

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

#### **Notice of Decision**

Decision Date: February 16, 2016

NY State of Health Number: AP000000004587



Dear ,

On December 28, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 9, 2015 eligibility determination and August 26, 2015 enrollment confirmation notices.

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 Code of Federal Regulation 45 CFR § 155.545(b).



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

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#### Issues

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

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

Did the Marketplace properly determine that your youngest child's enrollment in Child Health Plus was effective September 1, 2015?

## **Procedural History**

On January 9, 2015 the Marketplace issued an eligibility determination notice stating that your youngest child was eligible for Medicaid effective January 1, 2015 because your household income of \$49,111.00 was below the allowable income limit for that program.

On July 29, 2015 your household's application was updated.

On July 30, 2015 the Marketplace issued an eligibility determination notice stating that your youngest child was eligible to enroll in Child Health Plus with a \$9.00 per month premium effective September 1, 2015.

Also on July 30, 2015 the Marketplace issued a disenrollment notice stating that your youngest child's Medicaid Fee-For-Service coverage would be discontinued as of August 31, 2015.

On August 26, 2015 the Marketplace issued an enrollment confirmation notice stating that your youngest child's enrollment in his Child Health Plus plan was effective October 1, 2015.

On September 2, 2015, your Broker spoke to the Marketplace's Account Review Unit and appealed that determination insofar as your child was not enrolled in a Child Health Plus plan effective April 1, 2015.

On December 28, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. During the hearing, you requested the Hearing Officer call your Broker. Your Broker did not answer the Hearing Officer's phone call and you elected to proceed with the hearing without your Broker present. 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:

- You testified that you expect to file your 2015 taxes with a tax filing status
  of married filing jointly. You will claim your three children as dependents
  on that tax return.
- 2) The application that was submitted on January 8, 2015 listed an annual household income of\$49,111.00. You testified that this amount was correct at the time this application was filed.
- 3) The record reflects that your youngest child was born on March 17, 2014.
- 4) The record reflects that on July 29, 2015 your household's application for health insurance was updated.
- 5) The record reflects that a Child Health Plus plan was selected for your youngest child on August 25, 2015 and that plan was effective October 1, 2015.
- 6) The record reflects that on September 8, 2015 a Marketplace representative backdated your youngest child's enrollment in his Child Health Plus plan to September 1, 2015.
- 7) You testified that you are seeking your youngest child's enrollment in his Child Health Plus plan to be backdated to April 1, 2015 because you have unpaid medical bills for your youngest child that Medicaid will not cover.

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 under one year of age 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 223% of the FPL for the applicable family size. (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13ADM-03).

Generally, in the case of an individual who does not file a tax return and expects to be claimed by another taxpayer, the household consists of that of the taxpayer claiming them. (42 CFR § 435.603(f)(2). For a taxpayer, the household size equals the number of individuals for whom the taxpayer is allowed a deduction under 26 USC § 151 for the taxable year, which typically includes: (1) the taxpayer, (2) his or her spouse, and (3) any claimed dependents (26 USC § 36B(d)(1)).

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 \$28,410.00 for a five-person household (80 Fed. Reg. 3236, 3237).

#### Child Health Plus

"A State must specify a method for determining the effective date of eligibility for [Child Health Plus], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [Child Health Plus] and other insurance affordability programs as family circumstances change and avoids gaps or overlaps in coverage" (42 CFR § 457.340(f)).

In New York State, Child Health Plus benefits are furnished "By the first day of the month after the application is received if prior to the 15th of the month or the first day after the subsequent month if after the 15th of the month" (Selection made on Form CS 18, Separate Child Health Insurance Program Non-Financial Eligibility – Citizenship. Sections: 2105(c)(9) and 2107(e)(1)(J) of the SSA and 42 CFR 457.320(b)(6), (c) and (d)).

## Legal Analysis

The first issue under review is whether the Marketplace properly determined that your youngest child was eligible for Medicaid, effective January 1, 2015.

According to the record, you expect to file a joint federal income tax return for the 2015 tax year and claim your three children as dependents. Therefore, your child is in a five-person household.

On your January 8, 2015 application, you attested to an expected household income of \$49,111.00. The application also stated that your child was less than one year old. The Marketplace relied upon this information.

Medicaid can be provided through the Marketplace to children under the age of one who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is at or below 223% of the FPL for the applicable family size. Since \$49,111.00 is 172.87% of the 2015 FPL for a five-person household the Marketplace properly found your child to be eligible for Medicaid.

Accordingly, the January 9, 2015 notice of eligibility determination that your youngest child was eligible for Medicaid is correct and is AFFIRMED.

The final issue is whether the Marketplace properly determined that your youngest child's enrollment in his Child Health Plus plan was effective September 1, 2015.

The record reflects that on July 29, 2015 your household's application for health insurance was updated and on July 30, 2015 the Marketplace issued an eligibility determination notice stating that your youngest child was eligible to enroll in Child Health Plus with a \$9.00 per month premium effective September 1, 2015.

You testified that you were seeking your youngest child's enrollment in his Child Health Plus plan to be backdated to April 1, 2015 because you have unpaid medical bills for your youngest child that Medicaid will not cover.

Under New York State's Public Health Law, a Medicaid-eligible child does not qualify to enroll in health insurance through Child Health Plus. Prior to August 31, 2015 your youngest child was eligible for and enrolled in Medicaid. As discussed above, that Medicaid eligibility was proper.

The record reflects that a Child Health Plus plan was selected for your youngest child on August 25, 2015 and that plan was effective October 1, 2015.

In New York State, consistent with federal regulation, if an application for Child Health Plus insurance coverage is received after the 15<sup>th</sup> of the month, benefits are provided on "the first day of the subsequent month."

Since your son was not enrolled into a Child Health Plus plan until August 25, 2015, and prior to August 31, 2015 he was eligible for Medicaid, his Child Health

Plus plan would have taken effect on October 1, 2015. However, the Marketplace backdated your youngest child's coverage to begin September 1, 2015. Therefore, the August 26, 2015 enrollment confirmation is MODIFIED to state that your youngest child's enrollment in his Child Health Plus plan is effective September 1, 2015.

#### **Decision**

The August 26, 2015 enrollment confirmation is MODIFIED to state that your youngest child's enrollment in his Child Health Plus plan is effective September 1, 2015.

Effective Date of this Decision: February 16, 2016

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

Your youngest child's enrollment in his Child Health Plus plan is effective September 1, 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 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 August 26, 2015 enrollment confirmation is MODIFIED to state that your youngest child's enrollment in his Child Health Plus plan is effective September 1, 2015.

Your youngest child's enrollment in his Child Health Plus plan is effective September 1, 2015.

## **Legal Authority**

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

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

