



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

Notice of Decision

Decision Date: November 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020411

[REDACTED]

On September 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 11, 2017 eligibility determination 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 Date: November 13, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020411

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) provide a timely determination of your children's eligibility as of July 11, 2017?

Procedural History

According to your NYSOH account, on April 19, 2017, you updated your family's application for health insurance, and, pursuant to NYSOH's request, you submitted documentary proof of your household income, which was subsequently verified by NYSOH on April 21, 2017 [REDACTED]

On April 22, 2017, NYSOH issued an eligibility determination notice, based on the April 21, 2017 system update, stating in part that you were eligible for Medicaid, effective April 1, 2017.

Also on April 22, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH received from state and federal data sources. The notice directed you to provide additional proof of household income to confirm your children's eligibility by May 4, 2017.

On April 23, 2017, NYSOH issued a plan enrollment notice confirming that you were enrolled in a Medicaid Managed Care (MMC) plan, effective April 1, 2017.

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On June 9, 2017, you updated your application and submitted a letter of attestation stating that you are the sole income provider in your household, which was subsequently invalidated by NYSOH on June 10, 2017 [REDACTED]

On June 10, 2017, NYSOH issued an eligibility determination notice stating in part that you were no longer eligible for Medicaid as of June 1, 2017; however, your Medicaid coverage would be continued until March 31, 2018.

Also on June 10, 2017, NYSOH issued a plan enrollment notice confirming that you were enrolled in an MMC plan, effective April 1, 2017.

Also on June 10, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH received from state and federal data sources. The notice directed you to provide additional proof of household income to confirm your and your children's eligibility by May 30, 2017.

Also on June 10, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the income information in your application. The notice further directed you to additionally provide proof of household income for you and your children by June 29, 2017.

On July 11, 2017, NYSOH issued an eligibility determination notice stating that you were no longer eligible for Medicaid. It also stated that your children may be able to enroll in a qualified health plan at full cost if they qualify for a special enrollment period as of August 1, 2017.

Also on July 11, 2017, NYSOH issued a plan enrollment notice confirming in part that you were enrolled in an MMC plan, effective April 1, 2017. The notice further stated that you must pick a qualified health plan for your children.

Also on July 11, 2017, you spoke to NYSOH's Account Review Unit and appealed NYSOH's July 11, 2017 eligibility determination notice, insofar as NYSOH failed to provide timely notice of your children's eligibility determination.

On September 28, 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, on April 19, 2017, you updated your family's application for health insurance, and, pursuant to NYSOH's request, you submitted documentary proof of your income, which was subsequently verified by NYSOH on April 21, 2017. [REDACTED]
- 2) According to your NYSOH account, you were found fully eligible for Medicaid on April 21, 2017, based on the income documentation you provided. Your selection of your MMC plan was updated on April 22, 2017 and enrollment was effective on April 1, 2017.
- 3) According to your NYSOH account, and your testimony, you were not issued an eligibility determination for your children until July 11, 2017. Your children have not been enrolled in a health plan through NYSOH since March 31, 2017.
- 4) According to your NYSOH account, and your testimony, you will file your 2017 income tax return as head of household and will claim your three children on that tax return. You further testified that you reside with the father of two or your three children, who does not have any income.
- 5) The application that was submitted on April 21, 2017, listed an expected gross household income of \$14,560.00, consisting of your earnings from your employment. You testified and submitted documentation to show that at the time this information was correct.
- 6) According to your NYSOH account and your testimony, your income increased after your April 19, 2017 application because you received a raise from your employer. When you updated your account with your increased income on July 11, 2017, your children were determined eligible to enroll in qualified health plan at full cost if they qualified for a special enrollment period.
- 7) You testified that you need your children's coverage to begin as of April 1, 2017 because you have medical bills.
- 8) According to your NYSOH account, and testimony, your family resides in [REDACTED]

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

Applicable Law and Regulations

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 - Children

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 30 days from the date of the application for a child who is at least 1 year of age but younger than 19 years of age (18 NYCRR 360-2.4(a)(3)(ii)).

