



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

Notice of Decision

Decision Date: April 05, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026618

[REDACTED]

[REDACTED]

On March 27, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 8, 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: April 05, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000026618

[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 that you did not qualify for Medicaid because you did not provide the income documentation needed to verify the income listed in your application?

Procedural History

On July 14, 2017, your NYSOH account was updated.

On July 15, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH receive from state and federal data sources. The notice instructed you to submit proof of your household income by July 29, 2017, to confirm the information in your application.

On August 2, 2017, NYSOH issued a notice stating that the documentation reviewed did not confirm the information in your application. The notice instructed you to submit proof of your income by August 28, 2017, to confirm your eligibility.

On August 26, 2017, you faxed income documentation to NYSOH (see Document [REDACTED])

On August 30, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with a \$20.00 premium per month for a limited time, effective as of October 1, 2017. The notice instructed

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you to provide proof of your income by November 27, 2017, to confirm your eligibility.

Also on August 30, 2017, NYSOH issued a notice stating that the documentation reviewed did not confirm the information in your application. The notice instructed you to submit proof of your income by November 27, 2017, to confirm your eligibility.

On September 29, 2017, NYSOH issued a notice stating that the income information in your application did not match what NYSOH receive from state and federal data sources. The notice instructed you to submit proof of your household income by October 13, 2017, to confirm the information in your application.

On October 7, 2017, you faxed additional income documentation to NYSOH (see Document [REDACTED])

On October 18, 2017, NYSOH issued a notice stating that the documentation reviewed did not confirm the information in your application. The notice instructed you to submit proof of your income by November 12, 2017, to confirm your eligibility.

On December 8, 2017, NYSOH issued an eligibility determination notice stating that you did not qualify for health coverage through NYSOH because you did not provide the income documentation needed to verify the income listed in your application.

On January 2, 2018, you mailed an appeal request to NYSOH. You requested an appeal insofar as being determined ineligible for health insurance because sufficient income documentation was not provided to verify your eligibility.

On March 27, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Testimony was taken during the hearing, and the record was left open until March 31, 2018, to allow you to submit additional income documentation to NYSOH's Appeals Unit.

On March 30, 2018, you faxed two-pages of documentation to NYSOH (see Document [REDACTED]; uploaded 3/31/2018). That documentation has been made part of the record as "Appellant Exhibit A." The record is now complete and closed.

Findings of Fact

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

- 1) According to your NYSOH account and testimony, you are applying for health insurance for yourself.
- 2) According to your NYSOH account and testimony, you did not expect to file a 2017 federal income tax return.
- 3) You testified that you live by yourself.
- 4) According to your NYSOH account and testimony, your marital status is single.
- 5) According to your July 14, 2017 application, you attested that you are issued \$210.00 per week. Based on that attestation, your expected yearly income was calculated to be \$10,920.00.
- 6) On July 15, 2017 and August 2, 2017, NYSOH issued notices instructing you to submit income documentation to confirm the information in your application. The notices contained a list of acceptable documentation to verify your attestation. The list included: (1) paycheck stubs (for the last 4 weeks); (2) letter from employer on company letterhead, signed by the employer and dated (see Documents [REDACTED]).
- 7) On August 26, 2017, you submitted a signed employment letter from the president of [REDACTED]. The letter states that you were employed at [REDACTED] with a weekly salary of \$215.00 (see Document [REDACTED] uploaded 8/28/2017).
- 8) According to your NYSOH account, on August 29, 2017, NYSOH determined that the employment letter was insufficient because you sent the letter for yourself and needed to submit documentation reflecting your self-employment.
- 9) On March 30, 2018, you submitted a signed employment letter from the president of [REDACTED]. The letter states that you have been employed at the company since [REDACTED] and have a weekly salary of \$215.00 (see Document [REDACTED]; uploaded 3/31/2018).
- 10) According to your NYSOH account, you reside in Westchester County, New York.
- 11) You testified that you want to be determined eligible for Medicaid, prospectively.

