



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

Notice of Decision

Decision Date: April 19, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028144

[REDACTED]
[REDACTED],

On April 9, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 16, 2018 denial 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: April 19, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028144



Issue

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

Did NY State of Health properly determined that you were ineligible for health insurance coverage, including Medicaid, because you did not submit sufficient documentation of your income?

Procedural History

On December 5, 2017, NY State of Health (NYSOH) received your updated application for financial assistance with health insurance.

On December 6, 2017, NYSOH issued a notice stating that the income information you entered into your application did not match what NYSOH received from state and federal data sources and more information was needed to confirm the information in your account. The notice directed you to submit household income documentation by December 20, 2017 to confirm your eligibility.

On December 21, 2017, you uploaded one document to your NYSOH account, which was reviewed by NYSOH on December 21, 2017 and invalidated.

On December 22, 2017, NYSOH issued a notice stating that the income documentation you submitted was not sufficient to verify the information listed in your application. The notice further directed you to submit additional proof of income by January 4, 2018.

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On December 29, 2017, you uploaded one document to your NYSOH account, which was reviewed by NYSOH on December 29, 2017 and invalidated.

On December 30, 2017, NYSOH issued a notice stating that the income documentation you submitted was not sufficient to verify the information listed in your application. This notice further directed you to submit additional proof of income by January 4, 2018.

No additional income documentation was received by January 4, 2018.

On January 16, 2018, NYSOH issued a notice stating that NYSOH had made a decision regarding your application for health insurance dated December 5, 2017. The notice stated that you did not qualify for health insurance coverage through NYSOH because you did not provide the income documentation that was needed to verify the income listed in your application by the deadline and that NYSOH could not determine if you are eligible for help paying for health insurance without this information.

On January 31, 2018, you spoke to NYSOH's Accounts Review Unit and appealed the denial notice insofar as you did not qualify to enroll into health insurance coverage through NYSOH. More specifically, you were not found eligible for Medicaid.

On April 6, 2018, you uploaded an eleven-page document to your NYSOH account (see Document # [REDACTED]).

On April 9, 2018 you had a telephone hearing with a Hearing Officer from the NYSOH's Appeals Unit. The record was developed during the hearing 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) On December 5, 2017, you submitted an application for financial assistance to NYSOH that listed your expected annual income for 2018 as \$14,878.00, which consisted of earned income and income received from unemployment insurance benefits.
- 2) On December 21, 2017, you uploaded a copy of your Unemployment Insurance Monetary Benefit Determination letter, dated December 13, 2017. There is no indication in this letter of when you would start to receive these benefits nor how much you would receive when you began to receive those benefits.

- 3) On December 29, 2017, you uploaded a copy of your signed 2016 federal tax return, which listed an adjusted gross income of \$33,033.00.
- 4) You testified that you work as an [REDACTED] and only earn income when you are hired to do specific jobs.
- 5) You testified that, due to the nature of your work, it is very difficult to project what your expected annual income will be from year to year.
- 6) You testified that you have no idea how much income you expect to make in 2018.
- 7) On April 6, 2018, you uploaded an eleven-page document to your NYSOH account. This eleven-page document contained a copy of your official record of unemployment benefit payment history, which indicates that in December 2017 you received \$355.00 in unemployment benefit payments (see Document # [REDACTED]).
- 8) You testified that the only income you received in December 2017 was from unemployment benefits.
- 9) According to your NYSOH account, you expect to file your 2018 federal tax return with a tax filing status of single and will claim no dependents on that tax return.
- 10) You reside in Kings County, NY.

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 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)), N.Y. Soc. Serv. 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

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§ 435.4). On the date of your application, that was the 2017 FPL, which is \$12,060.00 for a one-person household (82 Fed. Reg. 8831).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

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)).

Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), 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).

Timely Notice of Medicaid Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

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NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were ineligible for health insurance coverage through NYSOH, including Medicaid, because you did not submit sufficient documentation of your income.

