



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

## Notice of Decision

Decision Date: September 19, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000018525



Dear [REDACTED],

On August 9, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's April 11, 2017 notice of invalid documentation, April 19, 2017 eligibility determination notice, and April 21, 2017 enrollment confirmation 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.

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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## Decision

Decision Date: September 19, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000018525



## Issues

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

Did NY State of Health (NYSOH) properly determine that your March 31, 2017 submission was not a valid proof of income?

Did NYSOH provide a timely determination of your Medicaid eligibility as of April 14, 2017?

Did NYSOH properly determine that your Medicaid Managed Care plan began on June 1, 2017?

## Procedural History

On January 27, 2017, NYSOH received your application for financial assistance.

On January 28, 2017, NYSOH issued a notice stating that you were conditionally eligible for Medicaid, effective January 1, 2017. The notice directed you to submit proof of income by February 11, 2017.

Also on January 28, 2017, NYSOH issued a notice stating that the information in your application to NYSOH did not match what was obtained from state and federal data sources. You were asked to submit proof of income by February 11, 2017.

On February 9, 2017, you uploaded income documentation to your NYSOH account.

On February 21, 2017, your proof of income was deemed invalid.

On February 22, 2017, NYSOH issued a notice stating that the income documentation you provided did not confirm the information in your application. You were directed to submit proof of income by March 13, 2017.

On March 26, 2017 and March 31, 2017, you uploaded income documentation to your NYSOH account.

On March 31, 2017, your proof of income was deemed invalid.

On April 1, 2017, NYSOH issued a notice stating that the income documentation you provided did not confirm the information in your application. You were directed to submit proof of income by April 27, 2017.

On April 3, 2017, you updated your NYSOH account.

On April 4, 2017, NYSOH issued a notice stating that you remained conditionally eligible for Medicaid, effective April 1, 2017. The notice directed you to submit proof of income by April 18, 2017.

On April 14, 2017, you uploaded income documentation to your NYSOH account.

On April 18, 2017, NYSOH verified the income information you uploaded and a new application was submitted on your behalf.

On April 18, 2017, NYSOH redetermined your eligibility.

On April 19, 2017, NYSOH issued an eligibility determination notice finding you eligible for Medicaid, effective April 1, 2017.

On April 20, 2017, you selected a Medicaid Managed Care plan.

On April 21, 2017, an enrollment confirmation notice was issued confirming your enrollment in a Medicaid Managed Care plan starting June 1, 2017.

On May 1, 2017, you contacted the NYSOH Account Review Unit and appealed the determination that your March 31, 2017 submission was determined not a valid proof of income and that the start date of your Medicaid Managed Care plan should be May 1, 2017 and not June 1, 2017.

On August 9, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, [REDACTED], your spouse, acted as

your Authorized Representative and assisted you with your testimony. 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) Your Authorized Representative testified that you are appealing the determination that your March 31, 2017 submission was determined not a valid proof of income.
- 2) Your Authorized Representative testified that you are also appealing the enrollment start date of your Medicaid Managed Care plan insofar as you are seeking a start date of May 1, 2017 and not June 1, 2017.
- 3) According to your NYSOH account, NYSOH received your application for financial assistance on January 27, 2017.
- 4) Your Authorized Representative testified that prior to March 31, 2017 you provided proof of income to NYSOH, which was deemed invalid, and which is not in dispute.
- 5) On March 31, 2017, you uploaded to your NYSOH account, an email from your employer indicating the approval of your leave request, without pay, from September 6, 2016 through February 19, 2017 and then the continuation of leave from February 27, 2017 through June 30, 2017 (see [REDACTED]).
- 6) NYSOH records reflect that on April 10, 2017, your March 31, 2017 submission regarding your leave of absence was deemed invalid. NYSOH notes state "[REDACTED] submitted proof for leave of absence which is dated until 2/19/2017. [REDACTED] submitted valid pay stubs. Required documentation is current letter from employer signed by the employer and dated, including gross pay amount and frequency of pay."
- 7) NYSOH records include an Incident numbered [REDACTED], dated May 1, 2017 reflecting a telephone call from you [REDACTED] to NYSOH requesting that NYSOH re-review your proof of leave of absence submitted on March 31, 2017. NYSOH notes state you contended that your leave was continued 2/27/2017 – 6/30/2017 but that NYSOH invalidated it because NYSOH misread the leave date as ending in February 2017. You noted that on the 3<sup>rd</sup> page of the document it states that the leave of absence was extended until June 30, 2017. You indicated that if this document had not been improperly invalidated you would have been eligible to start your Medicaid Managed Care plan on May 1, 2017.

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- 8) Your Authorized Representative argued at the hearing that you believe that NYSOH did not see that your leave was continued until June 30, 2017 and that your leave request proof was deemed invalid because NYSOH mistakenly believed that your leave was only granted through February 19, 2017.
- 9) On April 14, 2017, you uploaded a letter to NYSOH verifying the income stated in your January 27, 2017 application. This included your gross pay from 2016 in the amount of \$42,205.76. You also submitted with your April 14, 2017 letter a copy of your 2016 amended tax return.
- 10) NYSOH records dated April 18, 2017 reflect that after receipt of this submission your proof was deemed valid. NYSOH notes state "Valid proof of income. [REDACTED] submitted a self-attesting letter of income. No UIB or Wage hits."
- 11) On April 18, 2017, your income documentation was verified as an acceptable proof of income and you were determined eligible for Medicaid effective April 1, 2017.
- 12) The record reflects that you selected a Medicaid Managed Care plan on April 20, 2017 with an enrollment start date of June 1, 2017.
- 13) You testified that you want your Medicaid Managed Care plan to begin on May 1, 2017 because you incurred medical bills during May 2017 that were not covered by your Medicaid Fee-for-Service coverage.

