



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

Notice of Decision

Decision Date: March 5, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001129

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]. [REDACTED],

On January 27, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 7, 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).

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NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001129

[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 December 31, 2014 as stated in the November 7, 2014 eligibility determination?

Procedural History

The Marketplace received your initial application for health insurance on November 30, 2013.

On April 20, 2014, the Marketplace issued an eligibility determination that you were eligible for Medicaid effective January 1, 2014.

On November 7, 2014, the Marketplace issued a notice regarding your health coverage through NY State of Health for 2015. It said that you no longer qualify for Medicaid but are eligible for a tax credit up to \$269.62 per month and for cost-sharing reductions.

On November 27, 2014, the Marketplace issued an eligibility determination in your case. It said that you were eligible to enroll in a qualified health plan and receive up to \$270.00 of advance premium tax credit per month, as well as cost-sharing reductions, effective January 1, 2015.

On November 28, 2014, the Marketplace received your written request to appeal the determination issued on the November 7, 2014. You also provided supporting

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documents, which included copies of your U.S. Individual Income Tax Returns for 2012 and 2013, and a copy of your Permanent Resident Card.

You were scheduled to appear at a hearing regarding your appeal of the Marketplace's determination on December 23, 2014 but the Hearing Officer was unable to complete the call because the number you provided did not accept calls from blocked or unknown callers.

The Marketplace's Appeals Unit adjourned your hearing to January 27, 2015.

On December 26, 2014, the Marketplace issued a disenrollment notice that your insurance with Independent Health Association, Inc. and your Medicaid Fee-For-Service coverage would be discontinued effective December 31, 2014.

On January 27, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Your Authorized Representative, [REDACTED] was sworn in and also appeared on your behalf. The record was developed during the hearing and was closed at the end of the hearing.

Findings of Fact

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

- 1) You are the only person in your tax household.
- 2) You testified, and the record reflects, that your expected income for the 2015 tax year will be approximately \$15,000.00.
- 3) At the hearing, you testified that you are 75 years old.
- 4) You testified that you are not eligible for Medicare because you did not earn enough work credits to qualify.
- 5) You testified that you attempted to apply through your local Department of Social Services but they requested too many documents so your application was not completed.
- 6) You testified that you were able to get Medicaid coverage through the Marketplace for 2014, at which time you were over 65 years old. You further testified that nothing in your account has changed, therefore you would like your Medicaid coverage reinstated.
- 7) According to your Marketplace account, you currently reside in Erie County, New York.

- 8) At the January 27, 2015 hearing, your Authorized Representative, [REDACTED] [REDACTED] appeared on your behalf.

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

Applicable Law and Regulations

MAGI-based Medicaid

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)).

Medicaid Continuous Coverage

Under New York's Social Services Law, a person who is found eligible for Medicaid based on her household's modified adjusted gross income (MAGI) but

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loses that eligibility “for a reason other than citizenship status, lack of state residence, or failure to provide a valid social security number” keeps their Medicaid for twelve months, “provided that federal financial participation in the costs of such assistance is available” (Soc. Serv. Law § 366(4)(c)). This provision is referred to as “continuous coverage” and the twelve-month period of continuous coverage is based on the date of Medicaid eligibility.

Legal Analysis

The only matter at issue is whether you were properly disenrolled from Medicaid effective December 31, 2014.

According to your testimony and the record, you are 75 years old. At the time of your original November 30, 2013 application, you were 74 years old. According to the record, you are not a parent or a caretaker relative of a dependent child.

On April 20, 2014, when the Marketplace issued your eligibility determination, you were 74 years old and did not meet the nonfinancial criteria to qualify for MAGI-based Medicaid based on age. However, the Marketplace improperly determined you eligible for Medicaid effective January 1, 2014.

Since you were determined eligible for Medicaid effective January 1, 2014, you keep your Medicaid coverage for twelve consecutive months. Twelve months from January 1, 2014 is December 31, 2014.

When the Marketplace reevaluated your eligibility for Medicaid prior to the end of the twelve-month Medicaid eligibility year, it correctly determined that you were not Medicaid eligible because you were over the age of 65 and did not meet the non-financial criteria to qualify for MAGI-based Medicaid through the Marketplace. Therefore, the Marketplace properly disenrolled you from your Medicaid coverage effective December 31, 2014, which is the end of your twelve-month Medicaid eligibility year.

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 your local Department of Social Services for consideration.

The local Department of Social Services will determine your eligibility for Medicaid.

For more information about non-MAGI eligibility requirements for Medicaid, you can contact your local Department of Social Services. A listing of offices can be found at http://www.health.ny.gov/health_care/medicaid/ldss.htm.

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Decision

The November 7, 2014 eligibility determination is AFFIRMED.

The subsequent December 26, 2014 disenrollment notice is AFFIRMED.

Effective Date of this Decision: March 5, 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 your local Department of Social Services for consideration.

The local Department of Social Services will determine your eligibility for Medicaid.

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.health.ny.gov/health_care/medicaid/ldss.htm.

You remain eligible to receive up to \$270.00 per month in advance premium tax credit to help pay for the cost of insurance.

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

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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:

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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The November 7, 2014 eligibility determination is AFFIRMED.

The subsequent December 26, 2014 disenrollment notice is AFFIRMED.

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 your local Department of Social Services for consideration.

The local Department of Social Services will determine your eligibility for Medicaid.

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.health.ny.gov/health_care/medicaid/ldss.htm.

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You remain eligible to receive up to \$270.00 per month in advance premium tax credit to help pay for the cost of insurance.

Legal Authority

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A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]