



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

Notice of Decision

Decision Date: March 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025760

[REDACTED]

Dear [REDACTED]

On February 20, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's August 10, 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 NY State of Health 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: March 22, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025760



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 newborn child was not eligible for Medicaid for the month of June 2017?

Procedural History

On July 15, 2017, your newborn child (child) was added to your NYSOH account and an updated application was submitted on your child's behalf.

On July 16, 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 more information was needed to confirm the information in your application. This notice further directed you to submit income documentation by July 30, 2017, to confirm your child's eligibility.

On August 9, 2017, you updated your application for financial assistance on behalf of your child and indicated that you wanted help paying for medical bills for your child for the months of June 2017 and July 2017. You also uploaded two documents to your account on August 9, 2017.

On August 10, 2017, NYSOH issued an eligibility determination notice stating that your child was eligible to purchase a qualified health plan at full cost through NYSOH if she qualified for a special enrollment period. This eligibility was effective September 1, 2017.

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Also on August 10, 2017, NYSOH issued an eligibility determination notice stating that your request for Medicaid coverage for June 1, 2017 through July 31, 2017 was denied because you failed to provide proof of your current household income for NYSOH to be able to verify your child's eligibility for that program. The notice further stated that, "[i]f you are unable to get the verification needed, the Marketplace will try to help you get the information. If you already provided this information or you need help getting the information, please contact NY State of Health at 1-855-355-5777."

On October 3, 2017, a NYSOH representative invalidated the income documentation you uploaded to your NYSOH account on August 9, 2017, and an updated application was submitted on your child's behalf.

On October 4, 2017, NYSOH issued a notice that requested additional information in the form of income documentation to prove your and your child's current household income. This documentation was due by October 18, 2017.

On October 9, 2017, you uploaded one document to your NYSOH account.

On October 11, 2017, NYSOH issued a notice that it had reviewed the documentation you provided on October 9, 2017, but it did not confirm the information in your application. You were instructed to provide current income documentation by November 2, 2017, for yourself and your child.

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

On October 16, 2017, NYSOH validated the income documentation you had uploaded and an updated application was submitted on your behalf.

On October 17, 2017, NYSOH issued an eligibility determination notice stating that you and your child were eligible for Medicaid as of October 1, 2017.

On October 19, 2017, NYSOH issued a plan enrollment notice, based on your October 18, 2017 plan selection, confirming that you and your child were enrolled in a Medicaid Managed Care plan as of December 1, 2017.

On December 14, 2017, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as your child's health insurance was not effective as of [REDACTED], which is her date of birth.

On January 5, 2018, NYSOH issued two retroactive Medicaid notices stating that you and your child were eligible for Medicaid and had coverage through Medicaid Fee-For-Service from July 1, 2017 through September 30, 2017.

On February 20, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you testified that you appealed

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because your child did not have Medicaid coverage as of the date of her birth. Therefore, you are seeking Medicaid coverage for your child for the month of June 2017. 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) According to your NYSOH account and your testimony, your child was born on [REDACTED], and was added to your NYSOH account on July 15, 2017.
- 2) According to your NYSOH account, an application was submitted on August 9, 2017, and this application indicated that you were seeking assistance in paying for medical bills for your child for the months of June 2017 and July 2017.
- 3) According to your NYSOH account, you uploaded two documents to your NYSOH account on August 9, 2017.
- 4) According to your NYSOH account, NYSOH filed a defect on your account ([REDACTED]) when attempting to update your child's application on August 9, 2017, after you submitted income documentation.
- 5) According to your NYSOH account, on August 9, 2017, NYSOH denied your request for request for Medicaid coverage for your child from June 1, 2017 through July 31, 2017 because there was insufficient documentation to prove your child's current household income.
- 6) According to your NYSOH account, you uploaded two additional documents; one on October 9, 2017 and one on October 16, 2017.
- 7) According to your NYSOH account, following the resolution of the defect, your child was found eligible for Medicaid on October 16, 2017. This eligibility was effective October 1, 2017.
- 8) According to your NYSOH account, because of the defect, NYSOH granted a backdate of your child's Medicaid coverage from July 1, 2017 through September 30, 2017 (see Document [REDACTED]).
- 9) You testified that you are now seeking Medicaid coverage for your child as of the date of her birth, [REDACTED], because you have unpaid medical bills from the hospital.

- 10) The August 9, 2017 application indicates that your monthly income for the months of June 2017 was \$2,250.00.
- 11) Your NYSOH account indicates that you were paid on a biweekly basis in June 2017.
- 12) You uploaded one biweekly paystub, for the pay period of May 22, 2017 to June 4, 2017, with a pay date of June 9, 2017 for a gross income amount of \$1,346.15.
- 13) You uploaded an Explanation of Benefits, Short Term Disability from [REDACTED], which indicates that your first date of disability was [REDACTED].
- 14) Your NYSOH account indicates that you planned to file your 2017 federal tax return with a tax filing status of Head of Household and planned on claiming your one child as a dependent on that tax return.

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

Applicable Law and Regulations

Medicaid for Children

A child who is under one year of age is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 223% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

In the case of an individual who expects to file a tax return and does not expect to be claimed by another taxpayer, the household consists of the taxpayer and all persons whom such individual expects to claim as a tax dependent (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 \$16,240.00 for a two-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)).

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 your child was not eligible for Medicaid for the month of June 2017.

Your child is in a two-person household for purposes of this analysis. This is because you expected to file your 2017 federal tax return with a filing status of head of household and planned on claiming your child as your dependent on your tax return.

