



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

## Notice of Decision

Decision Date: February 06, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000024241



On January 31, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 11, 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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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: February 06, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000024241



## Issue

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

Did NY State of Health (NYSOH) properly determine that your Medicaid eligibility is conditional only?

## Procedural History

On September 18, 2017, NYSOH received your updated application for financial assistance with your health insurance.

On September 19, 2017, NYSOH issued a notice stating that the income information in your application did not match the information NYSOH received from state and federal data sources. The notice stated that you needed to provide documentation of your household income by October 3, 2017.

On September 22, 2017, you mailed documentation to NYSOH, which was uploaded to your NYSOH account on September 25, 2017.

On September 27, 2017, NYSOH issued notice stating that the income documentation you provided did not confirm the information in the application. You were asked to submit income documentation for your household by October 18, 2017.

On September 28, 2017, you faxed documentation to NYSOH.

On September 29, 2017, your eligibility was redetermined.

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On September 30, 2017, NYSOH issued notice of eligibility determination stating that you were eligible to enroll in a qualified health plan at full cost, effective November 1, 2017. The notice further stated that you were not eligible to receive Medicaid, the Essential Plan, or tax credits toward the cost of your health insurance because your income was over the allowable income limits for those programs.

On October 4, 2017, you updated your application.

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

On October 16, 2017, you faxed documentation to NYSOH.

On October 19, 2017, NYSOH issued a notice stating that the income documentation you provided did not confirm the information in the application. You were asked to submit income documentation for your household by November 18, 2017.

Also on October 19, 2017, your eligibility was redetermined.

On October 20, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to enroll in a qualified health plan at full cost, effective December 1, 2017. The notice further stated that you were not eligible to receive Medicaid, the Essential Plan, or tax credits toward the cost of your health insurance because your income was over the allowable income limits for those programs.

On October 21, 2017, you updated your application.

On October 22, 2017, NYSOH issued a notice of eligibility determination stating that you were conditionally eligible for Medicaid, effective November 1, 2017. The notice stated that you needed to provide documentation of your income by November 5, 2017 to confirm your eligibility.

Also on October 22, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in a Medicaid Managed Care (MMC) plan, beginning December 1, 2017.

On November 4, 2017, you faxed documentation to NYSOH.

On November 7, 2017, your eligibility was redetermined.

On November 8, 2017, NYSOH issued a notice of eligibility determination stating that you were newly eligible to enroll in a qualified health plan at full cost, effective December 1, 2017. The notice stated that you no longer qualified for Medicaid as of November 30, 2017. Further, the notice stated that you were not eligible to receive Medicaid, the Essential Plan, or tax credits toward the cost of your health insurance because your income was over the allowable income limits for those programs.

Also on November 8, 2017, NYSOH issued a disenrollment notice, stating that your enrollment in your MMC plan would end on December 1, 2017.

On November 10, 2017, you updated your application. That same day, NYSOH prepared a preliminary eligibility determination stating that you were conditionally eligible for Medicaid, effective November 1, 2017.

Also on November 10, 2017, you spoke to NYSOH's Account Review Unit and requested an appeal, insofar as your eligibility for Medicaid was conditional, and not full.

On November 11, 2017, NYSOH issued a notice of eligibility determination stating that you were conditionally eligible for Medicaid, effective November 1, 2017. The notice stated that you needed to provide additional information to confirm your eligibility, but did contain any information in the section, "Request for Additional Information to Confirm Your Eligibility."

Also on November 11, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an MMC plan, beginning December 1, 2017.

On January 24, 2018, you faxed income documentation to NYSOH, which was uploaded to your NYSOH account on January 25, 2018.

On January 26, 2018, NYSOH verified your income documentation and redetermined your eligibility.

On January 27, 2018, NYSOH issued a notice of eligibility determination stating that you were conditionally eligible for Medicaid, effective February 1, 2018.

On January 31, 2018, you appeared by telephone at a hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, the Hearing Officer informed you that your case would be returned to NYSOH to have your eligibility changed from conditional to full, based on NYSOH's validation of the income documentation you submitted on January 24, 2018. You agreed that this would resolve the issue, and the record was closed at the end of the hearing.

