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

Notice of Decision

Decision Date: May 31, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000028082

[redacted]

Dear [redacted]

On April 26, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 23, 2018 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).

This page intentionally left blank.

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).

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

Decision

Decision Date: May 31, 2018

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000028082

[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 you were not eligible for retroactive Medicaid assistance for the month of September 2017?

Procedural History

On November 27, 2017, you applied for financial assistance with health insurance, and requested help paying for medical bills from September 2017.

On November 28, 2017, NYSOH issued a notice stating the income information in your application did match information received from state and federal data sources. The notice directed you to submit proof of your household income by December 12, 2017 or NYSOH would not be able to determine your eligibility for health insurance. The notice included a "Documentation List" providing the kinds of documents accepted to prove various types of income. The list indicated that to prove wages, an applicant must submit the last four weeks of paycheck stubs, or if pay was inconsistent, income information along with a signed and dated written explanation of your work and frequency of pay for the last four weeks, or a signed and dated letter from the employer with gross pay information.

On December 14, 2017, NYSOH issued another notice, based on your December 13, 2017 updated application, stating the income information in your application did match information received from state and federal data sources. The notice directed you to submit proof of your household income by December

12, 2017 or NYSOH would not be able to determine your eligibility for health insurance.

Also on December 14, 2017, NYSOH issued a notice stating documentation received did not confirm the information in your application. You were directed to submit additional documentation of your income by January 11, 2018.

On January 22, 2018, NYSOH systematically redetermined your eligibility.

On January 23, 2018, NYSOH issued an eligibility determination notice stating you did not qualify for health insurance through NYSOH, because you did not provide the income documentation needed to verify the income in your application by the due date.

Also on January 23, 2018, NYSOH issued a notice stating your request for retroactive Medicaid assistance for the month of September 2017 was denied, because you failed to submit sufficient documentation of your income to confirm your eligibility.

On January 30, 2018, you spoke to NYSOH's Account Review Unit and appealed insofar you were not eligible for retroactive Medicaid coverage for the month of September 2017.

On April 26, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open to May 10, 2018 to allow you to submit supporting documentation. As of May 10, 2018, no further documentation was received by the Appeals Unit and none was viewable in your NYSOH account. The record closed that day and this decision is based on the record as developed during the hearing.

Findings of Fact

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

1) You testified you are seeking retroactive Medicaid coverage for the month of September 2017, because you have outstanding medical bills from that time.

2) You submitted an application on November 27, 2017 attesting to annual expected income for 2017 of $3,600.00 from one employer. That application requested retroactive coverage for the month of September 2017 and listed your income as $600.00 for that month.

3) According to your account, NYSOH was unable to verify the income information in your application and you were placed in a pending

Medicaid status. You were directed to submit income documentation verifying the information in your application by December 12, 2017.

4) On December 13, 2017 you submitted another updated application. That application increased your attested annual income to $16,600.00 and added another employer, [redacted]

5) The December 13, 2017 application also requested retroactive coverage for September 2017 and listed your income for that month as $700.00.

6) According to your account, NYSOH was still unable to verify the income information in your application and you were again directed to submit documentation of your income.

7) Also on December 13, 2017 you uploaded income documentation including one paystub from the [redacted] for a pay date of November 9, 2017 and four nonconsecutive weekly paystubs for pay dates between September 25, 2017 to December 11, 2017.

8) According to your account, NYSOH invalidated your income documentation and additional documentation was requested.

9) You testified that you received the November 28, 2017 eligibility determination notice and the December 14, 2017 insufficient documentation notice.

10) You testified that you called NYSOH to advise them that your paystubs were inconsecutive, because your [redacted] paystubs were nonconsecutive, because you were not working there consistently.

11) You conceded that you did not submit any additional documentation of your income.

12) On January 22, 2018, NYSOH systematically redetermined your eligibility and found you ineligible for health insurance through NYSOH, because there was insufficient evidence of your income.

13) NYSOH also denied your request for retroactive coverage for September 2017, because of the lack of documentation of your income.

14) You appealed insofar as you were not eligible for retroactive Medicaid coverage for September 2017.

15) You testified that in 2017 you had three separate employers.

16) You testified that you worked [redacted] at the [redacted] between January 2017 and May 26, 2017.

17) You testified that you also worked at the [redacted] part-time between June 2017 and December 2017.

18) You further testified that for all of 2017, you were employed as [redacted] at [redacted] except for a period between the end of September 2017 through November 2017, [redacted]

19) You testified you were unsure what your gross income was for the month of September 2017, but that you worked at the [redacted] and [redacted] during that month.

20) You were directed to submit proof of your income for the month of September 2017 and the record was held open to May 10, 2018 for that documentation.

21) As of the date of this decision, no additional documentation of your income was received.

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

Applicable Law and Regulations

Medicaid for Adults between the Ages of 19 and 65

Medicaid can be provided through NYSOH 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 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 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 $12,060.00 for a one-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 you were not eligible for retroactive Medicaid assistance for the month of September 2017.

You applied for financial assistance on November 27, 2017 and requested help paying for medical bills for September 2017. NYSOH was unable to verify the income information in your application and documentation of your income was requested before NYSOH could determine your eligibility for health insurance.

At the hearing, you acknowledged that you received both the November 28, 2017 eligibility determination notice and the subsequent December 14, 2017 notice. Furthermore, you conceded that you did not submit any additional documentation of your income.

On January 22, 2018, NYSOH systematically redetermined your eligibility and found you ineligible for health insurance through NYSOH, because there was insufficient evidence of your income. NYSOH also denied your request for retroactive coverage for September 2017, because of the lack of documentation of your income. You appealed insofar as you were not eligible for retroactive Medicaid coverage for September 2017.

At the hearing, you testified you were unsure what your gross income was for the month of September 2017, but that you worked at the [redacted] and [redacted] during that month. You were directed to submit proof of your income for the month of September 2017; however, as of the date of this decision, no additional documentation of your income was received.

Given the lack of reliable evidence of your income for the month of September 2017, the Appeals Unit is without sufficient evidence to review your eligibility for retroactive Medicaid assistance for that month. As such, there is no factual basis upon which the Appeals Unit can overturn NYSOH's January 23, 2018 eligibility determination notice, which stated you were not eligible for retroactive Medicaid coverage for the month of September 2017. Accordingly, that determination is AFFIRMED.

Decision

The January 23, 2018 eligibility determination is AFFIRMED.

Effective Date of this Decision: May 31, 2018

How this Decision Affects Your Eligibility

You are not eligible for Medicaid in the month of September 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 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 January 23, 2018 eligibility determination is AFFIRMED.

You are not eligible for Medicaid in the month of September 2017.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[redacted]

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).

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。我们可以为您免费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 مجانًا.

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।

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).

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 महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई नि:शुल्क 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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.

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).