



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

Notice of Decision

Decision Date: February 01, 2018

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000023695

[REDACTED]

On December 20, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 7, 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 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: February 01, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023695



Issue

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

Did NY State of Health (NYSOH) properly determine your spouse was not eligible for full Medicaid coverage for the month of May 2017?

Procedural History

On March 15, 2017, NYSOH received an updated application for financial assistance with health insurance submitted on behalf of your spouse indicating she was pregnant.

On March 16, 2017, NYSOH issued an eligibility determination notice stating your spouse was conditionally eligible for Medicaid, effective March 1, 2017. The notice directed you to submit proof of your household income by March 30, 2017 to confirm your spouse's eligibility.

On March 21, 2017, NYSOH issued a notice stating the documentation received did not confirm the information in your application. You were directed to submit documentation of your household income by April 14, 2017 to confirm your spouse's eligibility.

On April 7, 2017, NYSOH issued an eligibility determination notice, based on an April 7, 2017 systematic eligibility redetermination, stating your spouse remained conditionally eligible for Medicaid, effective April 1, 2017. The notice directed you to submit proof of your household income by April 14, 2017 to confirm your spouse's eligibility.

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On April 18, 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 May 14, 2017 to confirm your spouse's eligibility.

On May 24, 2017, your account was updated to add your newborn child and your spouse's eligibility was systematically redetermined.

On May 25, 2017, NYSOH issued an eligibility determination notice stating you and your spouse were eligible to receive up to \$651.00 in monthly advance payments of the premium tax credit (APTC), for a limited time, effective July 1, 2017. The notice directed you to submit proof of your household income by August 22, 2017 to confirm your spouse's eligibility.

On June 9, 2017, NYSOH issued an eligibility determination notice stating you and your spouse were fully eligible to receive up to \$597.00 in APTC, effective July 1, 2017.

Also on June 9, 2017, NYSOH issued an enrollment notice confirming you and your spouse were enrolled in a qualified health plan, effective July 1, 2017.

On October 25, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your spouse was not eligible for full Medicaid coverage for the month of May 2017.

On December 20, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) On November 28, 2016, NYSOH received an application for financial assistance with health insurance submitted on your behalf of your spouse indicating she was pregnant.
- 2) According to your account, NYSOH was unable to verify the income information in your application. Your spouse was determined conditionally eligible for Medicaid, because she was pregnant, and you were directed to submit documentation of your household income to confirm her eligibility.
- 3) On December 8, 2016, NYSOH received a copy of two biweekly paystubs for you. The paystubs contained no information regarding the identity of the employer.

- 4) According to your account, NYSOH verified your income documentation on January 21, 2017 and increased your annual income to \$55,114.80 based on the average biweekly gross income in the paystubs submitted.
- 5) Your spouse was determined eligible to receive APTC, effective March 1, 2017, based on the recalculated household income.
- 6) On March 15, 2017 an updated application was submitted on your behalf of your spouse indicating she was still pregnant. That application indicated that you would file your 2017 tax return with a tax filing status of married filing jointly and you would claim no dependents.
- 7) The application listed your annual household income as \$44,990.40, consisting solely of income earned by you.
- 8) Your spouse was determined conditionally eligible for Medicaid, effective March 1, 2017, with proof of household income requested to confirm her eligibility.
- 9) On April 12, 2017, NYSOH received two biweekly paystubs for you. The first paystub was for a check date of March 15, 2017 showing gross income of \$1,730.40. The second paystub was for a check [REDACTED] [REDACTED] showing gross income of \$1,762.85. The paystubs contained no information regarding the identity of the employer.
- 10) According to your account, on April 17, 2017, NYSOH invalidated your income documentation purportedly because the paystubs had “no employer information.”
- 11) Your spouse remained conditionally eligible for Medicaid with additional household income documentation requested.
- 12) On May 24, 2017, your account was updated to add your newborn child and to indicate your spouse was no longer pregnant. An application was submitted on behalf of your family the same day listing the annual household income as \$44,990.40.
- 13) Your spouse was determined conditionally eligible to receive APTC, effective July 1, 2017, and were granted a special enrollment period due to the [REDACTED] birth of your child.
- 14) According to your account, you and your spouse selected a qualified health plan for enrollment on May 24, 2017. That coverage became effective on May 1, 2017.
- 15) According to notes in your account related to [REDACTED], on June 5, 2017 you contacted NYSOH and indicated that you and your

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spouse had erroneously been enrolled in your qualified health plan, effective May 1, 2017. The notes indicate you requested to change the enrollment date for you and your spouse to July 1, 2017.

- 16) Your account confirms that on June 6, 2017, NYSOH updated the qualified health plan enrollment start date for you and your spouse to July 1, 2017.
- 17) According to your account, you submitted updated income documentation on June 7, 2017 which was validated by NYSOH the following day.
- 18) You and your spouse were determined fully eligible to receive APTC, effective July 1, 2017.
- 19) You testified that you are seeking review of your spouse's eligibility for Medicaid for the month of May 2017.
- 20) You testified that the costs associated with the birth of your child are not being covered by Medicaid.

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 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 your spouse was not eligible for full Medicaid coverage for the month of May 2017.

The record reflects that on November 28, 2016, NYSOH received an application for financial assistance with health insurance submitted on your behalf of your spouse indicating she was pregnant. According to your account, NYSOH was unable to verify the income information in that application.

On December 8, 2017, NYSOH received a copy of two biweekly paystubs for you containing no information regarding the identity of your employer. Notwithstanding, your account confirms that on January 21, 2017, NYSOH verified your income documentation and increased your expected annual income to \$55,114.80 based on the average biweekly gross income in the paystubs submitted. NYSOH redetermined your spouse’s eligibility based on the

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recalculated household income amount and found her eligible to receive APTC, effective March 1, 2017.

On March 15, 2017, an updated application was submitted on your behalf of your spouse indicating she was still pregnant. The application listed your annual household income as \$44,990.40, consisting solely of income earned by you. 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 March 16, 2017 eligibility determination notice, you were advised that your spouse's eligibility for Medicaid was only conditional and you were directed to submit documentation of your household's income to confirm her eligibility.

According to your account, NYSOH systematically redetermined your spouse's eligibility on April 6, 2017. Your account confirms that, at that time, NYSOH had not received any additional documentation of your household income in response to the March 16, 2017 document request. Thus, NYSOH determined your wife remained conditionally eligible for Medicaid and again requested documentation of your household income to confirm her eligibility. Since the evidence establishes that NYSOH did not have sufficient information to verify the income amount listed in your application on April 6, 2017, the resulting April 7, 2017 eligibility determination indicating your spouse was only conditionally eligible for Medicaid, effective April 1, 2017, was correct and is AFFIRMED.

However, your account confirms that NYSOH received two updated biweekly paystubs for you on April 12, 2017. The first paystub was for a check date of March 15, 2017 showing gross income of \$1,730.40. The second paystub was for a check date of March 29, 2017 showing gross income of \$1,762.85.

According to your account, on April 17, 2017, NYSOH invalidated your income documentation because your paystubs had "no employer information." As a result, additional documentation of your household income was requested to confirm your spouse's eligibility. Based on the record establishing that NYSOH had previously verified your paystubs containing no employer information in January 2017, it is concluded that it was improper grounds to invalidate the income documentation submitted on April 12, 2017.

The average gross biweekly income in the paystubs submitted on April 12, 2017 is \$1,746.63 which amounts to an annual income of \$45,412.25. NYSOH should have determined your spouse's eligibility for financial assistance based on that income information.

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The evidence establishes that on April 12, 2017, the date the income documentation was submitted, your spouse was pregnant. At that time, your applications indicated that you would file your 2017 tax return with a tax filing status of married filing jointly and you would claim no dependents. Thus, the evidence establishes that your spouse was in a three-person household at the time the income documentation was submitted.

Since the record establishes that, as of April 12, 2017, NYSOH was in receipt of sufficient information establishing your household income was \$45,412.25 and that your spouse was pregnant and in a three-person household, it is concluded that NYSOH erred in failing to determine your spouse's eligibility for financial assistance based on that information.

Thus, your case is RETURNED to NYSOH to redetermine your spouse's eligibility for financial assistance, as of April 12, 2017, based on the documentation submitted that day evidencing her annual household income was \$45,412.25 and the record establishing she was pregnant at the time and in a three-person household.

It is noted that you subsequently updated your application on May 24, 2017 reporting that your spouse was no longer pregnant. She was subsequently determined conditionally eligible to receive APTC, effective July 1, 2017 and enrolled into a qualified health plan. This decision does not affect any such subsequent eligibility determinations or enrollments.

Decision

The April 7, 2017 eligibility determination is AFFIRMED.

Your case is RETURNED to NYSOH to redetermine your spouse's eligibility for financial assistance, as of April 12, 2017, based on an annual household income of \$45,412.25 and the record establishing she was pregnant at the time and in a three-person household.

Effective Date of this Decision: February 01, 2018

How this Decision Affects Your Eligibility

This is not a final determination of your spouse's eligibility for financial assistance.

Your case is being sent back to NYSOH to redetermine your spouse's eligibility based on the income documentation you submitted on April 12, 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).

You will receive an updated eligibility determination notice regarding your spouse's eligibility.

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

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- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The April 7, 2017 eligibility determination is AFFIRMED.

Your case is RETURNED to NYSOH to redetermine your spouse's eligibility for financial assistance, as of April 12, 2017, based on an annual household income of \$45,412.25 and the record establishing she was pregnant at the time and in a three-person household.

This is not a final determination of your spouse's eligibility for financial assistance.

You will receive an updated eligibility determination notice regarding your spouse's eligibility.

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.

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