## Findings of Fact

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

- 1) You testified, and the record reflects, that you are appealing the fact that you do not have full Medicaid eligibility.
- 2) Your NYSOH account reflects that you were enrolled in Medicaid, effective November 1, 2016.
- 3) Your NYSOH account reflects that you renewed your application for financial assistance on September 18, 2017. As a result, you were placed in a pending Medicaid status, and asked to submit income documentation.
- 4) On September 22, 2017, you mailed a copy of your 2016 NY State Resident Income Tax Return, along with Schedules D and E from your 2016 IRS Form 1040. You included a letter stating that you received income and interest from NY State in that year because [REDACTED]. The letter further state that your projected income for 2017 was from your rental property only, which you expected to be approximately the same as it was in 2016, \$8,966.00 ([REDACTED]).
- 5) On September 28, 2017, you faxed a copy of your 2016 IRS form 1040 showing adjusted gross income of \$50,785.00, which a handwritten note on the document indicating that a total of \$41,819.00 of this income was [REDACTED].
- 6) On October 17, 2017, and November 4, 2017, you faxed similar documentation to NYSOH.
- 7) On January 24, 2018, you faxed a signed and dated 2017 IRS Form 1040 to NYSOH, showing that your 2017 adjusted gross income was \$10,846.00 ([REDACTED]).
- 8) On January 26, 2018, the following note was entered by a NYSOH agent into your NYSOH account, "Valid proof of income. [REDACTED] submitted a valid 2017 tax return. Performed [REDACTED] and added \$24 [REDACTED], updated rental real-estate from \$10,846 to \$10,822."
- 9) You testified that you expect your 2018 income to be similar.

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)).

### 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).

## **Legal Analysis**

The issue under review is whether NYSOH properly determined that you were eligible for conditional Medicaid only.

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.

You first updated your application on September 18, 2017. The income amount that was entered into your September 18, 2017 application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your income. Between that time, and the date of your appeal, you submitted income documentation to NYSOH. On November 10, 2017, you again updated your application. As a result, NYSOH determined that you were conditionally eligible for Medicaid, pending documentation of your income. At this point, you filed an appeal.

However, on January 24, 2018, just prior to the date of your January 31, 2018 hearing, you submitted new income documentation in the form of your 2017 federal income tax return, which confirmed that your income for 2017 consisted solely of rental income, and a small amount of interest income, for total income of \$10,846.00. You testified that you expect your income to be the same for 2018.

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As a result, NYSOH validated your income documentation on January 26, 2018. NYSOH issued a new notice of eligibility determination stating that you remained eligible for Medicaid, effective February 1, 2018. However, the notice erroneously stated that your eligibility was still conditional. As your income documentation was validated, you should have full Medicaid eligibility, as of the time when you submitted that documentation.

Therefore, this decision does not address the November 11, 2017 eligibility determination, but MODIFIES the January 27, 2018 eligibility determination to state that you remain eligible for Medicaid, effective February 1, 2018.

Your case is RETURNED to NYSOH to change your Medicaid eligibility from conditional to full eligibility, effective February 1, 2018.

## **Decision**

The November 11, 2017 eligibility determination is not reviewed in this decision.

The January 27, 2018 eligibility determination is MODIFIED to state that you remain eligible for Medicaid, effective February 1, 2018.

Your case is RETURNED to NYSOH to change your Medicaid eligibility from conditional to full eligibility, effective February 1, 2018.

**Effective Date of this Decision:** February 06, 2018

## **How this Decision Affects Your Eligibility**

You are fully eligible for Medicaid, effective February 1, 2018.

Your case is being sent back to NYSOH to change your Medicaid eligibility from conditional to full, as of February 1, 2018.

## **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

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must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:  
Health Insurance Marketplace  
Attn: Appeals  
465 Industrial Blvd.  
London, KY 40750-0061
- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

### **If You Have Questions about this Decision (Customer Service Resources):**

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211
- By fax: 1-855-900-5557

### **Summary**

The November 11, 2017 eligibility determination is not reviewed in this decision.

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The January 27, 2018 eligibility determination is MODIFIED to state that you remain eligible for Medicaid, effective February 1, 2018.

Your case is RETURNED to NYSOH to change your Medicaid eligibility from conditional to full eligibility, effective February 1, 2018.

You are fully eligible for Medicaid, effective February 1, 2018.

Your case is being sent back to NYSOH to change your Medicaid eligibility from conditional to full, as of February 1, 2018.

### **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&etumi ama wo obi a okyerε 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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