



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

Notice of Decision

Decision Date: December 22, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022788

[REDACTED]

Dear [REDACTED]

On November 30, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 2, 2017 and November 11, 2017 eligibility determination notices.

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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: December 22, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022788



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 eligibility for, and enrollment in, an Essential Plan was effective October 1, 2017?

Did NYSOH properly determine that you were not eligible for Medicaid in the month of September 2017?

Procedural History

On August 7, 2017, you updated your NYSOH application for financial assistance.

On August 8, 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, and that you needed to provide documentation of your income by August 22, 2017.

On August 14, 2017, you updated your NYSOH application.

On August 15, 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, and that you needed to provide documentation of your income by August 22, 2017.

On August 24, 2017, you faxed documentation to NYSOH.

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On August 27, 2017, NYSOH issued a notice stating that the income documentation you provided was not sufficient to confirm the information in your application. NYSOH directed you to submit documentation of your income by September 21, 2017.

On August 31, 2017, you faxed documentation to NYSOH.

On September 1, 2017, NYSOH reviewed your income documentation and redetermined your eligibility.

On September 2, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in the Essential Plan with a monthly premium of \$20.00, effective October 1, 2017.

On September 12, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an Essential Plan, beginning October 1, 2017.

On September 25, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential Plan, insofar as it did not begin September 1, 2017.

On November 10, 2017, you updated your NYSOH application and requested help paying for medical bills in the month of September 2017.

On November 11, 2017, NYSOH issued a notice of eligibility determination stating that you were not eligible for help paying medical bills for the period of September 1, 2017 through September 30, 2017 because the program you are eligible for cannot pay for any care you received in the past.

On November 30, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit, during which your Authorized Representative, [REDACTED], appeared and was sworn in. During the hearing, the issue of your eligibility for Medicaid in the month of September 2017 was also reviewed. The record was developed during the hearing and held open through December 15, 2017 to provide you with time to submit supporting documentation.

On November 30, 2017, you faxed documentation to NYSOH's Appeals Unit. The record is now closed.

Findings of Fact

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

- 1) You submitted an application to NYSOH for financial assistance on August 7, 2017, and listed your expected annual income as \$14,625.00. As a result, NYSOH requested that you submit documentation of your income.
- 2) On August 14, 2017, you updated your application and changed your expected annual income to \$10,400.00. NYSOH again requested documentation of your income.
- 3) On August 24, 2017, you faxed four paystubs to NYSOH, dated July 6, July 13, July 20, and July 27, 2017 (document [REDACTED] 1).
- 4) On August 27, 2017, NYSOH sent you a notice indicating that the paystubs you submitted were not sufficient to document your income. A note entered in your NYSOH account on August 25, 2017 states, "Invalid proof of income. [REDACTED] submitted outdated paystubs. Required documentation is four consecutive weeks of paystubs dated within thirty days of the clock open date of 8/14/2017."
- 5) On August 31, 2017, you faxed nine paystubs to NYSOH, dated July 6, July 13, July 20, July 27, August 3, August 10, August 17, August 24, and August 31, 2017 (document [REDACTED]).
- 6) On September 1, 2017, NYSOH verified the documentation you provided, and redetermined your eligibility.
- 7) On September 2, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for the Essential Plan, effective October 1, 2017.
- 8) The record reflects that you enrolled in an Essential Plan on September 11, 2017.
- 9) You testified that you wanted your enrollment in an Essential Plan to begin on September 1, 2017 because you have unpaid medical bills from that month.
- 10) You testified that you first tried to fax documentation of your income to NYSOH on August 7, 2017, but you later found out that the fax did not go through.

- 11) You testified that you were confused about the application process, and that you had to call NYSOH to find out exactly what documentation they were looking for.
- 12) Your NYSOH account reflects that you expect to file your 2017 federal income tax return as single, and claim no dependents.
- 13) You submitted an updated application for financial assistance on November 10, 2017, and requested help paying for medical bills in the month of September 2017.
- 14) You testified that you were not sure what your gross income was in the month of September 2017.
- 15) After the hearing, you sent a 15-page fax to the Appeals Unit, consisting of the following:
 - a. A one-page fax cover sheet;
 - b. A paystub dated 9/7/2017 for gross pay of \$306.29;
 - c. A paystub dated 9/14/2017 for gross pay of \$377.86;
 - d. A paystub dated 9/21/2017 for gross pay of \$314.88;
 - e. A paystub dated 9/28/2017 for gross pay of \$383.58;
 - f. An undated paystub;
 - g. A Verification of Wages form from the [REDACTED];
 - h. A one-page letter dated [REDACTED] from [REDACTED] on [REDACTED] program stating that you [REDACTED], and [REDACTED];
 - i. Eight pages of bills from [REDACTED] for services you received in the month of [REDACTED].

These documents are collectively marked and entered into the record as "Appellant's Exhibit One."

- 16) Your NYSOH application indicates that you do not plan on taking any deductions on your tax return

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

Applicable Law and Regulations

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 Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf).

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)).

Medicaid for Adults between the Ages of 19 and 65

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application, that was the 2017 FPL, which is \$12,060.00 for a one-person household (82 Federal Register 8831).

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)).

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Legal Analysis

The first issue under review is whether NYSOH properly determined that your eligibility for, and enrollment in, the Essential Plan was effective October 1, 2017.

You testified, and the record indicates, that you first updated your NYSOH application on August 7, 2017. The income that you listed in the application - \$14,625.00 – placed you into a “pending Medicaid” status, and NYSOH requested documentation to confirm your income as a result.

