



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

Notice of Decision

Decision Date: April 12, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005682

[REDACTED]

Dear [REDACTED]

On March 18, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 22, 2015 preliminary eligibility determination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of the 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: April 12, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005682



Issues

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

Did the Marketplace properly determine that your child does not qualify to enroll in Child Health Plus as of December 22, 2015?

Procedural History

On December 22, 2015, you applied for health insurance coverage through the Marketplace for your child. The Marketplace rendered a preliminary eligibility determination that your child was "Not Eligible for Financial Assistance."

On December 23, 2015, the Marketplace issued a notice confirming that on December 22, 2015, you requested a telephone hearing to review "[that your child] should be under Child Health Plus."

On March 18, 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. The record is now complete and closed.

Findings of Fact

A review of the record supports the following findings of fact:

1. You are applying for health insurance through the Marketplace for your seven-year-old daughter.

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).

2. You testified that you are seeking to enroll your daughter in a Child Health Plus plan through New York State of Health.
3. According to your December 22, 2015 Marketplace application, your daughter has active health insurance coverage with Medicaid and has an insurance end date of March 31, 2016.
4. You testified that your child is currently enrolled in Fidelis Care's Medicaid Managed Care plan.

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

Applicable Law and Regulations

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 only issue under appeal is whether or not your daughter is eligible to enroll in Child Health Plus through New York State of Health.

On December 22, 2015 the Marketplace issued a preliminary eligibility determination that your daughter was not eligible for financial assistance through New York State of Health. According that application, your daughter has active health insurance coverage with Medicaid and has an insurance end date of March 31, 2016. Furthermore, you credibly testified that your daughter is enrolled in Fidelis Care's Medicaid Managed Care plan.

You testified that you are seeking to have your daughter enrolled in a Child Health Plus plan. 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.

Therefore, the December 22, 2015 preliminary eligibility determination is **AFFIRMED**.

Decision

The December 22, 2015 preliminary eligibility determination is AFFIRMED.

Effective Date of this Decision: April 12, 2016

How this Decision Affects Your Eligibility

This decision does not change your daughter's eligibility.

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

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).

Summary

The December 22, 2015 preliminary eligibility determination is AFFIRMED.

This decision does not change your daughter's eligibility.

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:

