



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

## Notice of Decision

Decision Date: August 22, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007555

[REDACTED]

Dear [REDACTED],

On August 3, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 2, 2016 enrollment confirmation 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: August 22, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000007555

[REDACTED]

## Issue

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

Did NY State of Health properly determine that your enrollment in an Essential Plan was effective April 1, 2016?

## Procedural History

On December 8, 2015, 2015, NY State of Health (NYSOH) issued a notice of eligibility determination, based on your December 7, 2015 application, stating that you were eligible to enroll in the Essential Plan for a limited time, effective January 1, 2016. That notice instructed you to provide income documentation before March 6, 2016, so that your income could be verified.

Also on December 8, 2015, NYSOH issued a notice of enrollment, based on your plan selection on December 7, 2015, stating that you were enrolled in an Essential Plan and your coverage would start January 1, 2016.

On December 16, 2015, NYSOH issued a letter stating that, based on your December 15, 2015 updated application in which you reported projected 2016 household income of \$13, 500.00, additional income documentation was needed by December 31, 2015 to confirm that the information you provided on your updated application was accurate.

On December 18, 2015, NYSOH issued a cancellation notice stating that your coverage in the Essential Plan you had selected for 2016 would end effective January 1, 2016.

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On January 21, 2016, NYSOH issued a letter stating that, based on your 2015 income documentation submissions, the inconsistency in your income as it related to those documentations could not be resolved and you still needed to submit additional income documentation.

On January 29, 2016, NYSOH issued a letter stating that, based on your January 28, 2016 updated application, additional income documentation was need by February 13, 2016 to confirm that the information you provided on your updated application was accurate.

On February 17, 2016, NYSOH issued a notice of eligibility redetermination, based on your February 16, 2016 updated application, stating that you were eligible to enroll in the Essential Plan for a limited time, effective April 1, 2016. The notice instructed you to provide income documentation before May 16, 2016 so that your income for 2016 could be verified.

On March 1, 2015, you selected an Essential Plan and on March 2, 2016, NYSOH issued a notice of enrollment stating that you were enrolled in an Essential Plan and your coverage would start April 1, 2016.

On March 1, 2016, you spoke to NYSOH's Account Review Unit and appealed the start date of your enrollment in the Essential insofar as it did not begin on January 1, 2016.

On August 3, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

## **Findings of Fact**

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

- 1) You submitted an updated application to NYSOH for financial assistance in 2016 on December 7, 2015, and listed your projected 2016 annual income as \$17,500.00.
- 2) You next updated your NYSOH application on December 15, 2015, and listed your projected 2016 annual income as \$13,500.00. This put your eligibility into pending Medicaid because the income you reported was below the Medicaid income limit.
- 3) You testified that you changed your income to \$13,500.00 that day because you did not plan on working at a [REDACTED] in 2016 as you

had in 2015, so you adjusted your income to exclude those earnings of approximately \$6,000.00.

- 4) After updating your account on December 15, 2015, NYSOH detected an inconsistency between your reported income and what was retrieved from federal and state data sources such that a letter was issued on December 16, 2015, instructing you to provide income documentation to confirm your projected 2016 earnings.
- 5) On January 13, 2016, you submitted copies of earnings statements from two employers: (a) [REDACTED] – Check date 12/23/15 with gross earnings of \$138.25 and year-to-date earnings of \$1,670.52; and (b) [REDACTED] - Check dated 12/15/15 with gross earnings of \$775.28 and YTD earnings of \$11,185.26. The latter earning statement showed your pay rate was \$11.50 per hour and you worked 48 hours during a two week pay period and your gross pay was \$552.00, and credit card tips were \$223.28.
- 6) On January 20, 2016, within 10 business days, this proof of income was invalidated on the basis that you had submitted 4 weeks of consecutive pay stubs from one source of income but only one pay stub for [REDACTED] [REDACTED]” when 4 weeks of consecutive pay stubs from both sources of income was required.
- 7) On January 21, 2016, NYSOH issued a letter stating that the inconsistency in your income as it related to those documentations could not be resolved and you still needed to submit additional income documentation.
- 8) On January 28, 2016, you again updated the income in your NYSOH application and listed your projected 2016 annual income was \$13,700.00. You also stated that your income changed because, “[d]ifferent amount of hours worked as well as earning more.” There still being an inconsistency between your reported income and what NYSOH retrieved from federal and state data sources, a January 29, 2016 letter was issued instructing you to provide income documentation to confirm your projected 2016 earnings.
- 9) On February 3, 2016, you provided a letter from your one employer, [REDACTED], that stated you have been employed since September 2014 and are “a seasonal at-will hourly waged employee making \$17.00 - \$18.75 an hour depending on the assignment”...”based on their specified availability, frequency of assignments, and other factors.”
- 10) Also on February 3, 2016, you provided an earnings statement from [REDACTED] [REDACTED] with a check date of January 12, 2016, which showed your

