 received for the pay period ending July 8, 2016. This document indicates the “Date Relsd” was July 8, 2016.
- 6) This income documentation was invalidated by NYSOH on February 7, 2017, on the grounds the invoices were insufficient to verify the income information listed in your application, because a dissolution of business certificate with an end date was required.
- 7) According to notes in your account, an appeal was filed on your behalf on February 1, 2016, prior to NYSOH issuing a determination on your application. The notes in your account relating to your appeal request indicate you were appealing the timeliness of NYSOH’s determination. During the hearing, you testified you were not concerned with the time it took NYSOH to issue its eligibility determination. Rather, you testified you are appealing NYSOH’s February 7, 2017 eligibility determination insofar as it found you ineligible for Medicaid.
- 8) The issue under appeal was amended to a review the February 7, 2017 eligibility determination notice stating you were eligible to purchase a full cost qualified health plan, effective March 1, 2017, and ineligible for Medicaid, because NYSOH had not received the requested income documentation by the deadline.
- 9) You testified you were last employed for a couple weeks in July 2017 and you submitted documentation pertaining to income earned from this employment.
- 10) You testified you began a [REDACTED] business named [REDACTED] in September 2016.
- 11) You testified the only records of earnings you have from this business are the [REDACTED] invoices you uploaded in January 2017. You testified you did not keep records of expenses.
- 12) You testified the business was unsuccessful, but you have not yet filed a formal dissolution. You testified you have not earned any income from this business since November 2016.
- 13) You testified you have had no income since November 2016 and you are living with a family member who is financially supporting you.
- 14) You testified you have not applied for unemployment insurance benefits because you determined you would not be eligible for benefits based on the information on the website.

- 15) You testified you received no income in the month of January 2017.
- 16) You testified, and your applications indicate, you will file your 2017 tax return with a tax filing status of single and you will claim no dependents on that tax return.
- 17) You testified, and your applications indicate you do not intend to take any deductions on your 2017 tax return.
- 18) You testified you have not filed your 2016 tax return yet, because you were granted an extension of time in which to file.

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

Applicable Law and Regulations

Verification Process

For 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)).

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 Federal Poverty Line (FPL) "for the applicable budget period used to determine an individual's eligibility" (42 CFR § 435.4). On the date of your applications filed on January 11, 2017 and January 12, 2017, that was the 2016 FPL, which is \$11,880.00 for a one-person household (81 Federal Register 4036).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size

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(42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

Legal Analysis

The issue under review is whether NYSOH properly determined you were not eligible for Medicaid.

According to your account, you filed an application for financial assistance on January 12, 2016 indicating your annual income was \$0.00, because you had stopped working and you were receiving financial support from your family. Your account indicates that NYSOH was unable to verify this information. The following day, on January 13, 2016, an updated application was filed on your behalf. This application listed your annual income as \$5,000.00. However, the application indicated the income listed was from income earned from your business from August 14, 2016 to November 14, 2016. Again, NYSOH was unable to verify, with state and federal data sources, the income information listed in your application.

Pursuant to the regulations, for individuals whose income is needed to calculate the household's eligibility, NYSOH must obtain data that will allow the it to verify the household's income. If NYSOH cannot verify the income information required to determine eligibility through state and federal data sources, they must attempt to resolve the inconsistency, including giving the applicant the opportunity to submit satisfactory documentary evidence. In the notices issued by NYSOH on January 12, 2016 and January 13, 2016, NYSOH requested documentation to verify the income information listed in your applications by January 26, 2017.

You uploaded documentation on January 19, 2017. This documentation consisted of invoices from August to November 2016, marked "paid," for contracting work, issued by [REDACTED]. You also uploaded a document from your previous employer evidencing gross income received and the July 8, 2016 end date of your employment. NYSOH invalidated this documentation indicating that you were required to submit a certificate of dissolution of your business since you claimed you no longer received income from the business. NYSOH then determined you ineligible for financial assistance, because documentation sufficient to verify the income information listed in your applications had not been received.

You testified you have not been employed through a separate employer since July 2016. The documentation from your former employer confirms that your last date of employment was July 8, 2016. You further testified that you began a [REDACTED] business in September of 2016, but it was not successful and you have not earned any income from that business since November 2016. You submitted eleven invoices which you testified represented all the income you

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earned from your business. The last invoice was dated November 21, 2016, corroborating your testimony. You testified you no longer earn income from your business, but that you have not yet filed a formal dissolution of the business. You further credibly testified that you currently reside with a family member who provides you with financial support and you earned no income in the month of January 2017.

Pursuant to the regulations, 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.

Although NYSOH was unable to verify the annual income amount listed in your application, given your credible testimony corroborating the information in your applications and the documentation submitted, it is concluded there is sufficient evidence to determine your income for the month of January 2017 was \$0.00.

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 an income no greater than 138% of the FPL, which is \$1,387.00 per month.

Since the record now contains sufficient evidence of your income for the month of January 2017, your case is RETURNED to NYSOH to redetermine your eligibility on the basis of your monthly income for the month of January 2017 in the amount of \$0.00 for a one-person household in Erie County.

Additionally, the February 7, 2017 eligibility determination stating you were eligible to purchase a full cost qualified health plan through NYSOH, effective March 1, 2016, and ineligible for Medicaid, because NYSOH had not received the requested information to verify your income by the due date, is no longer supported by the record and, therefore, is RESCINDED.

Decision

The February 7, 2017 eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to redetermine your eligibility based on your monthly income for the month of January 2017 in the amount of \$0.00 for a one-person household in Erie County.

Effective Date of this Decision: June 21, 2017

How this Decision Affects Your Eligibility

This is not a final determination of your eligibility.

NYSOH will send you an updated eligibility determination notice based on the record as developed during the hearing.

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.

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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 February 7, 2017 eligibility determination notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to redetermine your eligibility based on your monthly income for the month of January 2017 in the amount of \$0.00 for a one-person household in Erie County.

This is not a final determination of your eligibility.

NYSOH will send you an updated eligibility determination notice based on the record as developed during the hearing.

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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