nystateofhealth
The Official Health Plan Marketplace

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

Notice of Decision

Decision Date: June 01, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000015586

[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 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
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Decision

Decision Date: June 01, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000015586

[redacted]

Issue

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

> Did NY State of Health (NYSOH) provide a timely determination of your spouse's Medicaid eligibility?

Procedural History

On December 2, 2016 NYSOH issued a renewal notice stating that based on the information from federal and state sources, a determination could not be made about whether your spouse qualified for financial help paying for health coverage you were asked to update the information in your NYSOH account by January 15, 2017 or the financial assistance your spouse was receiving might end.

On January 3, 2017, NYSOH received your application for financial assistance with your health insurance. You also submitted a payroll summary for your spouse, a social security document for your son [redacted], and an employer letter and 2015 tax return for your son [redacted].

On January 4, 2017, NYSOH issued a notice stating more information was needed to make a determination. 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 18, 2017.

Also on January 4, 2017, NYSOH issued a disenrollment notice, stating that enrollment for your spouse and two children will end on January 31, 2017.

On January 18, 2017, you submitted a payroll summary for your spouse, and resubmitted the documentation regarding your sons.

On February 1, 2017, you submitted your paystubs and a payroll summary.

On February 6, 2017, you contacted the NYSOH Account Review Unit and requested an appeal regarding the timeliness of NYSOH's determination of your spouse's eligibility.

On February 10, 2017, an application for health insurance was run on your behalf.

On February 11, 2017, NYSOH issued an eligibility determination stating that your spouse and two sons were eligible for Medicaid for a limited time, effective February 1, 2017, because your request for aid to continue was granted for the duration of your appeal.

On February 15, 2017, NYSOH issued an enrollment confirmation notice stating that your spouse and two sons were enrolled in Medicaid Managed Care plans effective February 1, 2017.

Also on February 15, 2017, you submitted your and your spouse's tax return.

On March 2, 2017, you re-submitted your and your spouse's tax return, as well as your spouse's most recent paystubs.

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 the timeliness of an eligibility determination for your spouse.

2) According to your NYSOH account, NYSOH received your application for financial assistance on January 3, 2017.

3) On January 3, 2017, you submitted:
    a. a payroll summary for your spouse from October 2016 to December 2016 showing gross income of $2,667.00

b. a letter from the Social Security Administration stating that your son [redacted] receives monthly payments of $1,230.00
c. an employer letter and 2015 tax return for your son [redacted] showing an adjusted gross income of $2,025.00.

4) On January 18, 2017, you submitted:
   a. a payroll summary for your spouse from October 15, 2016 to January 14, 2017 showing gross earnings of $2,682.00
   b. your spouse's paystubs:
      i. dated December 28, 2016 with gross earnings of $144.00
      ii. dated December 31, 2016 with gross earnings of $105.00
      iii. dated January 10, 2017 with gross earnings of $198.00
      iv. dated January 14, 2017 with gross earnings of $216.00
   c. the same documentation regarding your sons [redacted] that you submitted on January 3, 2017.

5) On February 1, 2017, you submitted:
   a. your payroll summary from November 1, 2016 to February 1, 2017 showing gross income of $762.00
   b. your paystubs:
      i. dated January 10, 2017 with gross earnings of $96.00
      ii. dated January 14, 2017 with gross earnings of $24.00
      iii. dated January 21, 2017 with gross earnings of $24.00
      iv. dated January 30, 2017 with gross earnings of $111.00

6) On February 15, 2017, you submitted your and your spouse's 2016 tax return, which shows a gross income of $9,988.00.

7) On March 2, 2017, you re-submitted your and your spouse's tax return, as well as your spouse's most recent paystubs:
   a. dated February 7, 2017 with gross earnings of $243.00
   b. dated February 11, 2017 with gross earnings of $171.00
   c. dated February 18, 2017 with gross earnings of $213.00
   d. dated February 25, 2017 with gross earnings of $210.00

8) You testified that your household's annual expected income for 2017 may be as much as $34,000.00.

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 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 notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

Legal Analysis

The issue is whether NYSOH provided you with a timely determination of your spouse'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 January 3, 2017. The income amount that was entered into this application did not match federal and state data sources. As a result, in a January 4, 2017 notice, NYSOH asked that you submit additional documentation to confirm your household's income. On page four of that notice, NYSOH requested that you report all of the income for your household, including income for household members who are not applying for coverage.

On January 3, 2017, you submitted a payroll summary for your spouse, a social security document for your son [redacted], and an employer letter and 2015 tax return for your son [redacted]. On January 18, 2017, you submitted a payroll summary for your spouse, and resubmitted the documentation regarding your sons. Your application could not be considered complete because the record did not contain income documentation for all household members; specifically, your income documentation had not been submitted.

On February 1, 2017, you submitted your paystubs and a payroll summary. With the submission of your income documentation, the record contained sufficient proof of income for each member of your household.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 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.

Since your application was complete on February 1, 2017, a full eligibility determination should have been issued within 45 days, or by March 18, 2017. The record does not contain a full eligibility determination. Since NYSOH did not issue a full eligibility determination by March 18, 2017, there has not been a timely eligibility determination of your spouse's Medicaid eligibility.

Based on the documentation you submitted, a calculation can be made using your and your spouse's payroll summaries (each three-month payroll summary multiplied by four) plus your son's social security documentation ($1,230.00 multiplied by 12), which yields an annual household income of $28,536.00.

Therefore, your case is RETURNED for NYSOH to issue a determination of your spouse's eligibility as of February 1, 2017, with a household of five and an annual expected household income of $28,536.00.

Decision

NYSOH failed to issue a timely notice of your spouse's eligibility.

Your case is RETURNED for NYSOH to issue a determination of your spouse's eligibility as of February 1, 2017, with a household of five and an annual expected household income of $28,536.00.

Effective Date of this Decision: June 01, 2017

How this Decision Affects Your Eligibility

This is not a final determination of your spouse's eligibility.

NYSOH will determine your spouse's eligibility as of February 1, 2017, with a household of five and an annual expected household income of $28,536.00.

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
- 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 notice of your spouse's eligibility.

Your case is RETURNED for NYSOH to issue a determination of your spouse's eligibility as of February 1, 2017, with a household of five and an annual expected household income of $28,536.00.

This is not a final determination of your spouse's eligibility.

NYSOH will determine your spouse's eligibility as of February 1, 2017, with a household of five and an annual expected household income of $28,536.00.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[redacted]

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).

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。我们可以为您免费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 مجانًا.

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।

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).

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 महत्त्वपूर्ण 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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.

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).