Household Size Children – Non-Tax Filers

In the case where a child is claimed by one parent as a dependent and who is living with both parents who are not filing a joint tax return (42 CFR § 435.603(f)(2)(ii)), the child's family includes the following persons, if living with the child: (1) the child's parents, (2) the child's spouse, (3) the child's children and siblings under the age of 19, or 21 if a full-time student (42 CFR § 435.603(f)(3)).

Legal Analysis

The issue under review is whether NYSOH provided a timely determination of your children's eligibility as of July 11, 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 record reflects that you updated your family's application for health insurance on April 19, 2017. Because of this update, your family was placed in pending Medicaid status and you were required to submit proof of your family's household income. On that same day, you submitted proof of income for your household, and that proof was verified on April 21, 2017. [REDACTED]

According to your NYSOH account, you were determined fully eligible for Medicaid based on the income documentation provided, and an MMC plan was selected on April 22, 2017 with an enrollment start date of April 1, 2017. However, no eligibility determination was issued for your children.

Since you were found eligible for Medicaid based on the income information you provided in your April 19, 2017 application, your children's application was considered complete as of April 19, 2017 for purposes of issuing a timely eligibility determination.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 30 days from the date of the completed application for a child who is at least 1 year of age but younger than 19 years of age. 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 July 11, 2017 that stated, in pertinent part, that your children were eligible for a full price qualified health plan effective August 1, 2017.

Since NYSOH issued an eligibility determination 84 days from the date your children's application was considered complete, the July 11, 2017 eligibility determination notice was untimely and must be RESCINDED.

According to your NYSOH account and your testimony, you will file your 2017 income tax return as head of household and will claim three dependents on that tax return. However, you credibly testified that you reside with the father of two of your children, who does not file taxes. Therefore, your children are in a five-person household for purposes of this analysis.

The application that was submitted on April 21, 2017 listed an expected gross household income of \$14,560.00, consisting of your earned income. You credibly testified, and submitted documentation, that you are the sole source of income in your household and that at the time this income information was correct.

As such, your case is being RETURNED to NYSOH to redetermine your children's eligibility for financial assistance as of April 21, 2017, based on an annual household income of \$14,560.00 and a five-person household, for a

family living in [REDACTED] NYSOH is to notify you of its redetermination and is being directed to assist you in enrolling in a health plan that correlates with your children's eligibility redetermination with an effective start date of April 1, 2017.

Decision

The July 11, 2017 eligibility determination notice was untimely and is RESCINDED.

Your case is being RETURNED to NYSOH to redetermine your children's eligibility for financial assistance as of April 21, 2017, based on an annual household income of \$14,560.00 and a five-person household, for a family living in Jefferson County, New York, to be effective April 1, 2017 and to notify you accordingly.

NYSOH is directed to assist you in enrolling your children in a health plan that correlates with your children's eligibility redetermination, effective April 1, 2017.

Effective Date of this Decision: November 13, 2017

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to redetermine your children's eligibility for financial assistance as of April 21, 2017, based on the information noted above.

NYSOH will assist you in enrolling your children in a health plan, effective April 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.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be

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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 July 11, 2017 eligibility determination notice was untimely and is **RESCINDED**.

Your case is being **RETURNED** to NYSOH to redetermine your children's eligibility for financial assistance as of April 21, 2017, based on an annual household income of \$14,560.00 and a five-person household, for a family living

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in Jefferson County, New York, to be effective April 1, 2017 and to notify you accordingly.

NYSOH is directed to assist you in enrolling your children in a health plan that correlates with your children's eligibility redetermination, effective April 1, 2017.

Your case is being sent back to NYSOH to redetermine your children's eligibility for financial assistance as of April 21, 2017, based on the information noted above.

NYSOH will assist you in enrolling your children in a health plan, effective April 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 مجانًا.

বাংলা (Bengali)

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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।

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 b e tumi ama wo obi a okyer e 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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