You submitted an application for financial assistance on August 9, 2017, and requested help in paying for medical bills for your child for the months of June 2017 and July 2017. After filing an appeal and resolution of a defect on your account, NYSOH backdated your child's Medicaid coverage to July 1, 2017 (see Document # [REDACTED]). As a result, you testified that you are now seeking retroactive Medicaid coverage for your child for the month of June 2017.

When an individual files 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 or not 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.

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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. There is no indication in the record that your child would have been ineligible for Medicaid based on non-financial criteria during June 2017.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size. Since your child was born on June 29, 2017, your child was under one year of age in the month of June 2017. Accordingly, in order for your child to be eligible for Medicaid in that month, your child would have needed to meet the non-financial criteria and have an income no greater than 223% of the FPL, which is \$36,216.00 per year or \$3,018.00 per month for a two person-household.

For individuals whose income is needed to calculate eligibility, NYOSH must request data that will allow NYOSH to verify the individuals' household income. If NYOSH cannot verify the income information required to determine eligibility, they must attempt to resolve the inconsistency by giving the applicant the opportunity to submit satisfactory documentary evidence.

You updated your application on August 9, 2017 and requested help paying for medical bills for your child from the month of June 2017. However, the record indicates that following your August 9, 2017 application, NYSOH did not issue a notice directing you to submit additional proof of income in order to confirm your child's eligibility for the month of June 2017. Rather, NYSOH issued an eligibility determination notice, on August 10, 2017, which indicates that NYSOH denied your request for retroactive Medicaid for your child for June 1, 2017 through July 31, 2017 because you failed to submit proof of your child's current household income.

As a result, it is concluded that NYSOH did not give you proper notice that additional income documentation was needed to resolve the inconsistency in your account because no notice was sent to you indicating that you needed to submit income documentation for the month of June 2017. Thereby, you were not given sufficient notice that you needed to submit additional income documentation in order to determine if your child was eligible for Medicaid the month of June 2017.

However, even though NYSOH sent a defective notice, the documents received to date are not sufficient to resolve the inconsistencies regarding your monthly income for June 2017 as listed on your NYSOH account.

Your August 9, 2017 application lists your child's monthly household income as \$2,250.00 for the month of June 2017. On August 9, 2017, you uploaded two

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documents to your NYSOH account. These documents included one biweekly paystub for the pay period of May 22, 2017 to June 4, 2017, with a pay date of June 9, 2017 and an Explanation of Benefits from [REDACTED] [REDACTED], stating that your first day of disability was [REDACTED], 2017. Since the record indicates that, in June 2017, you were paid on a biweekly basis, you should have submitted at least one additional paystub for the pay period of June 5, 2017 to June 18, 2017. To date, your NYSOH account does not contain that paystub. As such, there is not sufficient information in your account for NYSOH to determine whether your child is eligible for Medicaid for the month of June 2017.

Therefore, without sufficient documentation to verify your child's household income for the month of June 2017 and because NYSOH did not give you sufficient time to submit additional income documentation, the NYSOH's Appeals Unit cannot address whether NYSOH properly determined that your child was ineligible for Medicaid for the month of June 2017.

Your case is RETURNED to NYSOH with the following directions:

- 1) To allow you sufficient time to submit acceptable proof of income for June 2017, based on the above analysis; and,
- 2) Once acceptable proof of income has been submitted and verified, to redetermine your request for assistance with medical bills for your child for the month of June 2017, and notify you accordingly.

Decision

The NYSOH's Appeals Unit is unable to address whether NYSOH properly determined that your child was ineligible for Medicaid for the month of June 2017 based on the record as developed as of the date of this decision.

Your case is RETURNED to NYSOH with the following directions:

- 3) To allow you sufficient time to submit acceptable proof of income for June 2017, based on the above analysis; and,
- 4) Once acceptable proof of income has been submitted and verified, to redetermine your request for assistance with medical bills for your child for the month of June 2017, and notify you accordingly.

Effective Date of this Decision: March 22, 2018

How this Decision Affects Your Eligibility

This is not a final determination of your child's eligibility for retroactive Medicaid for the month of June 2017.

The NYSOH's Appeals Unit is unable to address whether NYSOH properly determined that your child was ineligible for Medicaid for June 2017, because the necessary income documentation has not been submitted to date. For your child's eligibility to be redetermined by NYSOH, you must submit the proper income documentation in order to confirm your child's household income for the month of June 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)).

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

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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
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The NYSOH's Appeals Unit is unable to address whether NYSOH properly determined that your child was ineligible for Medicaid for the month of June 2017 based on the record as developed as of the date of this decision.

Your case is RETURNED to NYSOH with the following directions:

- 5) To allow you sufficient time to submit acceptable proof of income for June 2017, based on the above analysis; and,
- 6) Once acceptable proof of income has been submitted and verified, to redetermine your request for assistance with medical bills for your child for the month of June 2017, and notify you accordingly.

This is not a final determination of your child's eligibility for retroactive Medicaid for the month of June 2017.

The NYSOH's Appeals Unit is unable to address whether NYSOH properly determined that your child was ineligible for Medicaid for June 2017, because the necessary income documentation has not been submitted to date. For your child's eligibility to be redetermined by NYSOH, you must submit the proper income documentation in order to confirm your child's household income for the month of June 2017.

Legal Authority

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

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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 srε wo, frε 1-855-355-5777. ye&εtumi 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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