On December 5, 2017, you submitted an application for financial assistance to NYSOH that listed your expected annual income as \$14,878.00, which consisted of earned income and income received from unemployment benefits. On December 6, 2017, NYSOH issued a notice stating that more information was needed to make a determination based on the application you submitted. The notice explained the income information you provided NYSOH did not match what was obtained from state and federal data sources. You were directed to submit income documentation for your household by December 20, 2017 to confirm your eligibility.

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.

The fourth page of the December 6, 2017 notice stated that if you receive self-employment income, you need to submit records of detailed earnings and expenses for the last three months, business pay rolls and records for the last three months, or a filed tax return from the previous year if representative of your attesting income.

On December 21, 2017, you uploaded a copy of your Unemployment Insurance Monetary Benefit Determination letter, dated December 13, 2017. There is no indication in this letter of when you would start to receive these benefits nor how much you would receive when you began to receive those benefits. Further, the application that was submitted on December 5, 2017 indicates that you expected to receive earned income for the year 2018, and you failed to submit a letter of termination or an explanation of why you had submitted unemployment records. Therefore, NYSOH found your income documentation insufficient to resolve the inconsistencies in your account. Subsequently, NYSOH issued a notice stating that additional income documentation was needed to confirm the information listed in your NYSOH account by January 4, 2018.

On December 29, 2017, you uploaded a signed copy of your 2016 federal tax return. The income listed on your 2016 tax return indicates that your adjusted

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gross income was \$33,033.00. However, the application that was submitted on December 5, 2017 states that your annual expected income for 2018 was \$14,878.00. As a result, the adjusted gross income listed on your 2016 federal tax return was not indicative of what you were attesting to earning in 2018, as listed in your December 5, 2017 application.

Since NYSOH requested that you submit three months of income and expenses, or a copy of your income tax return, if indicative of your attesting income, and you failed to do so, you did not submit sufficient documentation to prove the income listed in your application by the deadline.

Accordingly, the January 16, 2018 denial notice, stating that you were not eligible to enroll into health insurance through NYSOH, including Medicaid, because NYSOH did not receive the income documentation needed to verify the income listed in your application, is correct and is AFFIRMED.

You testified that it is difficult to predict how much income you will receive in 2018 because you are an [REDACTED] and only earn income when you are hired for a job. You further testified that you receive unemployment benefits when you are not working.

You testified, and provided documentation to show, that you received only unemployment benefit income for the month of December 2017 (see Document # [REDACTED]). On April 6, 2017, you submitted a copy of your official record of unemployment benefit payment history, which indicates that you received \$355.00 in unemployment insurance benefits in the month of December 2017 (see Document # [REDACTED]). You testified that the only income you received in December 2017 was from unemployment benefits.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

Since the record now contains a more accurate representative of your monthly income for December 2017, your case is RETURNED to NYSOH to redetermine your eligibility, as of December 5, 2017, using a household of one person with a monthly income for December 2017 of \$355.00, for an individual residing in Kings County, and to notify you accordingly.

Decision

The January 16, 2018 denial notice is AFFIRMED.

Your case is RETURNED to NYSOH to redetermine your eligibility, as of December 5, 2017, using a household of one person with a monthly income for

December 2017 of \$355.00, for an individual residing in Kings County, and to notify you accordingly.

Effective Date of this Decision: April 19, 2018

How this Decision Affects Your Eligibility

This is not a final determination of your eligibility.

Your case is being sent back to NYSOH to redetermine your eligibility in accordance with your testimony and evidence presented at the hearing as noted above.

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 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).

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 16, 2018 denial notice is AFFIRMED.

Your case is RETURNED to NYSOH to redetermine your eligibility, as of December 5, 2017, using a household of one person with a monthly income for December 2017 of \$355.00, for an individual residing in Kings County, and to notify you accordingly.

This is not a final determination of your eligibility.

Your case is being sent back to NYSOH to redetermine your eligibility in accordance with your testimony and evidence presented at the hearing as noted above.

Legal Authority

We are sending you this notice 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 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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