



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

Notice of Decision

Decision Date: January 22, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001051

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On December 5, 2014, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's October 6, 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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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001051

[REDACTED]
[REDACTED]
[REDACTED]

Issue

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

Did the Marketplace properly determine that [REDACTED] is not eligible for Medicaid through the Marketplace effective October 31, 2014 as stated in the determination dated October 6, 2014?

Procedural History

The Marketplace received your initial application for health insurance on March 17, 2014 and your modified application on May 15, 2014.

On May 16, 2014, the Marketplace issued an eligibility determination that you were eligible for Medicaid and that your coverage would begin May 1, 2014.

On October 6, 2014, the Marketplace issued a Disenrollment Notice, which stated that your insurance through New York State of Health was terminated effective October 31, 2014 because you were not eligible to remain enrolled in your health plan.

On October 17, 2014, you spoke to the Marketplace's Account Review Unit and appealed that determination.

On December 5, 2014, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and was left open for 15 business days to allow you to submit supporting evidence.

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The Marketplace's Appeals Unit received your supporting documentation on December 8, 2014, which included a cover letter, a copy of the Medicare handbook cover page, a copy of page 31 of the Medicare handbook, a copy of your Medicare card, and two copies of your Social Security Administration notice dated September 15, 2014. Your evidence was marked collectively as Appellant's Exhibit A and incorporated into the record. Upon receipt of the requested supporting documents, the record was closed on December 8, 2014.

Findings of Fact

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

- 1) You testified that you are the only person in your tax household.
- 2) You testified that your income for the 2014 tax year is \$12,228.00, which is the amount you receive in Social Security Retirement benefits before taxes are deducted.
- 3) You testified that you turned 65 years old on October 13, 2014.
- 4) You testified that you received a notice from the Centers for Medicare & Medicaid Services stating that you are being offered Medicare Part A and Medicare Part B. You further testified that you formally declined Medicare Part B.
- 5) You testified and provided evidence that you declined Medicare Part B coverage and have had Medicare Part A coverage since October 1, 2014.
- 6) You testified that you want your original Medicaid coverage through the Marketplace, not Medicare.
- 7) According to your Marketplace application, you currently reside in Bronx County, New York.

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

Applicable Law and Regulations

There are two primary places to apply for Medicaid in New York State, the New York State of Health Marketplace and your Local Department of Social Services (LDSS) or, if you live in one of New York City's five boroughs, the New York City Human Resources Administration (HRA). Generally, adults aged 19 to 64 apply

for Medicaid through the Marketplace, and adults over the age of 65 who are not parents or caretaker relatives apply for Medicaid through their LDSS or the HRA.

An individual is eligible for enrollment in Medicaid through the Marketplace (called MAGI-based Medicaid) when he or she meets certain nonfinancial criteria and has a household income that is at or below the applicable Medicaid income standard (45 CFR § 155.305(c); N.Y. Soc. Serv. Law § 366(1)(b)).

The first step in identifying whether an applicant is eligible for MAGI-based Medicaid through the Marketplace is to determine if he or she meets certain nonfinancial criteria. In general, to qualify for MAGI-based Medicaid through the Marketplace, you must either be one of the following:

- An adult aged 19-64 who is not eligible for Medicare Part A or Part B
- A pregnant woman or infant
- A child aged 1-18
- A parent or caretaker relative

If you fall into one of these categories, the Marketplace must determine your eligibility for Medicaid using MAGI rules (45 CFR § 155.305(c); N.Y. Soc. Serv. Law § 366(1)(b)).

If you do not fall into one of these categories you may be eligible for non-MAGI-based Medicaid coverage through your LDSS or the HRA (N.Y. Soc. Serv. Law § 366(1)(c)).

Legal Analysis

The matter at issue is whether you were properly disenrolled from Medicaid as of October 31, 2014.

According to your testimony and the information in your May 15, 2014 Marketplace application, your birthday is October 13, 2014. As of October 13, 2014, you are 65 years old. According to your May 15, 2014 application, you are not a parent or a caretaker relative of a dependent child.

On May 15, 2014, when the Marketplace received your completed application, you were 64 years old and met the nonfinancial criteria to qualify for MAGI-based Medicaid.

However, upon reaching the age of 65 during October 2014, you no longer met the nonfinancial criteria to qualify for MAGI-based Medicaid through the Marketplace. Also, you became eligible for Medicare Part A and Part B coverage as of October 1, 2014. Although you decided to decline Part B, you were eligible

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for it. Therefore, you no longer qualified for MAGI-based Medicaid through the Marketplace as of October 31, 2014.

The Marketplace does not have the authority to decide if you qualify for non-MAGI-based Medicaid. Since you may be eligible for Medicaid on a non-MAGI basis, the Marketplace will refer your case to the New York City Human Resources Administration for consideration.

The New York City Human Resources Administration will determine your eligibility for Medicaid and for payment of your Medicare Part B premiums.

For more information about non-MAGI eligibility requirements for Medicaid, you can contact the New York City Human Resources Administration. A listing of offices can be found at <http://www.nyc.gov/html/hra/html/home/home.shtm>.

Decision

The October 6, 2014 eligibility determination is AFFIRMED.

Effective Date of this Decision: January 22, 2015

How this Decision Affects Your Eligibility

You do not qualify for MAGI-based Medicaid through the New York State of Health Marketplace.

The Marketplace does not have the authority to decide if you qualify for non-MAGI Medicaid. Since you may be eligible for Medicaid on a non-MAGI basis, the Marketplace will refer your case to the New York City Human Resources Administration for consideration.

The New York City Human Resources Administration will determine your eligibility for Medicaid and for payment of your Medicare Part B premiums.

For more information about non-MAGI eligibility requirements for Medicaid, you can contact the New York City Human Resources Administration. A listing of offices can be found at <http://www.nyc.gov/html/hra/html/home/home.shtm>.

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

This October 6, 2014 eligibility determination is **AFFIRMED**.

You do not qualify for MAGI-based Medicaid through the New York State of Health Marketplace.

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The Marketplace does not have the authority to decide if you qualify for non-MAGI Medicaid. Since you may be eligible for Medicaid on a non-MAGI basis, the Marketplace will refer your case to the New York City Human Resources Administration for consideration.

The New York City Human Resources Administration will determine your eligibility for Medicaid and for payment of your Medicare Part B premiums.

For more information about non-MAGI eligibility requirements for Medicaid, you can contact the New York City Human Resources Administration. A listing of offices can be found at <http://www.nyc.gov/html/hra/html/home/home.shtm>.

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]