



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

Notice of Decision

Decision Date: June 12, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001573

[REDACTED]
[REDACTED]
[REDACTED]

Dear Mr. [REDACTED]

On March 6, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 19, 2014, eligibility determination.

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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[REDACTED]
[REDACTED]
[REDACTED]

Issue

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

Did the Marketplace properly determine that your daughter and your stepson do not qualify for Child Health Plus because federal data sources show that they are already enrolled in Medicaid, Child Health Plus or another program as of December 19, 2014?

Procedural History

On December 18, 2014, you applied for health insurance through the Marketplace for your daughter and stepson.

On December 19, 2014, the Marketplace issued an eligibility determination notice stating that your daughter and stepson are eligible to purchase a qualified health plan at full cost through New York State of Health. The notice states that they do not qualify for Child Health Plus because federal and state data sources show that you are already enrolled in Medicaid, Child Health Plus or another program making them not eligible to qualify for Child Health Plus.

On January 11, 2015, you mailed an appeal request to the Marketplace and requested an appeal insofar as your daughter and stepson were being denied enrollment in Child Health Plus.

On March 6, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Testimony was taken during the hearing. The record is now complete and closed.

Findings of Fact

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

1. You are applying for health insurance through the Marketplace for your daughter and [REDACTED] only (Testimony; 12/18/2014).
2. You are only appealing your daughter's and [REDACTED] of enrollment in Child Health Plus (Testimony; 1/11/2015 Appeal Request).
3. You testified that your daughter and [REDACTED] were determined eligible for Medicaid by [REDACTED] County Department of Social Services (DSS).
4. Your daughter and [REDACTED] are currently enrolled in Medicaid and the insurance end date is August 31, 2015 (2/18/2015 Marketplace Application).
5. You testified that you want to convert your daughter and [REDACTED] from Medicaid to Child Health Plus because they do not qualify for Medicaid.
6. You testified that a Marketplace representative instructed you to contact [REDACTED] County DSS to resolve the issue.
7. You testified that the representative at [REDACTED] County DSS instructed you to contact the Marketplace to resolve the issue.
8. Your daughter's Medicaid premium is currently being garnished from your paycheck (1/11/2015 Appeal Request).

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

Applicable Law and Regulations

Medicaid:

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)).

Child Health Plus:

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)).

Fair Hearings:

A Fair Hearing gives an appellant the opportunity to appeal a decision made by New York State local social services with an Administrative Law Judge from the New York State Office of Temporary and Disability Assistance, Office of Administrative Hearings. The Office of Temporary and Disability Assistance will then issue a written decision which will state whether the local agency's decision was correct.

(N.Y. Social Services Law § 22; 18 NYCRR § 358)

Legal Analysis

The issue under review is whether the Marketplace properly determined that your daughter and [REDACTED] were not eligible to enroll in Child Health Plus through the Marketplace as of December 19, 2015.

You testified that your daughter and [REDACTED] were determined eligible for Medicaid by the [REDACTED] County Department of Social Services (DSS). According to the record, they are currently enrolled in Medicaid and the insurance end date is August 31, 2015.

To be eligible to enroll in Child Health Plus, a child must not be eligible for Medicaid. Since your daughter and [REDACTED] are currently enrolled in Medicaid and the coverage has not expired, the December 19, 2014, eligibility determination insofar as denying their eligibility for Child Health Plus is **AFFIRMED**.

You testified that a Marketplace representative instructed you to contact [REDACTED] County DSS, and the representative at [REDACTED] County DSS instructed you to contact the Marketplace to resolve the issue.

The New York State Office of Temporary and Disability Assistance, Office of Administrative Hearings, conducts hearings to determine whether or not a determination made by a local social services agency is correct. The Office of Temporary and Disability Assistance will then issue a written decision which will state whether the local agency's decision was correct and order the local agency to correct your case if applicable.

You may request a Fair Hearing from New York State Office of Temporary and Disability Assistance, Office of Administrative Hearings by:

Calling a statewide toll-free number: 1 (800) 342-3334

(or)

Visiting their website at <https://otda.ny.gov/hearings/request/>.

Decision

The December 19, 2014 notice of eligibility determination is AFFIRMED.

Effective Date of this Decision: June 12, 2015

How this Decision Affects Eligibility

This decision does not affect your eligibility.

Your daughter and [REDACTED] are not eligible for Child Health Plus, but remain eligible to purchase a qualified health plan at full-cost through the Marketplace.

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.

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If You Have Questions about this Decision (Customer Service Resources):

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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The December 19, 2014 notice of eligibility determination is **AFFIRMED**.

This decision does not affect your eligibility.

Your daughter and stepson are not eligible for Child Health Plus, but remain eligible to purchase a qualified health plan at full-cost through the Marketplace.

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]