



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

Notice of Decision

Decision Date: December 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004253

[REDACTED]

Dear Ms. [REDACTED]

On November 9, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's July 24, 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 regulations 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

Decision Date: December 10, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000004253

[REDACTED]

Issue

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

Did the Marketplace properly determine that your eldest child was eligible for Medicaid, effective July 1, 2015?

Procedural History

On July 23, 2015, the Marketplace received your application for health insurance.

On July 24, 2015, the Marketplace issued an eligibility determination notice stating that your eldest child was eligible for Medicaid, effective July 1, 2015.

On August 10, 2015, you spoke to the Marketplace's Account Review Unit and appealed that determination insofar as your eldest child was eligible for Medicaid, and not eligible for insurance through Child Health PUS.

On November 9, 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 support the following findings of fact:

- 1) You testified that you are only appealing your eldest child's eligibility determination.
- 2) You testified that you are currently married, but expect to file your 2015 federal income tax return with a tax filing status of single, and will claim your two children as dependents on that tax return.
- 3) The application that was submitted on July 23, 2015 listed an annual household income of \$22,880.00, consisting solely of your earned income from your employment. You testified that this amount was correct.
- 4) At the time of July 23, 2015 application, your eldest child was 5 years old.
- 5) Your application states that you will not be taking any deductions on your 2015 tax return.
- 6) Your application states that you live in Bronx County, New York.
- 7) You testified that you would like your child to be eligible for Child Health Plus, and not Medicaid, because he requires services that are not covered by the Medicaid program.

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

Applicable Law and Regulations

Medicaid for Children

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 154% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13ADM-03).

In the case of an individual who expects to file a tax return and does not expect to be claimed by another taxpayer, the household consists of the taxpayer and all persons whom such individual expects to claim as a tax dependent (42 CFR § 435.603(f)(1)). In the case of a married couple living together, each spouse will be included in the household of the other spouse, regardless of whether they expect to file a joint tax return (42 CFR § 435.603 (f)(4)).

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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 date of your application, that was the 2015 FPL, which was \$24,250.00 for a four-person household (80 Fed. Reg. 3236, 3237).

Child Health Plus

A child who meets the eligibility requirements for Child Health Plus (CHP) 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 federal poverty level (FPL) (New York Public Health Law (PHL) § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, 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 under review is whether the Marketplace properly determined that your child was eligible for Medicaid, effective July 1, 2015.

According to the record, you are married, but expect to file your 2015 federal income tax return as single, and claim your two children as dependents. Although you do not expect to file a joint tax return with your spouse, for Medicaid purposes, your household consists of yourself, your spouse who resides with you, and your two children whom you expect to claim as dependents. Therefore, your child is in a four-person household.

On your July 23, 2015 application, you attested to an expected household income of \$22,880.00. The application also stated that your eldest child was 5 years old at that time. The Marketplace relied upon this information.

Medicaid can be provided through the Marketplace to children between the ages of one and nineteen who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is at or below 154% of the federal poverty level (FPL) for the applicable family size. Since \$22,880.00 is 94.35% of the 2015 FPL for a four-person household, the Marketplace properly found your child to be eligible for Medicaid.

You testified that you want your eldest child enrolled in health coverage through Child Health Plus and not Medicaid. However, under New York State’s Public Health Law, a Medicaid-eligible child does not qualify to enroll in health insurance through Child Health Plus.

Accordingly, the July 24, 2015 notice of eligibility determination that your eldest child was eligible for Medicaid is correct and is **AFFIRMED**.

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Decision

The July 24, 2015 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: December 10, 2015

How this Decision Affects Your Eligibility

Your eldest child remains eligible for Medicaid.

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):

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
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- By fax: 1-855-900-5557

Summary

The July 24, 2015 eligibility determination notice is AFFIRMED.

Your eldest child remains eligible for Medicaid.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545(a).

A Copy of this Decision Has Been Provided To:

