



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

Notice of Decision

Decision Date: January 02, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023408

[REDACTED]

[REDACTED]

On June 20, 2017, your spouse appeared by telephone at a hearing on your appeal of NY State of Health's failure to issue an eligibility determination on your October 4, 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: January 02, 2018

NY State of Health Account [REDACTED]
Appeal Identification Number: AP000000023408

[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 October 4, 2017 application?

Procedural History

On January 25, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for Medicaid, effective January 1, 2017. You were both subsequently enrolled into a Medicaid Managed Care (MMC) plan.

On September 25, 2017, you updated your NYSOH account and changed your application to one for "Non-Financial Assistance."

On September 26, 2017, NYSOH issued a disenrollment notice stating that you and your spouse would be disenrolled from your MMC Plan, effective September 30, 2017, because you were no longer eligible to remain enrolled in your plan.

On September 27, 2017, you uploaded documentation to your NYSOH account.

On October 1, 2017, NYSOH issued a notice of eligibility determination, based on your September 25, 2017 application, stating that you and your spouse were eligible to purchase a qualified health plan at full cost through NYSOH, effective November 1, 2017.

On October 4, 2017, you updated your application twice. The second application requested financial assistance.

Also on October 4, 2017, you faxed a written request for an appeal to NYSOH.

On October 5, 2017, NYSOH issued a notice stating that the income information in your October 4, 2017 application did not match information NYSOH received from state and federal data sources. The notice directed you to submit documentation of your household income by October 19, 2017.

On October 11, 2017, you uploaded documentation to your NYSOH account.

On October 12, 2017, NYSOH issued a notice stating that the documentation you submitted was not sufficient to confirm the income information in your application. The notice stated that you needed to submit documentation of your household income by November 3, 2017.

On October 16, 2017, you uploaded documentation to your NYSOH account.

On October 17, 2017, you spoke to NYSOH's Account Review Unit and filed an appeal, insofar as you and your spouse not yet been found eligible for coverage through NYSOH. You also requested Aid to Continue, pending the outcome of your appeal.

On October 18, 2017, NYSOH issued a notice stating that the income documentation you provided was not sufficient, and that you needed to provide documentation of your household income by November 3, 2017.

On October 19, 2017, you faxed documentation to NYSOH.

On October 24, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible for Medicaid, effective October 1, 2017. This was because your request for Aid to Continue was granted, pending the outcome of your appeal.

Also on October 24, 2017, NYSOH issued a notice of enrollment confirmation, confirming you and your spouse's enrollment in an MMC plan, beginning October 1, 2017. This was also because your request for Aid to Continue was granted, pending the outcome of your appeal.

On December 11, 2017, your spouse appeared at a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, [REDACTED], provided interpretation. The record was developed during the hearing and held open through December 26, 2017 to allow you time to submit supporting documentation.

On December 12, 2017, you faxed documentation to NYSOH's Appeals Unit. The record is now closed.

Findings of Fact

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

- 1) Your spouse testified that you are both seeking to be eligible for Medicaid.
- 2) Your NYSOH account indicates that you plan to file your 2017 income tax return as married, filing jointly, and that you will claim no dependents on that return. Your spouse testified that this information was correct.
- 3) According to your NYSOH account, NYSOH received your updated application for financial assistance on October 4, 2017. In that application, you indicated that your annual expected income was \$15,275.00, consisting of \$13,742.00 in earned income and \$1,533.00 in UIB. The application indicates that your spouses expected annual income was \$6,825.00, consisting solely of UIB. 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.
- 4) Your NYSOH account reflects that on October 5, 2017, NYSOH issued a notice informing you that a determination of your eligibility could not be made, and that you needed to submit documentation of you and your spouse's income by October 15, 2017. On the first page, the notice states that you will find a list of acceptable documents at the end of the notice, and this list is contained on pages four and five of the notice. The list indicates that, if an individual receives wages or salary, they must submit either paystubs for the last four weeks, or a letter from their employer on company letterhead, signed by the employer and dated.
- 5) Your NYSOH account reflects that on September 27, 2017, you uploaded a copy of an Official Record of Benefit Payment History in your spouse's name showing that, as of September 25, 2017, he had last received an Unemployment Insurance Benefit (UIB) payment on July 24, 2017. The document also indicated that he had zero effective days remaining on his claim, and that he received a total of \$7,098.00 in UIB, of which \$136.50 was received in 2016 ([REDACTED]).
- 6) Your spouse testified that he has no current income, and had no income in 2017, other than the UIB payments, which ended July 23, 2017.

