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

Notice of Decision

Decision Date: January 09, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000021598

[redacted]

On November 2, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's August 14, 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 NY State of Health 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).

This page intentionally left blank.

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).

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

Decision

Decision Date: January 09, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000021598

[redacted]

Issue

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

> Did NY State of Health properly determine that your youngest child was not eligible for Medicaid coverage for the months of June and July 2017?

Procedural History

On July 3, 2017, NYSOH received your youngest child's initial application for financial assistance with health insurance.

On July 4, 2017, NYSOH issued a notice stating the income information in your child's application did not match the information received from state and federal data sources. You were directed to submit proof of your household income by July 18, 2017 or NYSOH would not be able to determine your child's eligibility for health coverage.

On July 19, 2017, NYSOH issued a notice, based on your July 18, 2017 updated application, stating the income information in the application did not match the information received from state and federal data sources. You were again directed to submit proof of your household income by July 18, 2017 or NYSOH would not be able to determine your child's eligibility for health coverage.

On July 19, 2017 and August 3, 2017, NYSOH issued notices stating the documentation received was insufficient to confirm the income information in your application. You were directed to submit additional documentation of your household income.

On August 12, 2017, NYSOH issued another notice, based on an August 11, 2017 updated application, stating the income information in the application did not match the information received from state and federal data sources. You were again directed to submit proof of your household income by or NYSOH would not be able to determine your child's eligibility for health coverage.

On August 14, 2017, NYSOH issued an eligibility determination notice, based on an August 13, 2017 systematic eligibility redetermination, stating your child was eligible to purchase a qualified health plan at full cost, effective September 1, 2017. That notice indicated that your child was not eligible for financial assistance, because NYSOH did not receive the income documentation needed to verify the information in the application by the deadline.

Also on August 14, 2017, NYSOH issued a notice stating your youngest child was not eligible for retroactive Medicaid coverage for the months of June and July 2017, because you had failed to provide documentation necessary to confirm your household income.

On August 17, 2017, NYSOH issued an eligibility determination notice, based on an August 16, 2017 systematic eligibility redetermination, stating your youngest child was eligible for Medicaid, effective August 1, 2017.

Also on August 17, 2017, NYSOH issued a notice stating you were eligible for retroactive Medicaid coverage for the month of July 2017, because your household monthly income was below the allowable monthly income limit.

On August 18, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your child was not eligible for Medicaid coverage for the months of June and July 2017.

On November 2, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing held open until November 16, 2017, to allow you to submit supporting documents regarding your household income for the months of June and July 2017.

As of November 16, 2017, the Appeals Unit had not received any documents and none were viewable in your NYSOH account. Therefore, the record was closed that same day and this decision is based on the record as developed at the time of the hearing.

Findings of Fact

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

1) You are appealing only your youngest child's eligibility.

2) According to your account, your youngest child was born on [redacted]

3) You were eligible for presumptive Medicaid coverage at the time of your child's birth.

4) NYSOH received your child's initial application for health insurance on July 3, 2017. That application listed your annual household income as $29,980.21 consisting solely of income earned through your spouse's employment.

5) According to your account, NYSOH was unable to verify the income information listed in that application and income documentation was requested before NYSOH could determine your child's eligibility.

6) On July 18, 2017, NYSOH received the following paystubs from your spouse:

    a. Pay date of June 28, 2017 with gross taxable income of $295.74 and year to date income of $13,365.70.

    b. Pay date of June 21, 2017 with gross taxable income of $603.44 $13.069.96.

    c. Pay date of June 14, 2017 with gross taxable income of $409.51 and year to date income of $12,466.52.

    d. Pay date of May 31, 2017 with gross taxable income of $549.94 and year to date income of $11,562.25.

7) The paystubs uploaded on July 18, 2017 were invalidated by NYSOH, because they were inconsecutive. Additional documentation was requested.

8) On August 2, 2017, NYSOH received a weekly paystub from your spouse for a pay date of July 26, 2017 in the gross taxable amount of $355.88 with year to date income of $14,142.10.

9) On August 11, 2017, an updated application was submitted on behalf of your child requesting retroactive coverage for the months of June and July 2017.

10) NYSOH denied your request for retroactive coverage for your child on the grounds you had failed to prove sufficient documentation of your household income.

11) On August 16, 2017, NYSOH verified your income documentation and determined your child eligible for Medicaid, effective August 1, 2017.

12) On August 17, 2017, NYSOH issued a notice indicating that you were eligible for retroactive Medicaid coverage for the month of July 2017, because your household monthly income of $356.91 was under the allowable monthly income limit.

13) You testified that your child was without health coverage for the months of June and July 2017 and there are outstanding medical bills from that time.

14) Your applications indicate that you will not be filing taxes, but your spouse will file his 2017 tax return as single and will claim your two children as dependents. You testified you are not sure if that information is accurate, because your spouse files the tax return for the family.

15) You testified that you and your spouse live together with your two children.

16) Your applications indicate your family will not take any deductions on the 2017 tax return.

17) You testified that your spouse took two weeks off work following the birth of your youngest child and did not earn any income during that time period.