gross pay was \$494.50 and your credit card tips were \$208.75, totaling \$703.25 in gross earnings for the pay period of 12/27/15 to 1/9/16.

- 11) Also on February 3, 2016, you provided an earnings statement from [REDACTED] with a check date of January 26, 2016 and hourly earnings of \$12.00 at 43 hours for a two week pay period from 1/10/16 to 1/23/16, with gross earnings of \$516.00 and credit card tips owed of \$161.99, totaling \$677.99.
- 12) You testified that a NYSOH representative told you that one of the problems with your submissions was that the employer code for [REDACTED] came back under the name of [REDACTED], so the earnings statements were invalidated. You testified that you explained that you worked at a shop owned by [REDACTED] with a business name of [REDACTED],” which you believed straightened out the confusion.
- 13) According to your NYSOH account, your income was updated on February 16, 2016 to \$19,656.12, which NYSOH was able to confirm with federal and state data sources. You testified that this reported income most accurately reflected your 2016 income based on your 2015 W-2 earnings statements and your decision to work at the same [REDACTED] of 2016.
- 14) Your updated income resulted in NYSOH redetermining your eligibility and again finding you eligible for the Essential Plan with an April 1, 2016 enrollment start date.

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

## **Applicable Law and Regulations**

### Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York’s Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first

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day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); see also 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

## **Legal Analysis**

The issue is whether NYSOH properly determined that your enrollment in the Essential Plan was effective April 1, 2016, and not March 1, 2016.

You testified, and the record indicates, that you updated your NYSOH account on December 15, 2015 and reported a projected income of \$13,500.00, which resulted in your eligibility being redetermined to pending Medicaid. This also triggered your disenrollment from the Essential Plan, effective January 1, 2016, which is not in dispute.

The change in your income also resulted in NYSOH requiring you to submit income documentation to support of your reported income as an individual who is pending Medicaid. Thereafter, the income documentation you submitted was insufficient to resolve the inconsistency between your reported income and what NYSOH was retrieving from federal and state data sources. While you credibly testified at hearing to an expected change to lesser income in 2016 due to not expecting to earn \$6,000.00 from a [REDACTED] position, NYSOH was unable to reconcile the inconsistency until you updated your NYSOH account on February 16, 2016. As of that date, your 2016 expected earnings were reported as \$19,656.12, which NYSOH was able to verify to be consistent with federal and state data sources and determined to be a completed application such that your eligibility was redetermined for the Essential Plan.

Based on your NYSOH completed application as of February 16, 2016 and the resulting eligibility for the Essential Plan, you were able to select an Essential plan and did so on March 1, 2016.

The date on which enrollment in an Essential Plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

Since you selected an Essential Plan on March 1, 2016, your enrollment properly took effect on the first day of the first month following March 2016; that is, on April 1, 2016.

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Therefore, the March 2, 2016 enrollment confirmation notice stating that your enrollment in the Essential Plan was effective April 1, 2016, is correct and must be AFFIRMED.

## **Decision**

The March 2, 2016 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** August 22, 2016

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

This decision does not change your eligibility.

The effective date of your Essential Health Plan is April 1, 2016.

## **If You Disagree with this Decision (Appeal Rights)**

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 U.S. Department of Health and Human Services. 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 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:  
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Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The March 2, 2016 enrollment confirmation notice is AFFIRMED.

This decision does not change your eligibility.

The effective date of your Essential Health Plan is April 1, 2016.

## **Legal Authority**

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

**A Copy of this Decision Has Been Provided To:**