Although you testified that you faxed documentation of your income to NYSOH on August 7, 2017, there is no evidence in your account that any documentation was received by NYSOH on or near that date. You testified that you contacted NYSOH again on August 14, 2017 to follow up, and were told that no documentation was received by NYSOH. You also updated your application again on August 14, 2017, this time listing an annual expected income of \$10,400.00. Once again, this placed you in a “pending Medicaid” status, so NYSOH again requested documentation of your income.

On August 24, 2017, you faxed income documentation, but this income documentation was invalidated by NYSOH on August 25, 2017 because some of the paystubs you provided were dated more than thirty days earlier than your application date of August 14, 2017. As a result, you were again asked to provide income documentation, which you did on August 31, 2017.

On September 1, 2017, NYSOH reviewed that income documentation and updated your account to reflect that your annual expected income was \$19,555.25. Based on this, you were found eligible for the Essential Plan, effective October 1, 2017. Since your application was not complete until NYSOH received the proper income documentation (August 31, 2017), the start date of your NYSOH eligibility was October 1, 2017. In order to have your eligibility begin on September 1, 2017, your application would have to have been complete by August 15, 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.

On September 11, 2017, you selected an Essential Plan, so your enrollment properly took effect on the first day of the first month following September; that is, on October 1, 2017.

Therefore, the September 2, 2017 eligibility determination and September 12, 2017 enrollment confirmation notices, stating that your eligibility for, and enrollment in the Essential Plan, was effective October 1, 2017, are correct and must be AFFIRMED.

The second issue under review is whether NYSOH properly determined that you were not eligible for Medicaid for September 1, 2017 through September 30, 2017.

You are in a one-person household; you file your taxes with a tax filing status of single and claim no dependents on your tax return.

You submitted an application for financial assistance on November 10, 2017, and requested help in paying for medical bills for September 1, 2017 through September 30, 2017.

When an individual file, an initial application for Medicaid, his or her eligibility for retroactive Medicaid depends on the date of application. To this end, it does not matter whether that initial application resulted in Medicaid going forward. Instead, an individual, who has filed an initial application for Medicaid through NYSOH, has the right to be evaluated for Medicaid for the three months before the month of his or her application.

Medicaid coverage can be made effective retroactively for up to three months prior to an individual's initial application if the individual received medical services that would have been covered under Medicaid and if they would have been eligible for Medicaid in those three months had they applied.

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 September 2017, you would have needed to meet the non-financial criteria and have an income no greater than 138% of the 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 September 2017.

After the hearing, you faxed four paystubs to NYSOH for the following pay dates and gross pay amounts: 9/7/2017 for gross pay of \$306.29; 9/14/2017 for gross pay of \$377.86; 9/21/2017 for gross pay of \$314.88; and 9/28/2017 for gross pay of \$383.58. Therefore, the record indicates that in the month of September 2017, you had a monthly household income of \$1,382.61.

Since the November 11, 2017 notice of eligibility determination found you were not eligible for Medicaid for September 1, 2017 through September 30, 2017, because the program you were eligible for cannot pay for any care you received in the past, this is RESCINDED.

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).

Since the record now contains a more accurate representation of what your income was for the month of September 2017, your case is RETURNED to NYSOH to consider your request for retroactive coverage for September 2017 based on a household size of one person and household income of \$1,382.61 for the month of September 2017.

NYSOH is directed to notify you in writing of your eligibility for Medicaid in the month of September 2017.

Decision

The September 2, 2017 eligibility determination is AFFIRMED.

The September 12, 2017 enrollment confirmation notice is AFFIRMED.

The November 11, 2017 eligibility determination notice denying your request for retroactive Medicaid in the month of September 2017 is RESCINDED.

Your case is RETURNED to NYSOH to determine your eligibility for Medicaid in the month of September 2017, based on a one-person household with a monthly income of \$1,382.61 in the month of September 2017.

NYSOH is directed to promptly notify you in writing of your eligibility for Medicaid in the month of September 2017.

Effective Date of this Decision: December 22, 2017

How this Decision Affects Your Eligibility

Your eligibility for, and enrollment in, your Essential Plan coverage properly began on October 1, 2017.

NYSOH's determination that you were not eligible for retroactive Medicaid in the month of September 2017 because the program you are enrolled in cannot pay for care you received in the past was not correct.

Your case is being sent back to NYSOH to determine your eligibility for Medicaid in the month of September 2017, based on a one-person household with a monthly income of \$1,382.61 for the month of September 2017.

NYSOH will notify you in writing of your eligibility for Medicaid in the month of September 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).

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

The September 2, 2017 eligibility determination is AFFIRMED.

The September 12, 2017 enrollment confirmation notice is AFFIRMED.

The November 11, 2017 eligibility determination notice denying your request for retroactive Medicaid in the month of September 2017 is RESCINDED.

Your case is RETURNED to NYSOH to determine your eligibility for Medicaid in the month of September 2017, based on a one-person household with a monthly income of \$1,382.61 in the month of September 2017.

NYSOH is directed to promptly notify you in writing of your eligibility for Medicaid in the month of September 2017.

Your eligibility for, and enrollment in, your Essential Plan coverage properly began on October 1, 2017.

NYSOH's determination that you were not eligible for retroactive Medicaid in the month of September 2017 because the program you are enrolled in cannot pay for care you received in the past was not correct.

Your case is being sent back to NYSOH to determine your eligibility for Medicaid in the month of September 2017, based on a one-person household with a monthly income of \$1,382.61 for the month of September 2017.

NYSOH will notify you in writing of your eligibility for Medicaid in the month of September 2017.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

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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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।

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 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 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.