



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

Notice of Decision

Decision Date: September 5, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000612

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On June 6, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 29, 2014 eligibility determination.

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 letter.

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]
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Issue(s)

The issues presented for review by the Appeals Unit of the NY State of Health are:

Did the Marketplace properly determine [REDACTED] eligible for Child Health Plus from January 1, 2014 to March 31, 2014?

Did the Marketplace properly determine [REDACTED] eligible for Medicaid from April 1, 2014 to March 31, 2015?

Procedural History

The Marketplace received your application for your household on October 19, 2013, and your application update on December 16, 2013 following the birth of your son.

On December 16, 2013, the Marketplace made a preliminary determination that your infant son, [REDACTED], was temporarily eligible for Child Health Plus (CHP) and that, for his eligibility to be finalized, proof of his citizenship and Social Security number were needed. No notice of eligibility determination was issued on that preliminary determination.

On January 22, 2014, the Marketplace made a preliminary determination that [REDACTED] was eligible for Medicaid. No notice of eligibility determination was issued on that preliminary determination.

You uploaded requested information to your online account on February 12, 2014.

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).

On April 20, 2014, the Marketplace redetermined your household's eligibility and on April 29, 2014 issued a notice of redetermination. The Marketplace found that your infant son was conditionally eligible for Medicaid.

On April 29, 2014, you spoke with the Marketplace's Customer Service Unit and appealed that redetermination.

On June 6, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during that 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 have five children (Marketplace application; Appellant's Testimony 6/6/14).
- 2) For the 2014 tax year, you expect to file your tax return jointly with your husband and claim your five children as dependents (Marketplace application; Appellant's Testimony 6/6/14).
- 3) You reported on your Marketplace application and testified at hearing that your household's expected 2014 income is \$80,079.99 (Marketplace application; Appellant's Testimony 6/6/14).
- 4) You testified that you received Medicaid cards in the mail for your infant son on or about April 22 or 23, 2014 with an effective date of coverage of April 1, 2014, without any electronic e-mail notice from the Marketplace (Appellant's Testimony 6/6/14).
- 5) You testified that your infant son had a check-up with the pediatrician and that you had to pay \$110 for the visit (Appellant's Testimony 6/6/14).
- 6) You testified that you want your infant son to have CHP because his pediatrician, who has treated him since birth and treats his four siblings, accepts CHP but does not accept Medicaid (Appellant's Testimony 6/6/14).
- 7) You testified that you were told by a representative of the Marketplace that your infant son is "locked in" to Medicaid until March 31, 2015 (Appellant's Testimony 6/6/14).

- 8) You testified that your infant son requires specialist care and you are trying to find a pediatric gastroenterologist and a pediatric allergist in your area, who accept Medicaid (Appellant's Testimony 6/6/14).

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

Applicable Law and Regulations

A child may be eligible for coverage through Child Health Plus (CHP) provided (1) he or she lives in a household having a household income at or below 400% of the federal poverty level (FPL) and (2) is not eligible for medical assistance (Medicaid), except that a child who becomes eligible for Medicaid after becoming eligible for CHP, may be eligible for a subsidy payment for a period of three months after becoming eligible for such medical assistance (NY Public Health Law § 2511(2)(b) and (3)).

To be eligible for Medicaid, a person must have a household modified adjusted gross income (MAGI) at or below the appropriate standard and be (1) a United States Citizen or a Qualified Alien, (2) a resident of New York State, (3) under the age of 65 and not entitled to Medicare benefits, and (4) not incarcerated (42 CFR §§ 403, 406-407, 603).

Infants under the age of one are eligible for Medicaid with MAGI household income up to 223% of the FPL for the applicable family size (NY Social Services Law § 366(b)(2); 13 ADM-03 - Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 9/25/13; see also 42 CFR 457.310(b)(1)(i)).

The 2013 FPL for a seven-person household, in effect when the preliminary determination was made on December 16, 2013, is \$35,610.

The 2014 FPL for a seven-person household, in effect when the redetermination was made on April 20, 2014, is \$36,030.

All Medicaid-eligible children under the age of nineteen are provided with 12 months of continuous coverage, even if the household's income exceeds eligibility levels during that period (NY Social Services Law § 366(4)(b)(3)(i)).

To be eligible to enroll in CHP, 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

Your household size for purposes of this analysis is seven people: you, your husband, and your five dependent children.

Your Marketplace application and credible testimony indicate that your household income is \$80,079.99.

Of the requirements for determining your infant son's eligibility for CHP or children's Medicaid, the relevant factor in this analysis is the applicable FPL on the date of each determination.

In December 2013, when you updated your online application to add your infant son, 100% of the FPL was \$35,610 for a family of seven. On that date, a household income of \$80,079.99 equaled 224.88% of the FPL. This put your income above the 223% Medicaid eligibility threshold and within range for CHP. Consequently, your infant son was properly enrolled in CHP beginning on January 1, 2014.

Your online account reflects that you uploaded copies of your infant son's birth certificate and social security card at the Marketplace's request. On April 20, 2014, the Marketplace redetermined your infant son's eligibility based upon this new information. On that date, the 2014 FPL was \$36,030 for a family of seven people, and your household income of \$80,079.99 equaled 222.26% FPL. Since that was below 223% of the FPL, your infant son was properly found to be eligible for Medicaid.

Under the Public Health Law, your infant son is not eligible to enroll in CHP with because he is Medicaid eligible.

Now that your infant son is enrolled in Medicaid, according to Social Services Law, he has continuous coverage in that program for 12 months, through March 31, 2015.

Decision

The April 29, 2014 eligibility determination is **AFFIRMED**.

Effective Date of this Decision: September 5, 2014

How this Decision Affects Your Eligibility

Your son [REDACTED] is eligible for and enrolled in Medicaid beginning April 1, 2014. He has continuous coverage under Medicaid through March 31, 2015.

He is not eligible to enroll in Child Health Plus.

If You Disagree with this Decision (Appeal Rights)

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

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Summary

The April 29, 2014 eligibility determination is AFFIRMED.

Your son, [REDACTED] is eligible for and enrolled in Medicaid beginning April 1, 2014. He has continuous coverage under Medicaid through March 31, 2015.

He is not eligible to enroll in Child Health Plus.

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]