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 first issue is whether NYSOH properly determined that your March 31, 2017 submission was not a valid proof of income.

Prior to March 31, 2017, you provided proof of income to NYSOH which was deemed invalid, which your Authorized Representative testified was not in dispute.

On March 31, 2017, you uploaded an email from your employer indicating approval of your leave request, without pay, from September 6, 2016 through February 19, 2017, and then the continuation of leave from February 27, 2017 through June 30, 2017.

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NYSOH records include an incident numbered [REDACTED], dated May 1, 2017, reregarding a telephone call from you [REDACTED] to NYSOH requesting that NYSOH re-review your proof of leave of absence submitted on March 31, 2017. NYSOH notes state you contended that your leave was continued 2/27/2017 – 6/30/2017 but that NYSOH invalidated it because NYSOH misread the leave date as ending in February 2017. You noted that on the 3<sup>rd</sup> page of the document it states that the leave of absence was extended until June 30, 2017. You indicated that if this document was not invalidated you would have been eligible to start your Medicaid Managed Care plan on May 1, 2017.

Your Authorized Representative argued at the hearing that you believe that NYSOH did not see that your leave was continued until June 30, 2017 and that your leave request proof was deemed invalid because NYSOH mistakenly believed that your leave was only granted through February 19, 2017.

However, NYSOH records reflect that your March 31, 2017 submission (proof of your leave of absence) was deemed invalid for a different reason. NYSOH notes dated April 10, 2017 state “[REDACTED] submitted proof for leave of absence which is dated until 2/19/2017. [REDACTED] submitted valid pay stubs. Required documentation is current letter from employer signed by the employer and dated, including gross pay amount and frequency of pay.”

Therefore, according to NYSOH records, your March 31, 2017 submission was properly determined to be an invalid proof of income because you did not provide income information including your gross pay amount.

The NYSOH notes from April 10, 2017 indicate that you were required to provide proof of your gross income from your employer. On April 14, 2017, you submitted a letter to NYSOH verifying the income stated in your January 27, 2017 application. This included your gross pay from 2016 in the amount of \$42,205.76. You also submitted with your April 14, 2017 letter a copy of your 2016 amended tax return.

After receipt of your proof of income on April 14, 2017, NYSOH records dated April 18, 2017 state “Valid proof of income. [REDACTED] submitted a self-attesting letter of income. No UIB or Wage hits.”

On April 18, 2017, your income documentation was verified as an acceptable proof of income and you were determined eligible for Medicaid effective April 1, 2017.

Therefore, NYSOH properly determined that your March 31, 2017 submission was not a valid proof of income. As such, NYSOH’s April 11, 2017 notice of invalid documentation was correct and is AFFIRMED.



The second issue is whether NYSOH provided you with a timely determination of your Medicaid eligibility as of April 14, 2017.

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 27, 2017. 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 April 4, 2017, NYSOH issued a notice stating that you remained conditionally eligible for Medicaid, effective April 1, 2017. You were directed to submit proof of income by April 18, 2017.

On April 14, 2017, you uploaded a letter verifying your income and on April 18, 2017 NYSOH verified the letter as acceptable proof of income. On April 19, 2017, NYSOH issued an eligibility determination notice finding you eligible for Medicaid, effective April 1, 2017.

Therefore, your application was considered complete as of April 14, 2017, for purposes of issuing an eligibility determination.

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.

NYSOH issued an eligibility determination notice on April 19, 2017 that stated you were eligible for Medicaid effective April 1, 2017. Since NYSOH issued an eligibility determination 5 days from the date your application was considered complete, the April 19, 2017 eligibility determination was timely and is **AFFIRMED**.

The third issue is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was effective June 1, 2017.

The record reflects that you enrolled into a Medicaid Managed Care plan on April 20, 2017.

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).

The date on which a Medicaid Managed Care 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 will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

You selected a Medicaid Managed Care plan on April 20, 2017. Your plan would therefore properly take effect on the first day of the following month; that is, on June 1, 2017.

Therefore, the April 21, 2017 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective June 1, 2017, was correct and must be AFFIRMED.

## **Decision**

The April 11, 2017 notice of invalid documentation is AFFIRMED.

The April 19, 2017 eligibility determination notice is AFFIRMED.

The April 21, 2017 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** September 19, 2017

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

This decision does not affect your eligibility.

Your enrollment in your Medicaid Managed Care plan is June 1, 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.

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).

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**

The April 11, 2017 notice of invalid documentation is AFFIRMED.

The April 19, 2017 eligibility determination notice is AFFIRMED.

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).

The April 21, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not affect your eligibility.

Your enrollment in your Medicaid Managed Care plan is June 1, 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&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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