



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

## Notice of Decision

Decision Date: August 23, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017598

[REDACTED]

Dear [REDACTED],

On July 17, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's alleged failure to issue a timely eligibility determination for Medicaid after your September 17, 2016 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

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).

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: August 23, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000017598

[REDACTED]

## Issue

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

Did NY State of Health (NYSOH) fail to provide a timely eligibility determination after your September 17, 2016 application?

## Procedural History

On August 9, 2016, NYSOH issued a notice confirming that the Medicaid coverage for you and your child through Nassau Department of Social Services would end on October 31, 2016. The notice advised you to update your NYSOH account between September 16, 2016 and October 15, 2016 to complete the renewal process.

On September 17, 2016, NYSOH redetermined the eligibility of your household for financial assistance.

Also on September 17, 2016, NYSOH received (1) an unsigned and undated 2015 tax return reflecting an adjusted gross income of \$13,529.00 (line 37), (2) a screenshot of five partially obscured checks issued to you by [REDACTED] [REDACTED] between August 3, 2016 and September 16, 2016, and (3) copies of your and your child's Social Security cards.

On September 18, 2016, NYSOH issued a notice confirming receipt of your September 17, 2016 application for health insurance. The notice stated that your household's eligibility could not be determined because the information in your application did not match what NYSOH received from state and federal sources.

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You were requested to provide income documentation for you and your child by October 2, 2016 so that your household's eligibility could be determined.

On September 29, 2016, NYSOH issued a notice stating that the income documentation you provided did not confirm the information contained within your application. The notice requested that you provide additional income documentation by November 1, 2016 so that your household's eligibility for financial assistance could be determined.

On October 31, 2016, NYSOH received a letter issued by your child's former employer, [REDACTED], confirming that his last day of employment was September 10, 2016.

On November 11, 2016, NYSOH issued a notice stating that the income documentation you provided did not confirm the information contained within your application. The notice requested that you provide additional income documentation by December 1, 2016 so that your household's eligibility for financial assistance could be determined.

On November 16, 2016, NYSOH received a signed and dated copy of your 2015 tax return with your corresponding IRS e-file Signature Authorization (Form 8879).

On December 3, 2016, NYSOH issued a notice stating that the income documentation you provided did not confirm the information contained within your application. The notice requested that you provide additional income documentation by December 31, 2016 so that your household's eligibility for financial assistance could be determined.

On December 20, 2016, NYSOH received (1) a NYS Dept. of Labor – Unemployment Insurance Division Record of Employment confirming that your child was employed at [REDACTED], (2) a duplicate copy of the letter issued by your child's former employer, [REDACTED], confirming that his last day of employment was September 10, 2016, and (3) a duplicate copy of your 2015 tax return with your corresponding IRS e-file Signature Authorization.

On January 10, 2017, NYSOH issued a notice stating that the income documentation you provided did not confirm the information contained within your application. The notice requested that you provide additional income documentation by January 30, 2017 so that your household's eligibility for financial assistance could be determined.

On February 10, 2017, NYSOH issued an eligibility determination notice stating that you did not qualify for financial assistance because you did not provide the income documentation needed to verify the income listed in your application. Additionally, the you were found not eligible to enroll in a qualified health plan

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(QHP) at full cost because NYSOH was not able to verify your citizenship or immigration status.

On February 9, 2017, NYSOH redetermined your household's eligibility for financial assistance.

On February 10, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible to purchase a QHP at full cost, effective March 1, 2017. The notice also stated that your child was not eligible for financial assistance because you did not provide the income documentation needed to verify the income listed in your application.

On February 16, 2017, NYSOH received (1) a duplicate copy of the NYS Dept. of Labor – Unemployment Insurance Division Record of Employment confirming that your child was employed at [REDACTED], (2) a duplicate copy of the letter issued by your child's former employer, [REDACTED], confirming that his last day of employment was September 10, 2016, (3) two pay stubs issued to you by [REDACTED] on January 5, 2017 and January 20, 2017, (4) an IRS e-file Signature Authorization submitted in connection with your 2016 tax return, reflecting an adjusted gross income of \$12,788.00.

On February 28, 2017, NYSOH issued a notice confirming receipt of documentation you to resolve the inconsistency in your application. The notice stated that the income documentation you provided was insufficient to resolve the inconsistency. You were requested to provide additional income documentation.

On April 3, 2017, you spoke to NYSOH's Account Review Unit and appealed that you and your child were not found eligible for Medicaid.

On July 17, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and remained open as the Hearing Officer directed you to provide as additional evidence to corroborate your testimony: a signed and dated 2016 tax return. The record was to be closed 15 days after the hearing date, or upon the receipt of the above referenced documents, whichever occurred earlier.

That same day, you provided the above referenced document to the Appeals Unit through NYSOH account.

Accordingly, the record was closed on July 17, 2017.

