



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

Notice of Decision

Decision Date: January 24, 2018

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000023172

[REDACTED]

[REDACTED]

On December 8, 2017, your spouse appeared by telephone with the aid of [REDACTED] at a hearing on your appeal of NY State of Health's June 6, 2017, July 9, 2017, July 12, 2017, and July 25, 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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Decision

Decision Date: January 24, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023172

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine you were not eligible for full Medicaid coverage for the month of July 2017?

Procedural History

On June 5, 2017, NYSOH received an updated application for financial assistance with health insurance submitted on your behalf, which indicated that you were pregnant.

On June 6, 2017, NYSOH issued an eligibility determination notice stating you were conditionally eligible for Medicaid, effective June 1, 2017. The notice directed you to submit proof of your household income by June 20, 2017 to confirm your eligibility.

On July 1, 2017, NYSOH issued an eligibility determination notice, based on a systematic June 30, 2017 eligibility redetermination, stating you were newly eligible to purchase a full cost qualified health plan, effective August 1, 2017. The notice indicated you were not eligible for financial assistance, because NYSOH had not received the requested information to verify your household income by the due date.

On July 8, 2017, NYSOH received an updated application submitted on your behalf.

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Also on July 8, 2017, NYSOH received income documentation submitted on behalf of you and your spouse.

On July 9, 2017, NYSOH issued an eligibility determination notice stating you remained conditionally eligible for Medicaid, effective August 1, 2017. The notice directed you to submit proof of your household income by July 23, 2017 to confirm your eligibility.

On July 10, 2017, NYSOH systematically redetermined your eligibility.

On July 11, 2017, NYSOH issued an eligibility determination notice stating you were eligible to receive a tax credit of up to \$331.00 per month, effective August 1, 2017.

On July 11, 2017, NYSOH received another updated application submitted on your behalf.

On July 12, 2017, NYSOH issued an eligibility determination stating you were conditionally eligible for Medicaid, effective August 1, 2017. The notice directed you to submit proof of your household income by July 26, 2017 to confirm your eligibility.

On July 19, 2017, NYSOH received additional documentation of income submitted on behalf of you and your spouse.

On July 21, 2017, NYSOH issued a notice stating the income documentation received did not confirm the information in your application. You were directed to submit additional documentation of your household income by August 25, 2017.

Also on July 21, 2017, your child was added to your account and another updated application was submitted on your behalf.

On July 22, 2017, NYSOH issued a notice stating that the income information in your application did not match information received from state and federal data sources. The notice directed you to submit proof of your household income by August 25, 2017 or NYSOH would not be able to determine your eligibility for health coverage.

On July 24, 2017, your eligibility was systematically redetermined.

On July 25, 2017, NYSOH issued an eligibility determination notice stating you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective September 1, 2017. The notice indicated you were not eligible for Medicaid, because the household income was over the allowable limit for that program.

Also on July 25, 2017, NYSOH issued an enrollment notice, based on the July 24, 2017 plan selection, confirming you were enrolled in an Essential Plan, effective September 1, 2017.

On July 26, 2017 and August 2, 2017, additional income documentation was received by NYSOH.

On August 7, 2017, your eligibility was systematically redetermined.

On August 8, 2017, NYSOH issued an eligibility determination notice stating you were eligible to receive tax credits of up to \$2.00 per month, effective September 1, 2017. The notice indicated you were not eligible for Medicaid, because the household income was over the allowable limit for that program.

On August 11, 2017, NYSOH received an updated application submitted on your behalf as well as additional documentation of your household income.

On August 14, 2017, NYSOH systematically redetermined your eligibility.

On August 15, 2017, NYSOH issued an eligibility determination stating you were fully eligible for Medicaid, effective September 1, 2017.

On August 18, 2017, NYSOH issued an enrollment notice, based on your August 17, 2017 plan selection, confirming you were enrolled in a Medicaid Managed Care plan, effective October 1, 2017.

On October 6, 2017, you, or someone on your behalf, spoke to NYSOH's Account Review Unit and appealed insofar as you were not eligible for full Medicaid coverage for the months of June, July, and August 2017.

On December 8, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit where your spouse appeared on your behalf with the aid of a Burmese Language Interpreter and your certified application counselor (CAC) appeared as a witness. 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) An updated application was submitted on your behalf on June 5, 2017 indicating that you were pregnant.
- 2) The application listed your annual household income for 2017 as \$25,688.00, consisting solely of income earned by your spouse.

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- 3) According to your account, NYSOH was unable to verify the income information in your appeal. You were determined conditionally eligible for Medicaid and you were directed to submit documentation of your household income to confirm your eligibility.
- 4) Another updated application was submitted on your behalf on July 8, 2017. That application reduced the attested household income to \$15,082.43 consisting solely of income earned by your spouse.
- 5) Also on July 8, 2017, NYSOH received the following income documentation:
 - a. A Social Services "Employer Form" indicating that your last day of work was June 2, 2017.
 - b. Seven consecutive weekly paystubs for your spouse for pay dates between May 25, 2017 and July 7, 2017. The July 7, 2017 paystub showed year to date gross earnings of \$15,082.43.
- 6) According to your account, on July 10, 2017, NYSOH recalculated your income based on the paystubs submitted and increased the annual household income to \$32,927.94.
- 7) On July 10, 2017 NYSOH redetermined your eligibility with the recalculated income amount based on a household size of two, not considering your pregnancy, and found you eligible to receive tax credits of up to \$331.00 per month, effective August 1, 2017.
- 8) Also on July 10, 2017, NYSOH received another updated application submitted on your behalf. That application listed your household income as \$42,527.94, including \$9,600.00 in income you attested to earning between January 1, 2017 and June 2, 2017.
- 9) You were determined conditionally eligible for Medicaid based on the updated income information and directed to submit additional documentation of your household income.
- 10) On July 19, 2017, updated paystubs were submitted for your spouse, but no documentation of your income was received.
- 11) According to your account, on [REDACTED], your child was born.
- 12) On July 21, 2017, your child was added to your account and an updated application was submitted on your behalf.
- 13) That application reduced your attested household income to \$25,688.00 consisting solely of income earned by your spouse.

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- 14) According to your account, NYSOH was unable to verify the income information in your application and you were directed to submit documentation of your household income before NYSOH could determine your eligibility.
- 15) On July 24, 2017, NYSOH verified the updated income documentation submitted for your spouse and recalculated your annual household income as \$32,972.94 based on that documentation.
- 16) You were determined eligible to enroll in the Essential Plan with a \$20.00 monthly premium, effective September 1, 2017.
- 17) On August 2, 2017, NYSOH received, for the first time, documentation of your income for 2017 including weekly paystubs for pay dates between March 10, 2017 and June 2, 2017. The June 2, 2017 paystub indicated that you had year to date gross earnings of \$10,206.38.
- 18) On August 7, 2017, NYSOH calculated your annual income, based on the average gross weekly income in the paystubs you submitted, as \$30,353.05. NYSOH added this to the amount previously calculated income for your spouse for a total household income of \$63,325.99.
- 19) NYSOH determined you eligible to receive up to \$2.00 per month in tax credits, effective September 1, 2017, based on the recalculated income amount.
- 20) On August 11, 2017, an updated application was submitted on your behalf reducing your attested household income to \$26,000.00, consisting solely of income earned by your spouse. The application indicated that you had no income for 2017.
- 21) The August 11, 2017 application requested retroactive coverage for the months of March, April, and May 2017.
- 22) According to your account, NYSOH could not verify the income information in your application and you were directed to submit proof of your income prior to NYSOH determining your eligibility for health coverage.
- 23) On August 11, 2017, NYSOH received updated paystubs for your spouse.
- 24) According to your account, on August 14, 2017, NYSOH verified your income documentation and confirmed the \$26,000.00 annual income amount attested to in your prior application consisting solely of income earned by your spouse.

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- 25) You were determined fully eligible for Medicaid, effective September 1, 2017 and enrolled into a Medicaid Managed Care plan, effective October 1, 2017.
- 26) Your spouse and your CAC testified that you are only seeking coverage for the month of July 2017, because you have outstanding medical bills from the birth of your child that are not being covered by Medicaid.
- 27) You had presumptive Medicaid coverage for the month of July 2017.
- 28) Your CAC testified that you were not appealing the effective date of your Medicaid Managed Care plan.
- 29) There has been no application filed on your behalf requesting retroactive coverage for you for the month of July 2017.
- 30) Your spouse testified that you earned income between January and June in 2017.

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)). 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)).

Household Composition

For purposes of Medicaid eligibility, the household size of either a pregnant woman or a per child who is in the family of a pregnant woman includes not only the pregnant woman, but also the number of children she expects to deliver (42 CFR § 435.603(b); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

Medicaid for Pregnant Women

Medicaid can be provided through the Marketplace to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled

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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 New York, a pregnant woman is eligible for Medicaid at a household income of 223% of the FPL for the applicable family size (42 CFR §435.116 (c)(2); NY Department of Social Services Administrative Directive 13ADM-03).