18) You were directed to submit income documentation including your spouse's paystub for the first week of June 2017 and all paystubs for pay checks received in July 2017. No such documentation was received.

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

Applicable Law and Regulations

Household Composition

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)).

Medicaid for Infants

A child who is under one year of age is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 223% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

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 issue is whether NYSOH properly determined that your youngest child was not eligible for Medicaid coverage for the months of June and July 2017.

According to your account, your youngest child was born on [redacted] and you were eligible for presumptive Medicaid coverage at the time of birth. NYSOH received your child's initial application for health insurance on July 3, 2017. However, according to your account, NYSOH was unable to verify the income information listed in that application and income documentation was requested before NYSOH could determine your child's eligibility.

Although your spouse submitted four weekly paystubs in July 2017, these documents were invalidated by NYSOH, because they were not consecutive. NYSOH received an additional paystub on August 2, 2017. Although this documentation was initially invalidated by NYSOH, your account confirms that the same five paystubs were resubmitted on August 15, 2017 and validated by NYSOH the following day. Subsequently, your child was determined eligible for Medicaid, effective August 1, 2017. You appealed insofar as your child was not eligible for coverage for the months of June and July 2017.

On August 11, 2017, an updated application was submitted on behalf of your child requesting retroactive coverage for the months of June and July 2017.

Pursuant to the above cited regulations, the Department of Health must make Medicaid assistance available 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

NYSOH denied your child's request for retroactive Medicaid coverage on the grounds you had failed to prove sufficient documentation of your household income. However, as discussed above, NYSOH was in possession of income documentation it later deemed valid as early as August 2, 2017, prior to the request for retroactive coverage for your child. Moreover, your account confirms that NYSOH determined you, [redacted], eligible for retroactive Medicaid coverage for the month of July 2017 indicating that you had sufficiently establishes a monthly household income of $356.91 for July 2017, which was under the allowable income limit for Medicaid. Accordingly, it is concluded that it was an error on the part of NYSOH to deny your child retroactive Medicaid coverage for the month of July 2017, purportedly because you had failed to submit sufficient income documentation, when it had already determined that the documentation was sufficient to show eligibility for yourself.

Additionally, it is also concluded there was sufficient documentation to determine your monthly household income for the month of June 2017 at the time of the request for retroactive coverage for your child. Although the four weekly paystubs uploaded on July 2017 were non-consecutive because they did not include the paystub for the June 7, 2017 paycheck, the amount of that paycheck can be extrapolated from the other evidence submitted.

The record contains a paystub for a paycheck dated May 31, 2017 with a year to date income amount of $11,562.25. The next paystub submitted was for the pay check dated June 14, 2017 with gross weekly taxable income of $409.51 and year to date income of $12,466.52. Based on this information, it can be determined that the missing June 7, 2017 paystub was for a paycheck in the gross amount of $494.76. Additionally, there were paystubs submitted for paycheck dated June 21, 2017 with gross weekly taxable income of $603.44 and June 28, 2017 with gross weekly taxable income of $295.74. Therefore, the record is sufficient to establish that your gross household income for the month of June 2017 was $1,803.45.

It is noted that your applications indicate that you will not be filing taxes, but your spouse will file his 2017 tax return as single and will claim your two children as dependents. You testified you are not sure if that information is accurate, because your spouse files the tax return for the family. However, you testified that you and your spouse live together with your two children; therefore, pursuant to the above cited regulations, your child is considered to be in a four-person household.

Since the August 14, 2017 notice denying your youngest child retroactive Medicaid coverage for the months of June and July 2017, because you failed to

submit sufficient documentation of your income is not supported by the record, it must be RESCINDED.

Your case is RETURNED to NYSOH to redetermine your youngest child's eligibility for retroactive Medicaid coverage based on the record establishing she is in a four-person household with a household income of $1,803.45 for the month of June 2017 and $356.91 for July 2017.

Decision

The August 14, 2017 notice denying your youngest child retroactive Medicaid coverage for the months of June and July 2017 is RESCINDED

Your case is RETURNED to NYSOH to redetermine your youngest child's eligibility for retroactive Medicaid coverage based on the record establishing she is in a four-person household with a household income of $1,803.45 for the month of June 2017 and $356.91 for July 2017.

Effective Date of this Decision: January 09, 2018

How this Decision Affects Your Eligibility

This is not a final determination of your child's eligibility. This case is being sent back to NYSOH to redetermine your child's eligibility for retroactive coverage for June and July 2017 in accordance with this decision. NYSOH will send you a new notice of eligibility determination.

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
  Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The August 14, 2017 notice denying your youngest child retroactive Medicaid coverage for the months of June and July 2017 is RESCINDED

Your case is RETURNED to NYSOH to redetermine your youngest child's eligibility for retroactive Medicaid coverage based on the record establishing she is in a four-person household with a household income of $1,803.45 for the month of June 2017 and $356.91 for July 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).

This is not a final determination of your child's eligibility. This case is being sent back to NYSOH to redetermine your child's eligibility for retroactive coverage for June and July 2017 in accordance with this decision. NYSOH will send you a new notice of eligibility determination.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

[redacted]

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).

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।

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).

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 महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई नि:शुल्क 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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.

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).