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

Applicable Law and Regulations

Medicaid:

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 that is at or below 138% of the federal poverty for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

In the case of an adult who does not expect to file a tax return and does not expect to be claimed by another taxpayer, their household consists of the individual and, if living with the individual: (1) the individual's spouse; or (2) the individual's children under the age of 19 or, in the case of a full-time student, age 21 (42 CFR § 435.603(f)(3)(i), (ii)).

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). The 2017 FPL was \$12,060.00 for a one-person household (82 Fed. Reg. 8831).

Verification Process - Income

NYSOH may accept self-attestation of information needed to determine the income eligibility of an individual for Medicaid (42 CFR § 435.945(a)). NYSOH must request information relating to financial eligibility from other agencies in the State, other States, and Federal programs to the extent NYSOH determines such information is useful to verifying the financial eligibility for an individual (42 CFR § 435.948(a)).

An individual must not be required to provide additional information or documentation unless information needed by NYSOH cannot be obtained electronically or the information obtained electronically is not reasonably compatible with information provided by or on behalf of the individual (42 CFR § 435.952(c)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you did not qualify for Medicaid because you did not provide the income documentation needed to verify the income listed in your application.

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.

On July 14, 2017 your NYSOH account was updated. Your account reflected that you attested to an expected yearly income of \$10,920.00. The income information that was indicated in your account did not match federal and state data sources.

NYSOH issued notices on July 15, 2017 and August 2, 2017, instructing you to submit additional income documentation to verify the information in your account. You were instructed to submit your last 4 weeks of paycheck stubs or a signed letter from employer by July 29, 2017 and August 28, 2017 (see Documents

On August 26, 2017, you submitted a signed employment letter from the president of [REDACTED], stating that you were employed at [REDACTED] with a weekly salary of \$215.00 (see Document [REDACTED]). Further, your account reflects that August 29, 2017, NYSOH determined that the employment letter was insufficient to verify your income.

The credible record reflects the documentation submitted on August 26, 2017, was exactly what the NYSOH notices requested that you submit to verify your income. Therefore, NYSOH improperly determined that you did not qualify for Medicaid because you did not provide the income documentation needed to verify the income listed in your application.

The December 8, 2017, eligibility determination notice is RESCINDED.

Medicaid can be provided through the NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138% of the FPL for the applicable family size.

In the case of an adult who does not expect to file a tax return and does not expect to be claimed by another taxpayer, their household consists of the individual and, if living with the individual: (1) the individual's spouse; or (2) the

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individual's children under the age of 19 or, in the case of a full-time student, age 21

The record reflects that you did not expect to file a 2017 federal income tax return. Further, you are single and live by yourself. Therefore, you are in a one-person household.

On March 30, 2018, you submitted a signed employment letter from the president of [REDACTED] stating that you have been employed at the company since [REDACTED] and have a weekly salary of \$215.00 (see Appellant Exhibit A). Therefore, there is sufficient documentation to determine that your expected yearly income is ($\$215.00 \times 52$ weeks) \$11,180.00.

Therefore, your case is RETURNED to NYSOH to calculate your eligibility for financial assistance based on a one-person household, for an individual living in Westchester County, New York, with an expected household income of \$11,180.00.

Decision

The December 8, 2017 eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to calculate your eligibility for financial assistance based on a one-person household, living in Westchester County, New York, with an expected household income of \$11,180.00, and to notify you accordingly.

Effective Date of this Decision: April 05, 2018

How this Decision Affects Your Eligibility

NYSOH improperly determined that you did not qualify for Medicaid because you did not provide the income documentation needed to verify the income listed in your application.

Your case has been returned to NYSOH to determine your eligibility for financial assistance based on the parameters above. NYSOH will issue an eligibility determination notice in this regard.

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
Albany, NY 12211

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- By fax: 1-855-900-5557

Summary

The December 8, 2017 eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to calculate your eligibility for financial assistance based on a one-person household, living in Westchester County, New York, with an expected household income of \$11,180.00, and to notify you accordingly.

NYSOH improperly determined that you did not qualify for Medicaid because you did not provide the income documentation needed to verify the income listed in your application.

Your case has been returned to NYSOH to determine your eligibility for financial assistance based on the parameters above. NYSOH will issue an eligibility determination notice in this regard.

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 okyer& 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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