



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

### Notice of Decision

Decision Date: July 15, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000002188

[REDACTED]  
[REDACTED] [REDACTED] [REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On May 8, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace’s June 20, 2014 and March 31, 2015 eligibility determinations.

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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## Decision

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[REDACTED]  
[REDACTED] [REDACTED] [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 youngest son was eligible for Medicaid coverage as of June 20, 2014?

Did the Marketplace properly determine that your youngest was son eligible for Medicaid coverage as of March 31, 2015?

## Procedural History

On June 19, 2014, you updated your Marketplace account.

On June 20, 2014, the Marketplace issued an eligibility determination notice stating that your youngest son was eligible for Medicaid and coverage will begin June 1, 2014.

On December 9, 2014, the Marketplace issued an enrollment notice stating that your youngest son was enrolled in HealthPlus, an Amerigroup Company through Medicaid effective December 1, 2014.

On December 25, 2014, the Marketplace issued a disenrollment notice stating that your youngest son has been terminated from HealthPlus, an Amerigroup Company and Medicaid Fee-For-Service coverage effective December 31, 2014.

On March 19, 2015, you updated your account. The Marketplace rendered a preliminary eligibility determination that your youngest son is eligible for Medicaid.

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On March 25, 2015, you spoke to the Marketplace's Account Review Unit and requested an appeal insofar as your youngest son's eligibility for Medicaid.

On March 31, 2015, the Marketplace issued an eligibility determination notice stating that your youngest son is eligible for Medicaid as of January 1, 2015.

On May 8, 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 three children (6/19/2014 Marketplace application).
2. Your youngest son was born on [REDACTED] (6/19/2014 Marketplace application).
3. You expected to file a 2014 federal income tax return with the tax status of married filing jointly and claim three dependents on that return (6/19/2014).
4. You expected a 2014 annual household income of \$45,000.00 (6/19/2014 Marketplace application).
5. You testified that your youngest son's physician does not accept Medicaid and want him to be enrolled in the Child Health Plus program.

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

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§ 435.4). As of your application, that was the 2014 FPL, which is \$27,910.00 for a five-person household (79 Fed. Reg. 3593, 3593).

#### 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 your youngest son eligible for Medicaid and not eligible for Child Health Plus (CHP).

The credible record shows that you expected to file a 2014 federal income tax return with the tax status of married filing jointly and claim your three children as dependents on that return. Accordingly, your youngest son is a member of a five-person household.

On your June 19, 2014 Marketplace application, you attested to a household income of \$45,000.00. The Marketplace relied upon that information to find your son eligible for Medicaid.

According to your application, your son was born on [REDACTED]. At less than one year of age, he would qualify for Medicaid at a household income up to 223% of the federal poverty level (FPL). Since the 2014 FPL for a five-person household is \$27,910.00, he was Medicaid eligible at a household income up to \$62,240.00.

According to your June 19, 2014 application, your expected 2014 household income was reported as \$45,000.00. Based on your credible application and testimony, your income does not exceed the Medicaid limit for a five-person household.

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

Therefore, the June 20, 2014 eligibility determination notice is AFFIRMED.

Generally, once a child is determined eligible Medicaid, that coverage will continue for twelve continuous months. Since your March 19, 2015 application falls within the twelve continuous months, the March 31, 2015 eligibility determination notice is AFFIRMED.

## **Decision**

The June 20, 2014 eligibility determination is AFFIRMED.

The March 31, 2015 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** July 15, 2015

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

This decision does not change your eligibility.

Your youngest son remains eligible for Medicaid until May 31, 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))

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

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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 June 20, 2014 eligibility determination is AFFIRMED.

The March 31, 2015 eligibility determination is AFFIRMED.

This decision does not change your eligibility.

Your youngest son remains eligible for Medicaid until May 31, 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:**

[REDACTED]  
[REDACTED] [REDACTED] [REDACTED]  
[REDACTED]  
[REDACTED]