- 7) Also on September 27, 2017, you uploaded an Official Record of Benefit Payment History for yourself, showing that, as of September 25, 2017, you had last received a UIB payment on February 21, 2017 (Document [REDACTED])
- 8) That same day, you also uploaded one weekly paycheck from [REDACTED] showing that you received \$407.00 in gross pay on September 22, 2017 [REDACTED]
- 9) Your spouse testified that the annual income listed for you in the application may be a little lower than what it will actually end up being, and that your gross pay as of your November 24, 2017 paystub was \$13,937.00.
- 10) Your spouse testified that you have received \$1,587.75 in UIB in 2017.
- 11) Your spouse testified that you received some partial UIB payment in October 2017.
- 12) On October 11, 2017, you uploaded two weekly paystubs to your account, with dates of September 29, 2017 and October 6, 2017.
- 13) On October 16, 2017, you uploaded a paystub to your account dated October 13, 2017.
- 14) On October 17, 2017, a NYSOH agent entered a note into your NYSOH account stating in part, "Invalid proof of income. [REDACTED] submitted UIB award letter. [REDACTED] submitted 2 weekly pay stubs. Required documentation is letter from employer with gross pay and pay frequency or 4 consecutive weekly or 2 consecutive bi-weekly pay stubs."
- 15) On October 19, 2017, you faxed four weekly paystubs to NYSOH dated September 22, 2017, September 29, 2017, October 6, 2017, and October 13, 2017. The October 6, 2017 and October 13, 2017 paystubs showed gross income of \$96.00 each. The October 13, 2017 paystub showed gross year-to-date income of \$12,985.00 from [REDACTED]
- 16) Your NYSOH account reflects that this faxed documentation was uploaded to your account by NYSOH on October 24, 2017.
- 17) Your NYSOH account reflects that you were granted Aid to Continue on October 24, 2017, and you and your spouse were placed back into your Medicaid and MMC plan coverage.

- 18) Your NYSOH account contains no indication that the income documentation you faxed on October 19, 2017, which NYSOH uploaded to your account on October 24, 2017, was ever reviewed by NYSOH.
- 19) After the hearing, the record was kept open so that you could submit documentation of your monthly income for October 2017. On December 12, 2017, you faxed a four-page document to NYSOH, consisting of the following:
- a. A one-page fax cover sheet;
 - b. One page containing two weekly paystubs from [REDACTED] dated October 27, 2017 and November 3, 2017. The October 27, 2017 paystub shows gross earned income of \$48.00, and year-to-date gross income of \$13,129.00;
 - c. A two-page Official Record of Benefit Payment History showing that, as of December 11, 2017, you last certified for benefits the week ending October 22, 2017, and that payment was released on October 23, 2017. The document also shows that you received four UIB payments of \$164.25 each, on October 2, 2017, October 10, 2017, October 16, 2017, and October 23, 2017.

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

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)).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

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

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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)).

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 you with a timely determination of eligibility after your October 4, 2017 application for Medicaid on behalf of yourself and your spouse.

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.

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You updated your NYSOH account on October 4, 2017. The income amount that was entered into this application did not match information from federal and state data sources, but did place you and your spouse into a “pending Medicaid” status. As a result, NYSOH asked that you submit additional documentation to confirm you and your spouse’s income.

