



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

Notice of Decision

Decision Date: November 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020715

[REDACTED]

[REDACTED]

On October 4, 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 March 11, 2017 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

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

Decision

Decision Date: November 17, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020715

[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 March 11, 2017 application?

Procedural History

On August 24, 2016, NYSOH issued an eligibility determination notice stating that you remained eligible for Medicaid, effective August 1, 2017.

Also on August 24, 2016, NYSOH issued an enrollment notice confirming your enrollment in a Medicaid Managed Care (MMC) plan as of August 23, 2016, with a coverage start date of July 1, 2017.

On January 9, 2017, NYSOH issued a notice confirming that the Medicaid coverage for your child through [REDACTED] end on March 31, 2017. The notice advised you to update your NYSOH account between February 16, 2017 and March 15, 2017 to complete the renewal process.

On March 11, 2017, NYSOH received an update to your application for health insurance, which reflected that your child was now seeking health insurance through NYSOH.

On March 12, 2017, NYSOH issued a notice confirming receipt of your March 11, 2017 application for health insurance. The notice stated that your household's

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eligibility could not be determined because the information in your application did not match what NYSOH received from state and federal sources. You were requested to provide income documentation for you and your child by March 26, 2017 so that your household's eligibility could be determined.

Also on March 12, 2017, NYSOH issued a disenrollment notice confirming that your MMC plan coverage would end effective March 31, 2017.

On April 11, 2017, NYSOH received (1) two earnings statements issued to you by your employer, [REDACTED], on March 2, 2017 and March 16, 2017, (2) four Payroll Verification Reports – Weekly Summary Data sheets issued by your child's employer, [REDACTED] reflecting hours worked from the period between February 12, 2017 and March 11, 2017, and (3) two earnings statements issued to your child by her employer, [REDACTED], on March 1, 2017 and March 8, 2017.

On April 15, 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 May 10, 2017 so that your household's eligibility for financial assistance could be determined.

On May 24, 2017, NYSOH received one earnings statement issued to your child by [REDACTED] on March 24, 2017, and four additional earnings statements that were illegible.

On May 26, 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 June 9, 2017 so that your household's eligibility for financial assistance could be determined.

On May 30, 2017, NYSOH received (1) two earnings statements issued to your child by [REDACTED] on March 10, 2017 and March 24, 2017, and (3) two earnings statements issued to your child by another employer, [REDACTED] on March 10, 2017 and March 17, 2017.

On May 31, 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 June 24, 2017 so that your household's eligibility for financial assistance could be determined.

On June 1, 2017, NYSOH received (1) two additional earnings statements issued to your child by [REDACTED] on March 24, 2017 and March 31, 2017, (2) duplicate copies of earnings statements issued to your child by [REDACTED] on March 10,

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2017 and March 17, 2017, and (3) duplicate copies of earnings statements issued to your child by [REDACTED] on March 10, 2017 and March 24, 2017.

On June 2, 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 June 24, 2017 so that your household's eligibility for financial assistance could be determined.

On June 15, 2017, NYSOH received an update to your application for health insurance.

On June 16, 2017, NYSOH issued a notice confirming receipt of your June 15, 2017 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. You were requested to provide income documentation for you and your child by June 24, 2017 so that your household's eligibility could be determined.

On July 12, 2017, NYSOH received a letter issued by [REDACTED], dated June 30, 2017, confirming that your child was no longer employed as of July 7, 2017.

On July 14, 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 July 24, 2017 so that your household's eligibility for financial assistance could be determined.

On July 20, 2017, NYSOH's received an appeal request letter form requesting an appeal insofar as you and your child had not been found eligible for Medicaid.

On July 21, 2017, NYSOH received (1) three additional earnings statements issued to you child by Maurice's between June 16, 2017 and July 14, 2017, (2) four earnings statements issued to your child by [REDACTED] between June 23, 2017 and July 14, 2017, (3) a duplicate letter issued by [REDACTED], dated June 30, 2017, confirming that your child was no longer employed as of July 7, 2017, and (4) an earnings statement issued to you by [REDACTED] on July 6, 2017.

