



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

Notice of Decision

Decision Date: November 16, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018347

[REDACTED]

[REDACTED]

On October 16, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's March 25, 2017 and April 12, 2017 eligibility determination notices and April 12, 2017 plan enrollment notice.

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.

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Decision Date: November 16, 2017

NY State of Health Account ID: [REDACTED]
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Issues

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

Did NYSOH timely determine your eligibility for insurance affordability programs, such as Medicaid, through its Marketplace?

Did NY State of Health (NYSOH) properly determine that your enrollment in an Essential Plan was effective May 1, 2017?

Did NYSOH properly determine that you were not eligible for retroactive Medicaid for the months of January 2017 and February 2017?

Procedural History

On January 6, 2017, you submitted an application for financial assistance through NYSOH, and you were put in a pending Medicaid status.

On January 13, 2017, NYSOH issued a notice requesting additional information regarding your income by January 21, 2017.

On February 1, 2017 and February 28, 2017, NYSOH invalidated your proof of income in that you submitted a letter from [REDACTED] that was not dated. The paystubs from [REDACTED] were deemed valid.

On February 2, 2017 and March 1, 2017, NYSOH issued notices stating that the documentation you submitted was reviewed and did not confirm the information

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on your application. You were directed to submit proof of income to verify your income by February 20, 2017, and were provided a list of acceptable documents.

On March 4, 2017 and March 11, 2017, issued notices that additional income information was required to confirm your eligibility by March 18, 2017.

On March 11, 2017, NYSOH invalidated your proof of income as follows: “[You] submitted w2's, outdated pay stubs and a birth certificate. Required documentation is 4 valid consecutive weekly pay stubs from [REDACTED] [REDACTED] dated on 2/11/2017 up to current date.”

On March 12, 2017, NYSOH issued a notice stating that the documentation you submitted was reviewed and did not confirm the information on your application. You were directed to submit proof of income to verify your income by March 18, 2017, and were provided a list of acceptable documents.

On March 24, 2017, NYSOH validated your four consecutive paystubs from your employer.

On March 25, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective May 1, 2017.

Also on March 25, 2017, NYSOH issued a notice stating that your March 24, 2017 request for help with medical bills for the past three months was received and additional information was needed to confirm your eligibility. Specifically, you needed to provide proof of income from December 1, 2016 to February 28, 2017 by April 8, 2017.

On April 11, 2017, NYSOH validated the income you received in January 2017, which consisted of two biweekly paystubs. NYSOH updated your income from \$1,275.42 to \$2,378.64 for that month.

Also on April 11, 2017, NYSOH validated the income you received in February 2017 which consisted of two biweekly paystubs. NYSOH updated your income from \$1,275.42 to \$1,472.07.

On April 12, 2017, NYSOH issued three notices as follows:

1) An eligibility determination notice stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective May 1, 2017;

2) An eligibility determination notice stating that you were not eligible for Medicaid from December 1, 2016 through December 31, 2016, because your monthly household income of \$2,378.64 you provided was over the allowable monthly income limit of \$1,367.00. It also stated that you were not eligible for

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Medicaid from January 1, 2017 through January 31, 2017 because the monthly income you provided of \$1,472.07 was over the allowable income limit of \$1,387.00, and that you needed to provide proof of income from February 1, 2017 through February 28, 2017 by April 8, 2017; and,

3) A plan enrollment notice stating that you were enrolled in an Essential Plan 1 with a \$20.00 monthly premium and an enrollment start date of May 1, 2017.

On April 26, 2017, NYSOH issued a notice acknowledging your written appeal request, dated April 19, 2017, relative to the timeliness of your eligibility determination.

On June 9, 2017, NYSOH again validated your February 2017 income.

On June 10, 2017, NYSOH issued an eligibility determination notice stating that you were not eligible for Medicaid from February 1, 2017 through February 28, 2017 because the monthly household income you provided of \$1,571.37 was over the allowable monthly income limit of \$1,387.00.

Your hearing originally scheduled for August 3, 2017 was dismissed because you failed to appear. However, your request to vacate the dismissal was granted and your hearing was rescheduled for October 16, 2017.

On October 16, 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) According to your NYSOH account, you had Medicaid for the month of December 2016.
- 2) According to your NYSOH account and your testimony, you are applying for health insurance retroactively from January 1, 2017 to April 30, 2017 for yourself.
- 3) According to your NYSOH account, on January 6, 2017, your income was listed as \$15,360.00.
- 4) You testified that you timely provided proof of income from your employments such that your eligibility should have been determined in January 2017.

- 5) You testified that both of your jobs are seasonal with one running from April to December and the other from December through April.
- 6) You provided four consecutive weekly paystubs from [REDACTED] showing your earnings from October 14, 2016 through November 10, 2016, with a year-to-date total of \$8,587.41 in the paystub dated "11/11/2016."
- 7) On January 7, 2017, you provided proof of income in 2016 from [REDACTED] in the form of a paystub, dated "12/29/16," showing year-to-date gross earnings of \$4,704.46. You testified that you began that seasonal job in late 2016.
- 8) According to your 2016 W-2 Wage and Tax Statement, uploaded on January 20, 2017, your total gross earnings from [REDACTED] in 2016 were \$4,704.46.
- 9) The letter from your one seasonal employer was uploaded to your NYSOH account on January 20, 2017, and was invalidated by NYSOH because it was undated.
- 10) On February 3, 2017, you uploaded to your NYSOH account four consecutive biweekly paystubs from [REDACTED] for the months of December 2016 and January 2017. The two paystubs from January 2017 are dated January 12, 2017 in the gross amount of \$1,346.40 and January 26, 2017 in the gross amount of \$1,032.24 for a total of \$2,378.64.
- 11) On March 3, 2017, you uploaded to your NYSOH account a letter from your seasonal employer, dated "1/15/17," which indicated you work from April 1, through mid-December and are paid \$11.50 per hour for an average of 35 hours per week.
- 12) On March 16, 2017, you uploaded to your NYSOH account, the same January 2017 paystubs plus the next two consecutive paystubs from February 2017. Those two paystubs are dated February 9, 2017 in the gross amount of \$805.04 and February 23, 2017 in the gross amount of \$966.33, totaling \$1,472.07. A handwritten note on the first page states, "This is a seasonal job as a [REDACTED]. Job will end [early] April," signed by you and dated "3/14/17."
- 13) According to your NYSOH account, as of your March 24, 2017 application your income was increased to \$19,128.23 after your income was validated and you were determined eligible for the Essential Plan, effective May 1, 2017.