“Family size” means the number of persons counted as members of an individual’s household. The household of a taxpayer who expects to file a tax return, and does not expect to be claimed as a tax dependent by anyone else, consists of the taxpayer plus all people the taxpayer expects to claim as tax dependents (42 CFR § 435.603(f)(1)).

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 \$20,420.00 for a three-person household (81 Federal Register 4036).

Generally, Medicaid coverage begins on the first day of the month in which the applicant was found eligible (42 CFR § 435.915(b)).

Legal Analysis

The issue under review is whether NYSOH properly determined you were not eligible for full Medicaid coverage for the month of July 2017.

The record reflects that on June 5, 2017, you updated your application for financial assistance, and stated you were pregnant. That application listed your expected annual household income for 2017 as \$25,688.00, consisting solely of income earned by your spouse. According to your account, NYSOH was unable to verify the income information in your application.

Pursuant to the above cited regulations, for all individuals whose income is needed to calculate the household’s eligibility, NYSOH must request data that will allow it 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.

In the June 6, 2017 eligibility determination notice, you were advised that your eligibility for Medicaid was only conditional and you were directed to submit documentation of your household's income by June 20, 2017.

Due to the outstanding income document request and NYSOH's inability to verify your household income, your account confirms that you were granted presumptive Medicaid coverage only, effective June 1, 2017.

The first record of income documentation received by NYSOH was on July 8, 2017 wherein NYSOH received seven consecutive weekly paystubs for your spouse. The most recent July 7, 2017 paystub showed your spouse's year-to-date gross earnings at that time were \$15,082.43. Additionally, you submitted a Social Services "Employer Form" indicating that your last day of work was June 2, 2017; however, no documentation of income you earned at that job was submitted at that time.

According to your account, on July 10, 2017, NYSOH recalculated your spouse's annual income as \$32,927.94, based on the paystubs submitted and redetermined your eligibility based on that amount. However, your account confirms that NYSOH erroneously based their redetermination on a household size of two, not considering your pregnancy, and found you eligible to receive tax credits of up to \$331.00 per month, effective August 1, 2017.

The following day, an updated application was submitted on your behalf, indicating that you were still pregnant, and increasing your household income to \$42,527.94, including, for the first time, income you earned between January 1, 2017 and June 2, 2017 in the amount of \$9,600.00. You were again determined conditionally eligible for Medicaid, because NYSOH was unable to verify the income information in your application.

Following the July 11, 2017 application, NYSOH directed you to submit proof of your household income by July 26, 2017. Although updated paystubs were submitted on behalf of your spouse, no documentation of your income was received until August 2, 2017. That documentation indicated that as of June 2, 2017 you had year to date gross earnings of \$10,206.38.

It is noted that updated applications were subsequently submitted on your behalf reducing your household income amount by attesting that you did not earn income in 2017. However, given the documentary evidence that you did, in fact, earn income of at least \$10,206.38 in 2017, it is concluded that those applications are unreliable.

The competent evidence of record establishes that all the applications filed in June and July 2017 that could have potentially resulted in a finding of Medicaid eligibility for July 2017, were either inaccurate because they did include your income for 2017, or were inconclusive because you failed to timely submit sufficient documentation to confirm the income information in the application.

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Thus, the Appeals Unit is without sufficient evidence to overturn any determination made by NYSOH within that time frame.

Accordingly, there is insufficient evidence to conclude that NYSOH improperly determined you were ineligible for full Medicaid coverage for the month of July 2016.

Therefore, the June 6, 2017, July 9, 2017, July 12, 2017 eligibility determination notices, to the extent they found you only conditionally eligible for Medicaid, were correct and are AFFIRMED.

The July 25, 2017 eligibility determination notice, to the extent it found you ineligible for Medicaid, was correct and is AFFIRMED.

Decision

The June 6, 2017, July 9, 2017, July 12, 2017, and July 25, 2017 eligibility determination notices are AFFIRMED.

Effective Date of this Decision: January 24, 2018

How this Decision Affects Your Eligibility

There is insufficient evidence to support a finding that you were eligible for full Medicaid coverage for the month of July 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 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)).

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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):

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- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
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- By fax: 1-855-900-5557

Summary

The June 6, 2017, July 9, 2017, July 12, 2017, and July 25, 2017 eligibility determination notices are AFFIRMED.

There is insufficient evidence to support a finding that you were eligible for full Medicaid coverage for the month of July 2017.

Legal Authority

We are issuing this determination in accordance with 45 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).

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&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.

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