



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

## Notice of Decision

Decision Date: March 12, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001159

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED]. [REDACTED],

On January 5, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 9, 2014 preliminary determination regarding your infant son.

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 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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## Decision

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NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001159

[REDACTED]  
[REDACTED]  
[REDACTED]

## Issues

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

Did the Marketplace properly find your infant son eligible for Medicaid based on the information in his December 9, 2014 application?

## Procedural History

On December 9, 2014, the Marketplace received an application for health insurance for yourself, your spouse, and your infant son. The Marketplace made a preliminary determination that, with a household income of \$36,857.54, your son was eligible for Medicaid effective December 1, 2014. It added the following message: "In order for your eligibility to be finalized, you must submit documents by the date below to confirm that the information you provided in your application is accurate."

On December 9, 2014, you spoke to the Marketplace's Account Review Unit and filed an appeal on your son's behalf.

On December 10, 2014, the Marketplace issued a notice stating that a determination could not be made on your son's application, because the information on your application did not match State and Federal data sources and more income information was needed.

On January 5, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and left open until January 20, 2015 to allow you time to submit December 2014 paystubs and a statement on the amount of student loan interest paid during 2014. On January 5, 2015, you uploaded your December 2014 paystubs to your

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Marketplace account. As of the close of business of January 20, 2015, no statement regarding the amount of student loan interest had been received. The record is now closed.

On January 7, 2015, the Marketplace issued a notice of eligibility determination stating that, with a household income of \$36,857.54, your son was eligible for Medicaid as of December 1, 2014.

On January 10, 2015, the Marketplace issued a notice stating that your son's Medicaid coverage would be discontinued as of January 31, 2015. It also issued notices confirming that your son was eligible to enroll in Child Health Plus with a premium of \$30.00 per month and confirming your selection of Excellus BCBS for him.

## **Findings of Fact**

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

1. You testified that on December 9, 2014, you spoke to the Marketplace's Account Review Unit, were told that your application currently reflects that your son had an eligibility of "Medicaid Pending," and filed an appeal on your son's behalf. You are appealing only the eligibility of your infant son.
2. You testified that you are seeking Child Health Plus for your son.
3. Your son was born on [REDACTED].
4. Your son resides with you and your spouse and has no siblings.
5. You testified that you expect to file your 2015 federal tax return as married filing jointly and claim your son as a dependent.
6. You provided your payroll check history for December 1, 2014 to December 31, 2014. The print-out shows that on December 5, 2014, you received two checks; one with a gross pay amount of \$370.00 and one for \$769.23. On December 12, 2014, December 19, 2014, and December 24, 2014, you received checks for \$769.23 each. On the second page of the payroll history it states that you received five checks for the taxable gross amount of \$3,446.92.
7. You testified that you expect to claim student loan interest as a deduction on your 2015 tax return. However, you do not know how much you will claim.

8. Before January 9, 2014, your application listed a household income of \$36,857.54, which is your own expected yearly income.
9. On January 9, 2014, your application was updated to reflect a household income of \$54,857.54. This amount consists of your expected income of \$36,857.54 plus your spouse's expected income of \$18,000.00.

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

## **Applicable Law and Regulations**

### Verification Process

For all individuals whose income is needed to calculate the household's eligibility, the Marketplace must request data that will allow the Marketplace to verify the household's income (45 CFR §155.320(c)(1)(i)). If the Marketplace 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)).

### Medicaid

Medicaid is available to children under one year of age who have a modified adjusted gross income at or below 223% of the federal poverty Level (FPL) for the applicable family size (see 42 CFR § 435.118(c); NY Department of Health Administrative Directive 13ADM-03).

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 dates of your son's applications, that was the 2014 FPL, which is \$19,790.00 for a three-person household (79 Fed. Reg. 3593, 3593 (2014)).

### Child Health Plus

A child who meets the eligibility requirements for Child Health Plus may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the FPL (NY Public Health Law § 2511(2)(a)(iii)).

A child who has health care coverage under insurance or is eligible for Medicaid is not eligible for coverage through Child Health Plus (see NY Public Health Law § 2511(2)(b), (c)).

## **Legal Analysis**

On December 9, 2014, the Marketplace made a preliminary determination that, with an attested household income of \$36,857.54, you son was provisionally eligible for Medicaid, pending production of additional information on your household income.

This preliminary determination was appealed, and it is the only matter currently under review. This preliminary determination is memorialized in the notice dated January 7, 2015.

When the Marketplace cannot verify information that is required to make an eligibility determination, it must notify the applicant and allow the applicant time to submit satisfactory documentation. On December 10, 2014, the Marketplace issued a notice to advise you that additional information was needed. On January 5, 2015, the Appeals Unit accepted additional evidence at your hearing and held the record open to allow you time to submit the income documentation.

After the hearing, you provided your December 2014 paystubs to the Marketplace Appeals Unit; and on January 9, 2015, your application was updated with corrected income information.

On January 7, 2015 and January 10, 2015, the Marketplace issued notices resolving the outstanding issues on your son's application. The January 7, 2015 notice confirmed the commencement of Medicaid coverage on December 1, 2014; a December 10, 2015 disenrollment notice ended it as of January 31, 2015. Additional notices issued on December 10, 2015 found your son, with a household income of \$54,857.54, to be eligible for Child Health Plus and confirmed your selection of Excellus BCBS for him.

A review of the available evidence confirms that on December 9, 2014, the Marketplace properly found your son to be conditionally eligible for Medicaid on the attested household income of \$36,857.54, while requiring submission of additional documentation. Therefore, the January 7, 2015 notice, which is consistent with the December 9, 2014 application and preliminary determination, is AFFIRMED.

Although that Medicaid coverage was discontinued as of January 31, 2015, the evidentiary support for that action need not be considered here, because no appeal has been filed with regard to that issue.

## **Decision**

The January 7, 2015 eligibility determination notice is AFFIRMED.

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**Effective Date of this Decision:** March 12, 2015

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

The most recent eligibility determination in your Marketplace account remains in effect; your son remains eligible for Child Health Plus with a premium of \$30.00 per month.

### **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 after the date 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 date 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):**

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- By calling the Customer Service Center at 1-855-355-5777
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## **Summary**

The January 7, 2015 eligibility determination notice is AFFIRMED.

The most recent eligibility determination in your Marketplace account remains in effect; your son remains eligible for Child Health Plus with a premium of \$30.00 per month.

## **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]