- 14) You testified that you incurred medical and prescription expenses in the months of January 2017 and February 2017, and want to be enrolled in health insurance to cover those expenses.

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

Applicable Law and Regulations

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).

Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services

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Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); see also 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

Retroactive Medicaid

The Department of Health must make Medicaid coverage start retroactively for up to three months prior to the month of an initial application if the individual received medical services that would have been covered under Medicaid and the individual would have been eligible for Medicaid at the time he received the services if he had applied (42 USCA § 1396A(34); 42 CFR § 435.915(a)). The Department of Health may make eligibility effective for fee-for-service Medicaid on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Legal Analysis

The first issue under review is whether NYSOH provided you with a timely notice of your eligibility for an insurance affordability program.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. The applicant must be notified if the application does not contain sufficient information to permit NYSOH to conduct an eligibility determination. 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.

The record reflects that NYSOH received your initial application on January 6, 2017, in which you listed an annual income of \$15,360.00. Because this amount was below the income threshold for Medicaid, NYSOH put your application in a pending Medicaid status and instructed you to submit proof of income. On January 20, 2017, your January 2017 submission of income from [REDACTED] was validated; however, NYSOH invalidated your other employer's letter because it was not dated. Therefore, as of January 20, 2017, your application was not complete. Additional income information was required, as stated in notices dated

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February 1, 2017, March 1, 2017, March 4, 2017, and March 11, 2017, and the time to submit documentation was extended.

On March 3, 2017, you submitted a dated letter from one of your seasonal employers such that your application for health insurance was complete as of that date. You submitted additional income documentation afterward, which pertained to your eligibility for retroactive Medicaid and will be addressed next. Thereafter, on March 25, 2017 and April 12, 2017, NYSOH issued eligibility determination notices that stated you were eligible for the Essential Plan, effective May 1, 2017. Since NYSOH issued your eligibility determination within 21 days and 40 days respectively from the date your application was considered complete, the March 25, 2017 and April 12, 2017 eligibility determination notices regarding your eligibility for the Essential Plan were timely.

The second issue under review is whether NYSOH properly determined that you were enrolled in an Essential Plan with an enrollment start date of October 1, 2017.

The date on which enrollment in an Essential Plan can take effect depends on the day a person selects the plan for enrollment. A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

The record reflects that you were enrolled in an Essential Plan on April 11, 2017, 2017. Since the Essential Plan was selected on April 11, 2017, it properly took effect on the first day of the month following that date; that is, on May 1, 2017.

Therefore, the April 12, 2017 plan enrollment notice confirming that you were enrolled in an Essential Plan with an enrollment start date of May 1, 2017 is **AFFIRMED**.

The third issue under review is whether NYSON properly determined you to be ineligible for Medicaid for the months of January 2017 and February 2017. Your initial application was submitted in January 2017, and NYSOH reviewed your income in those two months to see if you would be eligible for Medicaid.

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 in January 2017 and February 2017, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the 2017 FPL, which is \$1,387.00 per month. There is no indication in the record that you would have been ineligible for Medicaid based on non-financial criteria during those months.

According to your income documents, however, you were paid bi-weekly and received two pay checks each month. According to your paystubs, you received gross earnings of \$2,378.64 in January 2017 and \$1,472.07 in February 2017.

Since your income of \$2,378.64 in January 2017 and of \$1,472.07 in February 2017 was more than the \$1,387.00 monthly Medicaid limit for 2017, NYSOH properly determined that you were not eligible for Medicaid coverage during either month. Therefore, the April 12, 2017 and June 10, 2017 eligibility determination notices stating respectively that you were not eligible for Medicaid in the months of January 2017 and February 2017, are correct and are AFFIRMED.

Decision

The March 25, 2017 and April 12, 2017 eligibility determination notices regarding your eligibility for the Essential Plan were timely.

The April 12, 2017 plan enrollment notice is AFFIRMED.

The April 12, 2017 and June 10, 2017 eligibility determination notices stating respectively that you were not eligible for Medicaid in the months of January 2017 and February 2017, are AFFIRMED.

Effective Date of this Decision: November 16, 2017

How this Decision Affects Your Eligibility

Your Essential Plan coverage properly began May 1, 2017.

You were properly determined in eligible for Medicaid during the months of January 2017 and February 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.

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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:

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- By mail at:
NY State of Health Appeals
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- By fax: 1-855-900-5557

Summary

The March 25, 2017 and April 12, 2017 eligibility determination notices regarding your eligibility for the Essential Plan were timely.

The April 12, 2017 plan enrollment notice is AFFIRMED.

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The April 12, 2017 and June 10, 2017 eligibility determination notices stating respectively that you were not eligible for Medicaid in the months of January 2017 and February 2017, are AFFIRMED.

Your Essential Plan coverage properly began May 1, 2017.

You were properly determined in eligible for Medicaid during the months of January 2017 and February 2017.

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&btumi ama wo obi a okyerε 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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