## Findings of Fact

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

- 1) You testified that you are appealing for yourself and your child to be found eligible for Medicaid.
- 2) The Medicaid coverage for you and your child through [REDACTED] Department of Social Services ended effective October 31, 2016.
- 3) According to your NYSOH account, NYSOH received your updated application for financial assistance on September 17, 2016. A determination as to your eligibility could not be made on that day because the income information in your application did not match the information from state and federal data sources.
- 4) On September 17, 2016, you provided to NYSOH income documentation in the form of (1) an unsigned and undated 2015 tax return reflecting a adjusted gross income of \$13,529.00 (line 37), (2) a screenshot of five partially obscured checks issued to you by [REDACTED] between August 3, 2016 and September 16, 2016, and (3) copies of your and your child's Social Security cards.
- 5) On October 31, 2016, you provided to NYSOH a letter issued by your child's former employer, [REDACTED], confirming that his last day of employment was September 10, 2016.
- 6) On November 16, 2016, you provided to NYSOH a signed and dated copy of your 2015 tax return with your corresponding IRS e-file Signature Authorization (Form 8879).
- 7) On December 20, 2016, you provided to NYSOH a NYS Dept. of Labor – Unemployment Insurance Division Record of Employment confirming that your child was employed at [REDACTED].
- 8) On February 16, 2017, you provided to NYSOH two pay stubs issued to you by [REDACTED] on January 5, 2017 and January 20, 2017, and an IRS e-file Signature Authorization submitted in connection with your 2016 tax return, reflecting an adjusted gross income of \$12,788.00.
- 9) You testified that every time you had submitted an additional piece of income documentation to complete your application, you were ultimately told that the documents you provided were not sufficient.
- 10) You testified that you called NYSOH to find out why your documentation was not sufficient, and no one could give you an answer.

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)).

MMC 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)).

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NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

NYSOH must provide Medicaid applicants who are at least one year of age but younger than nineteen notice of their eligibility determination within 30 days of the date of the application if the household income does not exceed 138% of the federal poverty level (18 NYCRR §360-2.4(a)(3)(ii)).

## **Legal Analysis**

The issue under review is whether NYSOH failed to provide a timely eligibility determination after your September 17, 2016 application.

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 September 17, 2016. The income amount that was entered into this application did not match federal and state data sources, but did place you, your spouse, and your youngest child into a "pending Medicaid" status. As a result, NYSOH asked that you submit additional documentation to confirm your income.

The record reflects that on September 17, 2016, you provided to NYSOH an unsigned and undated 2015 tax return reflecting an adjusted gross income of \$13,529.00 and a screenshot of five partially obscured checks issued to you by [REDACTED] between August 3, 2016 and September 16, 2016. Since the tax return page was neither signed nor dated, NYSOH could not validate this document as proof of your income. Furthermore, the paystubs you provided were partially obscured and did not contain the gross amount issued to you, but instead apparently gave only the net amount. Likewise, these documents were appropriately rejected by NYSOH as proof of your income.

The record further reflects that on October 31, 2016, you provided to NYSOH a letter issued by your child's former employer, [REDACTED], confirming that his last day of employment was September 10, 2016, which would have been sufficient to confirm your child's income at that point in time. It was not until November 16, 2016, that NYSOH received a signed and dated copy of your 2015 tax return with your corresponding IRS e-file Signature Authorization, reflecting that your adjusted gross income was \$13,529.00. Your prior year's tax return, according to the NYSOH notices requesting additional income documentation, was accepted as proof of your income. Your attested income in the September 17,

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2016 application was \$11,400.00. Accordingly, we find that this document, along with the income documents you previously provided, ought to have been accepted as valid proof of income. Therefore, your application should have been considered complete as of November 16, 2016, as this was the last piece of necessary documentation that was outstanding.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application for adults, and within 30 days for a child between the ages of one and nineteen whose income is at or below 138% of the FPL.

As the income you provided should have resulted in a determination that you and your child were eligible for Medicaid, NYSOH should have issued an eligibility determination for you and your child no later than December 31, 2016. Since NYSOH did not issue an eligibility determination until July 19, 2017, the only conclusion that can be reached is that NYSOH failed to issue a timely eligibility determination following the documentation provided in your application as of November 16, 2016.

Therefore, your case is RETURNED to NYSOH to issue an eligibility determination for you and your child, based on an annual expected income of \$13,529.00 for a two-person household residing in [REDACTED], utilizing an application date of November 16, 2016. NYSOH is directed to notify you in writing of your eligibility.

## **Decision**

NYSOH failed to timely issue an eligibility determination on the application for Medicaid that was filed on behalf of you and your child and that was completed on November 16, 2016.

Your case is RETURNED to NYSOH to issue an eligibility determination for you and your child, based on an annual expected income of \$13,529.00 for a two-person household residing in [REDACTED], utilizing an application date of November 16, 2016. NYSOH is directed to notify you in writing of your eligibility.

**Effective Date of this Decision:** August 23, 2017

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

Your application for Medicaid on behalf of yourself and your child was complete as of November 16, 2016.

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NYSOH failed to issue a timely eligibility determination on this application.

Your case is RETURNED to NYSOH to issue an eligibility determination for you and your child, based on an annual expected income of \$13,529.00 for a two-person household residing in Nassau County.

NYSOH will notify you of your household's eligibility in writing.

This decision will have no effect on the eligibility determination notice issued on July 19, 2017.

## **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**

NYSOH failed to timely issue an eligibility determination on the application for Medicaid that was filed on behalf of you and your child that was complete on November 16, 2016.

Your case is RETURNED to NYSOH to issue an eligibility determination for you and your child, based on an annual expected income of \$13,529.00 for a two-person household residing in [REDACTED], utilizing an application date of November 16, 2016. NYSOH is directed to notify you in writing of your eligibility.

Your application for Medicaid on behalf of yourself and your child was complete as of November 16, 2016.

NYSOH failed to issue a timely eligibility determination on this application.

Your case is RETURNED to NYSOH to issue an eligibility determination for you and your child, based on an annual expected income of \$13,529.00 for a two-person household residing in [REDACTED].

NYSOH will notify you of your household's eligibility in writing.

This decision will have no effect on the eligibility determination notice issued on July 19, 2017.

## **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 مجانًا.

### **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. ye&btumi 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.

## **אַײַדיש (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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