



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

Notice of Decision

Decision Date: December 22, 2014

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000906

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On October 3, 2014, you appeared by telephone at a hearing on your appeal of the NY State of Health Marketplace's August 30, 2014 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 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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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000000906

[REDACTED]
[REDACTED]
[REDACTED]

Issues

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

Did the Marketplace properly determine that you were ineligible for Medicaid?

Procedural History

The Marketplace received your initial application for health insurance on July 16, 2014.

On July 17, 2014, the Marketplace issued a notice of eligibility determination stating that you are temporarily eligible to enroll in a qualified health plan (QHP) through New York State of Health and receive tax credits up to \$174.00 monthly. The Marketplace also issued a notice stating that you selected EssentialCare Bronze Plan – A Consumer Operated and Oriented Plan (CO-OP) Option.

On August 29, 2014, you reapplied for health insurance through the Marketplace.

On August 30, 2014, the Marketplace issued a notice of eligibility determination stating that you are eligible to enroll in a QHP, eligible to receive \$293.00 monthly of advanced premium tax credit (APTC), and cost-sharing reductions (CSR). The notice also states that you are not eligible for Medicaid because your household income is over the allowable limit.

You also spoke to the Marketplace's Account Review Unit and submitted an appeal request regarding your Medicaid eligibility.

On September 17, 2014, the Marketplace issued an eligibility determination notice stating that you are not eligible to receive tax credits or cost-sharing reductions because you are now in receipt of public health insurance through your Local Department of Social Services (LDSS). You remained eligible to enroll in a QHP.

On September 19 and September 21, 2014, the Marketplace issued notices that state you remain eligible to enroll in a QHP without subsidy through the Marketplace. They also state that you qualify to select a health plan outside of the open enrollment period. Also, you are not eligible to receive tax credits because you receive public insurance through your LDSS.

On October 3, 2014, you appeared for the scheduled telephone hearing. Testimony was taken at the hearing. The record was held open until October 6, 2014 to allow you to submit additional documentation.

On October 3, 2014, you submitted your final paystub for [REDACTED]. The evidence was made part of the record, and the record was closed. The record is now complete and closed.

Findings of Fact

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

1. You initially applied for health insurance through the New York State of Health Marketplace on July, 16, 2014.
2. On July 17, 2014, the Marketplace issued you a notice of eligibility determination stating that you are temporarily eligible to enroll in a qualified health plan (QHP) through Marketplace and receive tax credits up to \$174.00 monthly. The notice also states that you are not eligible for Medicaid because your household income is over the allowable income limit. The Marketplace also issued a notice stating that you selected EssentialCare Bronze Plan – A Consumer Operated and Oriented Plan (CO-OP) Option.
3. You testified that you applied for Medicaid at the Westchester County Local Department of Social Services on August 11, 2014.
4. On September 17, 2014, the Marketplace issued you an eligibility determination notice stating that you are no longer eligible to receive tax credits or cost-sharing reductions because you receive public health insurance through your Local Department of Social Services (LDSS). You remained eligible to enroll in a QHP.

5. You testified that you have received a Medicaid Benefit Identification Card from Westchester County LDSS.
6. You testified that you have successfully used your Medicaid Benefit Identification Card on several occasions.
7. You testified that you are satisfied with the result of your Medicaid eligibility from Westchester County LDSS.

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

Applicable Law and Regulations

Medicaid is provided through the Marketplace to adults who meet all of the following criteria: (1) are age 19 or older and under age 65; (2) are not pregnant; (3) are not entitled to or enrolled for Medicare benefits; (4) are not otherwise eligible for and enrolled for mandatory coverage under Medicaid; and (5) have household income that is at or below 138% of the federal poverty level, including the 5% disregard for household income where applicable (42 CFR § 435.119(b); 42 CFR § 435.603(d)).

Legal Analysis

The only issue under appeal is whether or not you are entitled to Medicaid benefits through the New York State of Health Marketplace.

You initially applied for health insurance through the New York State of Health Marketplace on July, 16, 2014.

On July 17, 2014, the Marketplace issued you a notice of eligibility determination stating that you are temporarily eligible to enroll in a qualified health plan (QHP) through Marketplace and receive tax credits up to \$174.00 monthly. The notice also states that you are not eligible for Medicaid because your household income is over the allowable income limit. The Marketplace also issued a notice stating that you selected EssentialCare Bronze Plan – A Consumer Operated and Oriented Plan (CO-OP) Option.

You testified that you applied for Medicaid at the Westchester County Local Department of Social Services on August 11, 2014.

On September 17, 2014, the Marketplace issued you an eligibility determination notice stating that you are no longer eligible to receive tax credits or cost-sharing

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reductions because you now receive public health insurance through your Local Department of Social Services (LDSS). You remained eligible to enroll in a QHP.

You testified that you have received a Medicaid Benefit Identification Card from Westchester County LDSS and that you have successfully used your Medicaid Benefit Identification Card on several occasions.

You testified that you are satisfied with the result of your Medicaid eligibility from Westchester County LDSS.

Since you are enrolled in Medicaid through Westchester County LDSS, you are not eligible for Medicaid through the New York State of Health.

Decision

The August 30, 2014 eligibility determination is AFFIRMED.

Effective Date of this Decision: December 22, 2014

How this Decision Affects Your Eligibility

You remain eligible to enroll in a qualified health plan (QHP) through New York State of Health.

Your Medicaid benefits issued through Westchester County Local Department of Social Services remain unchanged by this Decision.

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.

If you do not agree with this Decision, you have the right to appeal outside the Marketplace and may:

- Make an appeal request to the U.S. Department of Health and Human Services appeals entity within 30 days of the date of the Decision Date, which appears on the first page of the Decision (45 CFR § 155.520(c)).

AND/OR

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- Bring a lawsuit in state court in accordance with Article 78 of the Civil Practice Law and Rules within four months after the date of the Decision Date, which appears on the first page of the Decision.

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 for assistance.

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 30, 2014 eligibility determination is AFFIRMED.

You remain eligible to enroll in a qualified health plan (QHP) through New York State of Health.

Your Medicaid benefits issued through Westchester County Local Department of Social Services remain unchanged by this Decision.

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]