



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

Notice of Decision

Decision Date: August 14, 2017

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000017574

[REDACTED]

Dear [REDACTED],

On July 18, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's failure to issue a timely notice of an 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: August 14, 2017

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000017574

[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 notice of your children's eligibility for Medicaid?

Procedural History

On June 24, 2016, NY State of Health (NYSOH) issued an eligibility determination notice based on your June 23, 2016 application for financial assistance stating your four children were eligible for Child Health Plus for a cost of \$9.00 per month starting August 1, 2016. The notice stated your oldest child's eligibility was based on the condition you provide proof of her Citizenship Status and Social Security Number by September 21, 2016.

You enrolled your four children in a Child Health Plus plan on June 23, 2016, for a start date of August 1, 2016.

On March 7, 2017, NYSOH received your children's updated application for financial assistance with their health insurance.

On March 8, 2017, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income information 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 March 22, 2017.

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On March 8, 2017, NYSOH issued a cancellation notice stating your children's Child Health Plus plan would end March 31, 2017, because they were no longer eligible to remain enrolled in their health plan.

On March 10, 2017, NYSOH received your children's updated application for financial assistance with their health insurance.

On March 11, 2017, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income information 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 March 22, 2017.

On March 31, 2017, NYSOH received your children's updated application for financial assistance with their health insurance and additional income documentation was uploaded to your NYSOH account. However, no eligibility determination was made because the information in their application does not match what NYSOH received from federal and state data sources.

Also on March 31, 2017, you contacted the NYSOH Account Review Unit and requested an appeal of the timeliness of your children's eligibility determination for Medicaid.

On April 1, 2017, NYSOH issued a notice based on your children's March 31, 2017 application for financial assistance stating more information was needed to make a determination. The notice explained the income information 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 April 21, 2017.

On April 6, 2017, a NYSOH representative invalidated your proof of income.

On April 7, 2017, NYSOH issued a notice stating you needed to send more information to confirm your children's eligibility. The notice explained the documentation NYSOH reviewed does not confirm the information in your application. You were asked to provide income documentation by April 21, 2017.

On April 13, 2017, NYSOH granted your children Aid to Continue through the length of their appeal.

On April 14, 2017, NYSOH issued a notice stating your children were eligible for Child Health Plus for limited time. The notice stated they had been granted Aid to Continue until a decision was made on their appeal, effective April 1, 2017.

On April 14, 2017, NYSOH issued an enrollment notice confirming your children's enrollment in a Child Health Plus plan for a cost of \$9.00 per month starting, April 1, 2017.

On April 21, 2017, you uploaded copies of your spouse's paystubs.

On April 24, 2017, a NYSOH representative reviewed your income documentation and updated your children's application.

On July 18, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Your Application Counselor [REDACTED] appeared to testify as a witness on your behalf and was sworn in. The record was developed during the hearing and kept open 15 days for you to provide one additional paystub for your spouse for the month of March, 2017.

As of the close of the fifteen-day period on August 2, 2017, NYSOH and the NYSOH Appeals Unit did not receive the requested paystub and the record was closed that day.

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 your four children's eligibility determination for Medicaid.
- 2) You testified you are seeking your children be found eligible for Medicaid and not Child Health Plus, and that a determination be made on their application.
- 3) You testified you will be filing your 2017 taxes as married filing jointly and will claim four dependents on that filing.
- 4) According to your NYSOH account, NYSOH received your four children's application for financial assistance on March 7, 2017.
- 5) The application you submitted on March 7, 2017, attested to an annual household income of \$39,000.00.
- 6) A review of your NYSOH account shows on March 31, 2017, you submitted documentation of your spouse's paystubs to NYSOH for verification of the income stated in your March 7, 2017 application.
- 7) The paystubs you uploaded on March 31, 2017 have check dates of February 17, 24, March 3, and 10, 2017. You also uploaded a copy of a

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letter dated March 6, 2017 from your previous employer stating your last day of work there was July 15, 2016.