On July 25, 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 August 8, 2017 so that your household's eligibility for financial assistance could be determined.

On August 8, 2017, NYSOH received a copy of your unemployment claim information confirming that you were found eligible for unemployment benefits in the amount of \$71.00 per week beginning July 31, 2017.

Between August 8, 2017 and September 19, 2017, you provided several additional documents, each of which was found to be insufficient to provide you and your child with an eligibility determination resulting Medicaid.

On October 4, 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 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) Your Medicaid coverage ended effective March 31, 2017.
- 3) The Medicaid coverage for your child through [REDACTED] ended effective March 31, 2017.
- 4) According to your NYSOH account, NYSOH received your updated application for financial assistance on March 11, 2017. 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.
- 5) On April 11, 2017, NYSOH received (1) two earnings statements issued to you by your employer, [REDACTED], on March 2, 2017 and March 16, 2017, (2) four Payroll Verification Reports– Weekly Summary Data sheets issued by your child's employer, [REDACTED] reflecting hours worked from the period between February 12, 2017 and March 11, 2017, and (3) two earnings statements issued to your child by her employer, [REDACTED] on March 1, 2017 and March 8, 2017.
- 6) On May 24, 2017, NYSOH received one earnings statement issued to your child by [REDACTED] on March 24, 2017, and four additional earnings statements that were illegible.
- 7) On May 30, 2017, NYSOH received (1) two earnings statements issued to your child by [REDACTED] on March 10, 2017, March 24, 2017, and (3) two earnings statements issued to your child by another employer, [REDACTED] on March 10, 2017 and March 17, 2017.

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- 8) On June 1, 2017, NYSOH received (1) two additional earnings statements issued to your child by [REDACTED] on March 24, 2017 and March 31, 2017, (2) duplicate copies of earnings statements issued to your child by [REDACTED] on March 10, 2017 and March 17, 2017, and (3) duplicate copies of earnings statements issued to your child by [REDACTED] on March 10, 2017 and March 24, 2017.
- 9) On July 12, 2017, NYSOH received a letter issued by [REDACTED], dated June 30, 2017, confirming that your child was no longer employed as of July 7, 2017.
- 10) On July 21, 2017, NYSOH received (1) three additional earnings statements issued to your child by [REDACTED] between June 16, 2017 and July 14, 2017, (2) four earnings statements issued to your child by [REDACTED] between June 23, 2017 and July 14, 2017, (3) a duplicate letter issued by [REDACTED], dated June 30, 2017, confirming that your child was no longer employed as of July 7, 2017, and (4) an earnings statement issued to you by [REDACTED] on July 6, 2017.
- 11) 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.
- 12) 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)).

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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 issue under review is whether NYSOH failed to provide a timely eligibility determination after your March 11, 2017 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 March 11, 2017. The income amount that was entered into this application did not match information received from federal and state data sources, but NYSOH did place you and your child into a "pending Medicaid" status. As a result, NYSOH asked that you submit additional documentation to confirm your income.

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The record reflects that on April 11, 2017, you provided to NYSOH two earnings statements issued to you by your employer, [REDACTED], [REDACTED], on March 2, 2017 and March 16, 2017, (2) four Payroll Verification Reports-Weekly Summary Data sheets issued by your child's employer [REDACTED], reflecting hours worked from the period between February 12, 2017 and March 11, 2017, and (3) two earnings statements issued to your child by her employer, [REDACTED] March 1, 2017 and March 8, 2017. These documents were determined as invalid proof of income since earnings statements for your child's employment with [REDACTED] were not provided, and no income documents were provided relating to your child's employment with [REDACTED].

