



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

Notice of Decision

Decision Date: August 18, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001739

[REDACTED]

Dear [REDACTED],

On April 15, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 3, 2015 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 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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Issues

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

Did the Marketplace properly determine that your five children were eligible for Medicaid as of December 29, 2014?

Procedural History

The Marketplace received your application for health insurance on December 29, 2014, in which you attested to an expected yearly income of \$52,000.00.

On January 3, 2015, the Marketplace issued a notice of eligibility determination based on your December 29, 2014 application. It stated that you and your spouse were eligible to enroll in a qualified health plan (QHP); eligible to receive an advance premium tax credit (APTC) of up to \$584.00 per month; eligible for cost-sharing reductions (CSR), provided you select a silver-level plan; and eligible for the APTC Premium Assistance Program, in each case EFFECTIVE February 1, 2015. It also stated that your five children were each found eligible for Medicaid EFFECTIVE January 1, 2015. This determination was based, in part, on an annual household income of \$52,000.00.

On January 6, 2015, the Marketplace issued a notice confirming your selection of the UnitedHealthcare silver-level plan for you and your spouse's coverage beginning February 1, 2015. It also confirmed your selection of the UnitedHealthcare Medicaid Managed Care (MMC) plan for YOUR children's coverage. The notice further stated that "[y]our [children's] insurance coverage through Medicaid will begin January 1, 2015 and enrollment with UnitedHealthcare of New York, Inc. will begin February 1, 2015."

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On February 10, 2015, you spoke with the Marketplace Account Review Unit to appeal the January 3, 2015 eligibility determination insofar as your children were found eligible for Medicaid and not eligible to enroll under you and your spouse's UnitedHealthcare plan.

On April 15, 2015, 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 testified, and your application indicates, that you are married and have five children.
- 2) Your application indicates that your children are between five and fifteen years old.
- 3) You testified, and your application indicates, that you expect to file your 2015 taxes with a tax filing status of "married filing jointly" and will claim your five children as dependents.
- 4) In your application, you attested to earning \$1,000.00 per week. You testified during the hearing that this expected level of income remained accurate.
- 5) You testified that you did not want your children placed in the UnitedHealthcare Medicaid Managed Care (MMC) plan as they are unable to see the same doctors you and your spouse are able to see under your UnitedHealthcare plan.

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

Applicable Law and Regulations

Medicaid

A child who is at least one year of age but younger than nineteen and meets other, non-financial eligibility requirements, 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).

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). As of your application, that was the 2014 FPL, which is \$36,030 for a seven-person household (79 Fed. Reg. 3593).

Child Health Plus

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 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 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

The issue on appeal is whether the Marketplace correctly determined that your five children were eligible for Medicaid and not eligible for Child Health Plus (CHP).

You credibly testified that you expect to file a joint tax return for 2015 and claim your five children as dependents. Accordingly, your children are each members of a seven-person household.

There is no contention, and there is no indication in the record, that your children fail to meet any of the nonfinancial criteria for Medicaid eligibility.

On your December 29, 2014 application, you attested to a household income of \$52,000.00. The Marketplace relied on that information to find your children eligible for Medicaid.

As of the December 29, 2014 application, your children were between five and fifteen years old. Since all of your children were at least one year of age but younger than nineteen, they would qualify for Medicaid at a household income up to 154% of the federal poverty level (FPL). Since the 2014 FPL for a seven-person household is \$36,030.00, they would be Medicaid eligible at a household income up to \$55,486.20.

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You credibly testified that your expected 2015 household income was accurately reported as \$52,000.00 in your December 29, 2014 application.

Therefore, all credible evidence of record confirms that you children were eligible for Medicaid as of January 1, 2015.

Under New York State's Public Health Law, a Medicaid-eligible child does not qualify to enroll in health insurance through CHP.

Accordingly, the January 3, 2015 notice of eligibility determination that your children was eligible for Medicaid and ineligible for CHP was correct and is AFFIRMED.

Decision

The January 3, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: August 18, 2015

How this Decision Affects Your Eligibility

Your children continue to be eligible for Medicaid.

Please note that this Decision has no effect on any subsequent determinations issued by the Marketplace on or after January 3, 2015.

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))

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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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 3, 2015 eligibility determination is **AFFIRMED**.

Your children continue to be eligible for Medicaid.

Please note that this Decision has no effect on any subsequent determinations issued by the Marketplace on or after January 3, 2015.

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:

