



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

Notice of Decision

Decision Date: August 22, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000606

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On May 28, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace April 30, 2014 eligibility determinations.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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 the NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(b).

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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[REDACTED]
[REDACTED]
[REDACTED]

Issue

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

Did the Marketplace's April 30, 2014 determinations properly find that your three children are eligible for Medicaid until March 30, 2015?

Procedural History

On April 11, 2014, the Marketplace received your application for health insurance for your three children, [REDACTED].

On April 11, 2014 the Marketplace determined that all three children were eligible to enroll in qualified health plans. This information appears in a notice dated April 30, 2014.

Income information was added to your application, and your household's eligibility was redetermined on April 11, 2014. On a reported household income of \$41,080.00, all three children were found to be eligible for Medicaid but ineligible for coverage through Child Health Plus. This information also appears in a notice dated April 30, 2014.

Your household income was modified to \$49,920.00 in your Marketplace account on April 23, 2014. The Marketplace redetermined your household's eligibility on April 23, 2014 and April 25, 2014 and, in additional notices dated April 30, 2014, advised you that that although your children no longer qualified for Medicaid, their existing coverage would continue until March 30, 2015.

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On April 25, 2014, you spoke with Marketplace Customer Service and appealed your determinations.

On May 28, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace'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 supports the following findings of fact:

- 1) You are married and file a U.S. Individual Income Tax Return with your spouse.
- 2) You have three children, ages fifteen, ten, and nine, and you claim them as dependents on your U.S. income tax return.
- 3) You testified that you applied to the Marketplace for insurance on April 11, 2014, and that a week or two after that date, your husband's income increased.
- 4) You testified that you attempted to report the income change to the Marketplace but there was a problem retrieving your application at that time. You testified that a customer service representative told you to call back later. You testified that when you called back the Marketplace, a different customer service representative told you that the income increase on your application made your children eligible for Child Health Plus and they would no longer be eligible for Medicaid.
- 5) Your Marketplace account reflects that your husband's income was changed on April 23, 2014.
- 6) You testified that you called your insurance company to make sure the company records were updated to show your children were eligible for Child Health Plus, not Medicaid. The insurance company did not have your information in their system at that time.
- 7) You testified that you called the Marketplace again, and a different customer service representative informed you that your children remained eligible for Medicaid, and not Child Health Plus, even though your income increased above the Medicaid income limits. You stated you did not want to be on Medicaid and the customer service representative told you to appeal because the change in

income was made within two weeks from the date of your original application.

- 8) You did not testify that the original income provided to the Marketplace was incorrect, only that it had increased in the weeks after your initial application.

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

Applicable Law and Regulations

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if his or her household's modified adjusted gross income falls at or below 154% of the federal poverty level (FPL) (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13ADM-03).

The household size for a person who expects to be claimed as a tax dependent by another taxpayer is generally the household size of the taxpayer claiming that person as a tax dependent (42 CFR § 435.603(f)(2)).

The FPL for a five-person household was \$27,910.00 on April 11, 2014 (79 Fed. Reg. 3593).

Children under the age of nineteen who are determined eligible for Medicaid remain eligible for Medicaid until the earlier of: (1) the last day of the month which is twelve months following the determination of eligibility for Medicaid or (2) the last day of the month in which the child reaches the age of nineteen (N.Y. Social Services Law § 366(4)(b)(3)).

To be eligible to enroll in Child Health Plus, a child must not be "eligible for medical assistance;" that is, must not be eligible for Medicaid (NY Public Health Law § 2511(2)(b)).

Legal Analysis

At issue are questions of whether the Marketplace correctly found your three children eligible for Medicaid and whether they remained eligible for Medicaid after your household income increased.

There are five people in your tax household: you, your spouse, and your three children. Since the children are claimed as dependents on your tax return, the household size for each child is the same as your own household size. Therefore the children's eligibility for benefits is calculated on a five-person household.

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A child who is under the age of nineteen qualifies for Medicaid if the household income is no more than 154% of the FPL. Since the FPL for a five-person household is \$27,910.00 (100% of FPL), each child is Medicaid eligible at a household modified adjusted gross income of up to \$42,981.00 (154% of FPL, to the nearest dollar).

When you submitted the health insurance application on April 11, 2014, you indicated a household income of \$41,080.00 (147.19 % of FPL), so each child was determined eligible for Medicaid.

Since your children were properly found to be eligible for Medicaid on April 11, 2014, the April 30, 2014 notice setting out that determination is correct and is AFFIRMED.

On April 23, 2014, your household income increased to \$49,920.00, which is 178.86% of the FPL and thus above the limit for Medicaid eligibility. However, under New York State's Social Services Law, a child under the age of nineteen who is determined to be eligible for Medicaid remains eligible for twelve months after that determination, unless the child reaches the age of nineteen during that period. This Medicaid coverage continues even when, as here, the household's income increases above 154% of the FPL.

Since the children qualified for Medicaid on April 11, 2014, and since none of them will reach the age of nineteen in the next year, their Medicaid coverage continues until March 30, 2015 by operation of the Social Services Law. Therefore the April 30, 2014 notices finding that, as of April 23, 2014 and April 25, 2014, the children retained their Medicaid coverage are correct and are AFFIRMED.

Under New York's Public Health Law, the children are not eligible to enroll in Child Health Plus while they are Medicaid eligible.

Decision

The April 30, 2014 notice of determination showing that [REDACTED] were eligible for Medicaid as of April 11, 2014 is AFFIRMED.

The April 30, 2014 notice of redetermination showing that, as of April 23, 2014, [REDACTED] remained eligible for Medicaid until March 30, 2015 is AFFIRMED.

The April 30, 2014 notice of redetermination showing that, as of April 25, 2014, [REDACTED] remained eligible for Medicaid until March 30, 2015 is AFFIRMED.

Effective Date of this Decision: August 22, 2014

How this Decision Affects Eligibility

[REDACTED] remain eligible for Medicaid until March 30, 2015.

As long as the children are Medicaid eligible, they are not eligible to enroll in Child Health Plus.

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.

If you do not agree with this Decision, you have the right to appeal outside the Marketplace and may:

- Make an appeal request to the U.S. Department of Health and Human Services appeals entity within 30 days of the date of the Decision Date, which appears on the first page of the Decision (45 CFR § 155.520[c]).

AND/OR

- Bring a lawsuit in state court in accordance with Article 78 of the Civil Practice Law and Rules within four months after the date of the Decision Date, which appears on the first page of the Decision.

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 for assistance.

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 April 25, 2014 eligibility determination, as set out in the notice issued on April 30, 2014, is AFFIRMED.

Your children continue to be covered by Medicaid.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]