The record reflects that on May 24, 2017, NYSOH received one earnings statement issued to your child by [REDACTED] on March 24, 2017, and four additional earnings statements that were illegible. Thereafter, on May 31, 2017 NYSOH received (1) two earnings statements issued to your child by [REDACTED] on March 10, 2017 and March 24, 2017, and (2) two earnings statements issued to your child by another employer, [REDACTED], on March 10, 2017 and March 17, 2017. These documents were also found insufficient to determine your household's eligibility since the documents were illegible and the required 4 weeks of consecutive earnings statements were not submitted for each of your child's employers.

Further, the record reflects that on June 1, 2017, NYSOH received (1) two additional earnings statements issued to your child by [REDACTED] March 24, 2017 and March 31, 2017, (2) duplicate copies of earnings statements issued to your child by [REDACTED] on March 10, 2017 and March 17, 2017, and (3) duplicate copies of earnings statements issued to your child by [REDACTED] on March 10, 2017 and March 24, 2017. These documents were found to be insufficient since they did not comply with the income documents required by NYSOH in order to issue an eligibility determination.

It was not until July 21, 2017, that NYSOH received (1) three additional earnings statements issued to your child by [REDACTED] between June 16, 2017 and July 14, 2017, (2) four earnings statements issued to your child by [REDACTED] between June 23, 2017 and July 14, 2017, (3) a duplicate letter issued by [REDACTED], dated June 30, 2017, confirming that your child was no longer employed as of July 7, 2017, and (4) an earnings statement issued to you by [REDACTED] [REDACTED] on July 6, 2017. While NYSOH determined these documents to be insufficient to issue an eligibility determination for your household solely based on that there was no termination notice reflecting your position ending with [REDACTED] we find this was ultimately resolved on August 8, 2017 when you provided to NYSOH unemployment claim documentation reflecting that you were no longer employed by that organization.

Accordingly, we find that your application was effectively complete on August 8, 2017.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application for adults whose income is at or below 138% of the FPL.

Therefore, we find that NYSOH acted properly in not rendering a determination based on the information contained in the March 11, 2017 application, and upon the information provided between March 11, 2017 and July 21, 2017.

The record reflects that you received a total of \$5,623.58 from [REDACTED] [REDACTED]. during 2017, you were entitled to receive \$781.00 (\$71.00 per week x 11 weeks) for the remainder of 2017, \$10,400.00 (\$10.00 per hour x 20 hours x 52 weeks) your child expects to receive from [REDACTED] during 2017, and \$3,026.40 (\$9.60 per hour x 6 hours x 52 weeks) you child expects to receive from [REDACTED] during 2017.

Accordingly, your case is RETURNED to NYSOH to redetermine your eligibility for health insurance based on an annual household income of \$19,830.98 for a two-person household in [REDACTED], as of August 8, 2017.

Decision

NYSOH acted properly in not rendering a determination based on the information contained in the March 11, 2017 application, and upon the income documentation provided between March 11, 2017 and July 21, 2017.

Your case is RETURNED to NYSOH to redetermine your eligibility for health insurance based on an annual household income of \$19,830.98 for a two-person household in [REDACTED], as of August 8, 2017.

Effective Date of this Decision: November 17, 2017

How this Decision Affects Your Eligibility

Your application was not complete until August 8, 2017.

Your case is RETURNED to NYSOH to redetermine your eligibility for health insurance based on an annual household income of \$19,830.98 for a two-person household in Montgomery County, as of August 8, 2017.

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

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.

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

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

NYSOH acted properly in not rendering a determination based on the information contained in the March 11, 2017 application, and upon the income documentation provided between March 11, 2017 and July 21, 2017.

Your application was not complete until August 8, 2017.

Your case is RETURNED to NYSOH to redetermine your eligibility for health insurance based on an annual household income of \$19,830.98 for a two-person household in Montgomery County, as of August 8, 2017.

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

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 مجانًا.

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 srε wo, frε 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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