



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

## Notice of Decision

Decision Date: July 3, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002063

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On April 20, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 17, 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).

This page intentionally left blank.



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

## Decision

Decision Date: July 3, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002063

[REDACTED]  
[REDACTED]  
[REDACTED]

## Issues

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

Did the Marketplace properly determine that your younger daughter was eligible for Medicaid coverage as of March 17, 2015?

Did the Marketplace properly determine that your younger daughter was not eligible for Child Health Plus coverage as of March 17, 2015?

## Procedural History

On February 26, 2015, the Marketplace received your application for health insurance.

On February 27, 2015, the Marketplace issued an eligibility determination notice stating that your older daughter was eligible to enroll through Child Health Plus with a \$9.00 premium per month, and your younger daughter was conditionally eligible for Medicaid. The notice directed you to provide documentation to confirm your younger daughter's citizenship status and Social Security Number.

On March 16, 2015, you contacted the Marketplace and provided your younger daughter's Social Security Number. The Marketplace rendered a preliminary eligibility determination that your older daughter is eligible for Child Health Plus with a \$9.00 premium per month, and your younger daughter is eligible for Medicaid.

On the same day you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as your younger daughter's ineligibility for Child Health Plus.

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, 2015, 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 two children (3/16/2015 Marketplace application; Testimony).
2. Your youngest daughter was born on [REDACTED] (3/16/2015 Marketplace application; Testimony).
3. You expect on filing a 2015 federal income tax return with the tax status of married filing jointly and claim two dependents on that return (3/16/2015; Testimony).
4. Your expected 2015 annual household income is \$50,800.00 (2/26/2015 Marketplace application; 3/16/2015 Marketplace application).
5. According to your application, you expected to earn \$1,400.00 monthly in January, February and March 2015 (2/26/2015 Marketplace application; 3/16/2015 Marketplace application).
6. You testified that you worked less in February 2015 because of the pregnancy and earned approximately \$686.00.
7. Your husband expects to earn \$34,000.00 in 2015 and receives consistent weekly paychecks (Testimony).
8. Your pediatrician does not accept Medicaid (Testimony).

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

## **Applicable Law and Regulations**

### Medicaid for an Infant:

Medicaid is available to an infant under one year of age who is in a household with a modified adjusted gross income up to 223% of the current federal poverty level (FPL) for the applicable family size (see 42 CFR § 435.118(d); NY Department of Health Administrative Directive 13 ADM-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 2015 FPL, which is \$24,250.00 for a four-person household (80 Fed. Reg. 3236, 3237).

#### Continuous Coverage for Children under the under the age of 19:

Medicaid-eligible children under the age of 19 are provided with 12 months of continuous coverage, even if the household's income increases above eligibility levels during that period (N.Y. Soc. Serv. Law § 366(4)(b)(3)(i)).

#### 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 younger daughter was eligible for Medicaid and not eligible for Child Health Plus (CHP).

You credibly testified that you expect to file a 2015 federal income tax return with the tax status of married filing jointly and claim both your daughters as dependents on that return. Accordingly, your younger daughter is a member of a four-person household.

On your February 26, 2015 Marketplace application, you attested to a household income of \$50,800.00. The Marketplace relied upon that information to find your daughter conditionally eligible for Medicaid. Her eligibility was conditional because the Marketplace needed additional documentation to confirm her citizenship status and social security number. The Marketplace asked you to provide that documentation by May 27, 2015.

According to your application and testimony, your daughter was born on [REDACTED]. At less than one year of age, she would qualify for Medicaid at a household income up to 223% of the federal poverty level (FPL). Since the

2015 FPL for a four-person household is \$24,250.00, she was Medicaid eligible at a household income up to \$54,078.00.

According to your February 26, 2015 and March 16, 2015 applications, your expected 2015 household income was reported as \$50,800.00. Based on your application and credible testimony, your husband expects to earn \$34,000.00 in 2015 and receives consistent weekly paychecks. You expected to earn \$1,400.00 monthly in January, February and March 2015. However, you testified that you worked less in February 2015 because of the pregnancy and earned approximately \$686.00.

Therefore, all credible evidence of the record confirms that your daughter was conditionally eligible for Medicaid as of February 27, 2015. Once a child is determined eligible Medicaid, that coverage will continue for twelve continuous months.

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

Accordingly, the March 17, 2015 notice of eligibility determination that your daughter was eligible for Medicaid and not eligible for CHP was correct and is AFFIRMED.

## **Decision**

The March 17, 2015 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** July 3, 2015

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

Your younger daughter continues to be eligible for Medicaid coverage and 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.

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.

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).

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):**

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 March 17, 2015 eligibility determination is AFFIRMED.

Your younger daughter continues to be eligible for Medicaid coverage and 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).

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).



**A Copy of this Decision Has Been Provided To:**

[REDACTED]  
[REDACTED]  
[REDACTED]