



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

## Notice of Decision

Decision Date: May 17, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015553

[REDACTED]

Dear [REDACTED],

On May 9, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's failure to issue a timely 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 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  
P.O. Box 11729  
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## Decision

Decision Date: May 17, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015553

[REDACTED]

## Issue

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

Did NY State of Health provide a timely determination of your youngest child's Medicaid eligibility?

## Procedural History

On December 14, 2016, NY State of Health (NYSOH) received your household's updated application for financial assistance with your children's health insurance.

On December 15, 2016, NYSOH issued a notice stating more information was needed to make a determination of your youngest child's eligibility for financial assistance with health insurance. The notice explained the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by December 29, 2016.

On December 15, 2016, your social security disability award letter was uploaded to your NYSOH account.

On December 22, 2016, you updated your household's application for financial assistance with your children's health insurance.

On December 23, 2016, NYSOH issued a notice stating more information was needed to make a determination of your youngest child's eligibility for financial assistance with health insurance. The notice explained the income

documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by December 29, 2016.

On December 23, 2016, your youngest child's social security award letter was uploaded to your NYSOH account.

On December 30, 2016, you updated your household's application for financial assistance with your children's health insurance.

On December 31, 2016, NYSOH issued a notice stating more information was needed to make a determination of your youngest child's eligibility for financial assistance with health insurance. The notice explained the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by December 29, 2016.

On January 12, 2017, you updated your household's application for financial assistance with your children's health insurance.

On January 13, 2017, NYSOH issued a notice stating more information was needed to make a determination of your youngest child's eligibility for financial assistance with health insurance. The notice explained the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by January 13, 2017.

On January 13, 2017, NYSOH reviewed the income documentation uploaded to your NYSOH account, and found this to be invalid proof of household income as a current year benefit letter was required.

On January 14, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application and that additional income documentation was due by January 28, 2017.

On January 20, 2017, you updated your household's application for financial assistance with your children's health insurance.

On January 21, 2017, NYSOH issued a notice stating more information was needed to make a determination of your youngest child's eligibility for financial assistance with health insurance. The notice explained the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by January 28, 2017.

On February 6, 2017, you contacted the NYSOH Account Review Unit and requested an appeal insofar as your youngest child was not found eligible for Medicaid.

On February 24, 2017, NYSOH redetermined your household's eligibility for financial assistance with health insurance.

On February 25, 2017, NYSOH issued a notice of eligibility determination stating that your youngest child was eligible to purchase a qualified health plan at full cost through NYSOH, effective April 1, 2017.

On May 9, 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) You testified, and the record reflects, that you are appealing to have your youngest child found eligible for Medicaid.
- 2) According to your NYSOH account, NYSOH received your household's updated application for financial assistance on December 14, 2016 and December 22, 2016.
- 3) On December 15, 2016, your social security disability award letter was uploaded to your NYSOH account. The letter is dated August 5, 2016 and indicates that beginning September 2016 you would receive \$1,068.00 per month.
- 4) You testified that you currently receive \$1,068.00 in social security disability benefits per month.
- 5) On December 23, 2016, your youngest child's social security award letter was uploaded to your NYSOH account. The letter is dated October 23, 2016 and indicates that beginning November 2016 she would receive \$294.00 per month.
- 6) You testified that your youngest child current receives \$294.00 in social security benefits per month.
- 7) NYSOH has not reviewed the income documentation you submitted on December 15, 2016.

- 8) On January 13, 2016, NYSOH reviewed your income documentation submission and found that this was insufficient proof of your household's income as a current year benefit letter was required.
- 9) You testified that your social security disability benefit is the only income you receive.
- 10) You testified that your youngest child's only source of income is her social security benefit.
- 11) You testified that you did not file a tax return in 2016. You testified that you will not file a tax return in 2017.
- 12) You testified that your oldest child has no income and is a full-time student. Your NYSOH account reflects that your oldest child was born [REDACTED] and is [REDACTED] years old.
- 13) You testified that in addition to yourself and your two children, your spouse resides with you.
- 14) You testified that your spouse did not file a tax return in 2016 and at this time, does not expect to file a tax return for 2017.
- 15) You testified that your spouse does not currently have any income as he is unemployed.
- 16) You testified that no one will claim your youngest child as a dependent in 2017.
- 17) You testified that you reside in Queens County.

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

## **Applicable Law and Regulations**

### Medicaid

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13ADM-03(III)(F)).

Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments

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received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

### 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 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 issue is whether NYSOH provided you with timely determination of your youngest child's Medicaid eligibility.

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 December 14, 2016 and December 22, 2016. The income amounts that were entered into these applications did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

On December 15, 2016, your social security disability award letter was uploaded to your NYSOH account and on December 23, 2016 your youngest child's social security award letter was uploaded to your NYSOH account.

On January 13, 2017, NYSOH deemed these documents insufficient proof of income as current year benefit letters were required.

However, the record reflects that the social security award letters you submitted were still accurate.

Therefore, your application was considered complete as of December 23, 2016 for purposes of issuing an eligibility determination.

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 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 has never issued an eligibility determination notice based on the application that was complete as of December 23, 2017.

During the hearing, you testified that there is another member of your household, your spouse, who is not currently listed on your NYSOH account.

Therefore, your case is being RETURNED to NYSOH to conduct outreach in order to update your account to include your spouse and to redetermine your youngest child's eligibility for financial assistance as of December 23, 2016 based on a household of four, residing in Queens County, with a monthly income for December 2016 of \$1,068.00.



## **Decision**

NYSOH failed to issue a timely determination of your youngest child's eligibility. Your case is being RETURNED to NYSOH to conduct outreach in order to update your account to include your spouse and to redetermine your youngest child's eligibility for financial assistance as of December 23, 2016 based on a household of four, residing in Queens County, with a monthly income for December 2016 of \$1,068.00.

**Effective Date of this Decision:** May 17, 2017

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

NYSOH has failed to issue a timely notice of eligibility determination based on the application which was complete on December 23, 2016.

Your case is being sent back to NYSOH to reach out to you to update your account to include your spouse's information and to redetermine your youngest child eligibility for financial assistance with health insurance as of December 23, 2016.

## **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**

NYSOH failed to issue a timely determination of your youngest child's eligibility.

Your case is being RETURNED to NYSOH to conduct outreach in order to update your account to include your spouse and to redetermine your youngest child's eligibility for financial assistance as of December 23, 2016 based on a household of four, residing in Queens County, with a monthly income for December 2016 of \$1,068.00.

NYSOH has failed to issue a timely notice of eligibility determination based on the application which was complete on December 23, 2016.

## **Legal Authority**

We are issuing this determination in accordance with 45 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).

**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 b&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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