On October 5, 2017, NYSOH sent you a notice requesting income documentation. This notice contained an attachment stating that, for individuals who received wages or a salary, acceptable proof of income was either four consecutive weeks’ worth of paystubs, or a letter from an employer.

On September 27, 2017, you provided proof that your spouse’s UIB had been exhausted in July 2017, and this was sufficient documentation to prove that your spouse had no current income. However, you submitted only one weekly paystub on that date. On October 11, 2017, you uploaded two more weekly paystubs, and on October 16, 2017, you uploaded a fourth. The paystubs you submitted were dated September 22, September 29, October 6, and October 13, 2017.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application. Your application was not completed before October 16, 2017, because you did not submit adequate documentation of your earnings until then, and NYSOH had at least 45 days from that date to issue an eligibility determination.

Because your appeal was filed on October 17, 2017, one day after your application could even possibly be considered complete, NYSOH did not fail to make a timely eligibility determination after your October 4, 2017 application as of the time of your appeal. Additionally, though you had submitted four consecutive paystubs as of October 16, 2017, you did not provide documentation of the UIB you began receiving again as of October 2, 2017, and, therefore, your application was never complete.

After the hearing, you submitted additional documentation to show your monthly income for the month of October 2017: the month you filed your application for financial assistance.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

The documentation you provided showing that you received two pay checks in October 2017 for \$96.00, and one for \$48.00 on October 27, 2017. You did not provide your paystub for October 20, 2017. However, since your year-to-date income on October 13, 2017 was \$12,985.00, and your year-to-date income on October 27, 2017 was \$13,129.00, then your October 20, 2017 pay would have been \$96.00 (\$13,129.00 minus \$12,985.00 minus \$48.00).

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Therefore, your total earned income for October 2017 was \$336.00, and your total UIB was \$657.00 (\$164.50 times four). Therefore, as your spouse had no income in the month of October 2017, your gross household income in that month was \$993.00.

Therefore, your case is RETURNED to NYSOH to issue an eligibility determination for you and your spouse, based on a two-person household with monthly income of \$993.00 in the month of October 2017. NYSOH is directed to promptly notify you in writing of your eligibility.

Decision

NYSOH did not fail to timely issue an eligibility determination on the application for Medicaid that was filed on behalf of you and your spouse on October 4, 2017, as that application was not complete until after the hearing, when you provided proof of the UIB payments you received beginning October 2, 2017.

Based on the updated documentation you provided after the hearing, your case is RETURNED to NYSOH to determine you and your spouse's eligibility for Medicaid on a monthly income basis, based on a household of two with a monthly income of \$993.00 for the month of October 2017.

NYSOH is directed to notify you in writing of your eligibility.

Effective Date of this Decision: January 02, 2018

How this Decision Affects Your Eligibility

NYSOH did not fail to issue a timely eligibility determination on your October 4, 2017 application, as that application was not complete.

Based on the updated documentation you provided after the hearing, your case is being sent back to NYSOH to determine you and your spouse's eligibility for Medicaid on a monthly income basis, based on a two-person household with a monthly income of \$993.00 in October 2017.

NYSOH will notify you of your 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 did not fail to timely issue an eligibility determination on the application for Medicaid that was filed on behalf of you and your spouse on October 4, 2017, as that application was not complete until after the hearing, when you provided proof of the UIB payments you received beginning October 2, 2017.

Based on the updated documentation you provided after the hearing, your case is RETURNED to NYSOH to determine you and your spouse's eligibility for Medicaid on a monthly income basis, based on a household of two with a monthly income of \$993.00 for the month of October 2017.

NYSOH is directed to notify you in writing of your eligibility.

NYSOH did not fail to issue a timely eligibility determination on your October 4, 2017 application, as that application was not complete.

Based on the updated documentation you provided after the hearing, your case is being sent back to NYSOH to determine you and your spouse's eligibility for Medicaid on a monthly income basis, based on a two-person household with a monthly income of \$993.00 in October 2017.

NYSOH will notify you of your 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.