- 8) According to your NYOSH account, a NYSOH representative on April 6, 2017, invalidated your income documentation stating the paystubs you provided were outdated as they were outside of 30 days from March 31, 2017.
- 9) On April 21, 2017, NYSOH received additional copies of your husband's paystubs dated March 31, April 7, 14, and 21, 2017.
- 10) On April 24, 2017, the paystubs were verified as acceptable proof of income based upon a note entered in your NYSOH account. The note entered by the NYSOH representative said that your household annual income was increased from \$39,000.00 to \$48,914.97 based on the paystubs submitted.
- 11) The record supports a new eligibility determination was not issued based upon the April 24, 2017 update in your account, only a notice of your children being granted Aid to Continue through your appeal.
- 12) You reside in Jefferson County, NY.

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)).

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if he or she meets the non-financial criteria and has a household

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modified adjusted gross income that falls at or below 154% of the FPL for the applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

In an analysis of Child Health Plus 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 2017 FPL, which is \$32, 960.00 for a six-person household (82 Fed. Reg. 8831).

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 an infant older than one year of age but younger than nineteen 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)).

De Novo Review

The Marketplace Appeals Unit must review each appeal de novo and “consider all relevant facts and evidence adduced during the appeals process” (45 CFR §

155.535(f)). “De novo review means a review of an appeal without deference to prior decisions in the case” (45 CFR § 155.500).

Legal Analysis

The issue presented for review is whether NYSOH provided a timely determination notice of your children’s eligibility for Medicaid.

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 March 7, 2017, for your four children. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income.

On March 31, 2017, you submitted documentation of your spouse’s paystubs and a letter from your former employer confirming your last day of employment. The paystubs you submitted included check dates of February 17, 24, March 3, and 10, 2017.

On April 6, 2017, an NYSOH representative, invalidated your income documentation stating the paystubs your provided were outdated as they were outside of 30 days from March 31, 2017.

On April 21, 2017, you submitted additional copies of your husband’s paystubs on April 21, 2017, dated March 31, April 7, 14, and 21, 2017.

On April 24, 2017, this income documentation verified as acceptable proof of income and an NYSOH representative increased your annual household income listed in your application from \$39,000.00 to \$48,914.97 based on the paystubs they reviewed.

Therefore, your application was considered complete as of April 21, 2017, for purposes of issuing an eligibility determination.

NYSOH must provide Medicaid applicants under the age of nineteen 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.

Although a NYSOH representative reviewed your submitted income documentation on April 24, 2017, the only determination notices issued was a notice which stated Aid to Continue was granted for your children to remain enrolled in a Child Health Plus plan for a cost of \$9.00 per month through the length of your appeal.

Since NYSOH has yet to issue an eligibility determination notice based on your children's April 21, 2017 completed application, your case is RETURNED to NYSOH to issue an eligibility determination notice as of April 21, 2017, for your four children based on a six-person household with an annual expected household income of \$48,914.97, residing in Jefferson County, NY.

Decision

NYSOH failed to issue a timely determination of your children's eligibility for Medicaid.

Your case is RETURNED to NYSOH to issue an eligibility determination notice as of April 21, 2017, for your four children based on a six-person household with an annual expected household income of \$48,914.97, residing in Jefferson County, NY.

Effective Date of this Decision: August 14, 2017

How this Decision Affects Your Eligibility

NYSOH erred in not providing you a timely notice of your children's eligibility for Medicaid.

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

Your case is being sent back to NYSOH to issue a new notice of your children's eligibility for Medicaid as of the April 21, 2017 completed application.

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.

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).

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

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Summary

NYSOH failed to issue a timely determination of your children's eligibility for Medicaid.

Your case is RETURNED to NYSOH to issue an eligibility determination notice as of April 21, 2017, for your four children based on a six-person household with an annual expected household income of \$48,914.97, residing in Jefferson County, NY.

NYSOH erred in not providing you a timely notice of your children's eligibility for Medicaid.

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

Your case is being sent back to NYSOH to issue a new notice of your children's eligibility for Medicaid as of the April 21, 2017 completed application.

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 مجاناً.

বাংলা (Bengali)

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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. y&b&tumi 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.

שׂוֹדֵשׁ (Yiddish)

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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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