



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

Notice of Decision

Decision Date: April 15, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005149

[REDACTED]

Dear [REDACTED],

On January 20, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's September 23, 2015, and January 5, 2016 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 Code of 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: April 15, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005149

[REDACTED]

Issues

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

Did the Marketplace properly determine that your [REDACTED] son was eligible for Medicaid and not Child Health Plus effective September 1, 2015?

Did the Marketplace properly determine that despite being no longer eligible for Medicaid your son would remain in his Managed Care plan until November 30, 2016?

Procedural History

On September 23, 2015, the Marketplace received your household's updated application for health insurance.

On September 24, 2015, the Marketplace issued an eligibility determination finding your [REDACTED] son conditionally eligible for Medicaid effective September 1, 2015. This eligibility was based on the condition that you provide documentation confirming his citizenship status and Social Security number before December 22, 2015.

On September 24, 2015, an enrollment confirmation notice was issued confirming your son's enrollment in a Medicaid Managed care plan with a plan start date of November 1, 2015.

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On November 11, 2015, you contacted the Marketplace's Account Review Unit and appealed the September 24, 2015 eligibility determination insofar as your child was found eligible to be enrolled in Medicaid and not Child Health Plus like your other child.

On January 6, 2016, the Marketplace issued an eligibility determination finding your son no longer eligible for Medicaid, however he will have his coverage continued until November 30, 2016. This was because certain individuals who have been determined eligible for Medicaid remain eligible for benefits for twelve continuous months from the date they are determined eligible.

On January 20, 2016, 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 are seeking insurance for your [REDACTED] son.
- 2) Your son was born on [REDACTED].
- 3) You currently reside with your spouse and two sons.
- 4) Your September 23, 2015, application states that you expect to file your 2015 taxes with a tax filing status of married filing jointly. You will claim your two sons as dependents on that return.
- 5) The application that was submitted on September 23, 2015, listed annual household income of \$42,400.00. You testified that this amount was correct.
- 6) On September 23, 2015 you enrolled your son in his Medicaid Managed care plan.
- 7) Your application states that you will not be taking any deductions on your 2015 tax return.
- 8) You testified that you would like your son to be able to enroll in the same Child Health Plus plan as your two year old son.

- 9) Your son was determined no longer eligible for Medicaid on January 6, 2016, however your son remained eligible for Medicaid under continuous coverage until November 30, 2016.

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).

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 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 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 for a four-person household (80 Fed. Reg. 3236, 3237).

A person whose Medicaid eligibility is based on the modified adjusted gross income of the person or the person’s household remains Medicaid eligible for 12 months unless the person becomes ineligible due to “citizenship status, lack of [New York] state residence, or failure to provide a valid social security number” (N.Y. Social Services Law § 366.4(c)).

Newborn Child – Effective Date of Coverage for Medicaid

Medicaid coverage must be provided to a child born to a woman who has been determined eligible and is receiving Medicaid on the date of the child’s birth (42

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CFR § 435.117(a), N.Y. Soc. Serv. Law § 366-g(3)). Additionally, Medicaid MMCs are contractually obligated to provide coverage to eligible newborns from the date of birth (Medicaid Managed Care Model Contract (Appendix H-3(a), effective 3/1/2014 – 2/28/2019).

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)).

Verification of Eligibility for Coverage

The Exchange must verify whether an applicant has already been determined eligible for coverage through Medicaid, CHIP, or the BHP, if a BHP is operating in the service area of the Exchange, within the State or States in which the Exchange operates using information obtained from the agencies administering such programs (45 CFR §155.320(b)(ii)).

Minimum Essential Coverage

Minimum essential coverage includes most government-sponsored insurance plans such as Medicaid, Medicare, CHIP, Tricare, Veterans’ Health Coverage, and eligible employer-sponsored insurance (26 USC §§ 36B(c)(2)(B) and 5000A(f); 45 CFR § 155.305(f)(1)(B)).

Legal Analysis

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

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

On your September 23, 2015, application you attested to an expected household income of \$42,400.00. You testified that this amount was correct. The application also stated that your child is under one years old. The Marketplace relied upon this information.

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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 \$42,400.00 is 174.85% 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 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 September 24, 2015 notice of eligibility determination that your [REDACTED] son was eligible for Medicaid is correct and is AFFIRMED.

On January 6, 2016, the Marketplace issued an eligibility determination finding your son no longer eligible for Medicaid, however he will have his coverage continued until November 30, 2016. This was because certain individuals who have been determined eligible for Medicaid remain eligible for benefits for twelve continuous months from the date they are determined eligible.

A person whose Medicaid eligibility is based on the modified adjusted gross income of the person or the person's household remains Medicaid eligible for 12 months unless the person becomes ineligible due to "citizenship status, lack of [New York] state residence, or failure to provide a valid social security number."

Accordingly, the January 5, 2016, notice of eligibility determination that your child remains eligible for Medicaid under continuous coverage until November 30, 2015 is proper and must be AFFIRMED.

Decision

The September 23, 2015, and January 5, 2016 eligibility determination notices are AFFIRMED.

Effective Date of this Decision: April 15, 2016

How this Decision Affects Your Eligibility

Your child remains eligible for Medicaid and enrolled in their Medicaid Managed care plan under continuous coverage effective November 1, 2015 to November 30, 2016.

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).

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 September 23, 2015, and January 5, 2016 eligibility determination notices are **AFFIRMED**.

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Your child remains eligible for Medicaid and enrolled in their Medicaid Managed care plan under continuous coverage effective November 1, 2015 to November 1, 2016.

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:

