



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

Notice of Decision

Decision Date: April 22, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001298

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On February 12, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace’s December 20, 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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Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did the Marketplace properly determine that you are not eligible for Medicaid through the Marketplace, as stated in the December 20, 2014 notice of eligibility determination?

Did the Marketplace properly terminate your Medicaid coverage in the Marketplace effective January 31, 2015, as stated in the December 29, 2014 disenrollment notice?

Procedural History

The Marketplace received your initial application on October 6, 2014.

On December 2, 2014, the Marketplace issued a notice of eligibility determination that stated you were conditionally eligible for Medicaid effective October 1, 2014. That notice directed you to provide proof of termination of Medicare Part A or Part B by November 22, 2014 to confirm your eligibility.

On December 20, 2014, the Marketplace issued a notice of eligibility redetermination that you are not eligible for financial assistance or to enroll in a qualified health plan at full cost through the Marketplace. The notice explained that, according to information from federal and state data sources, you are already enrolled in or eligible for a public insurance program such as Medicare.

On December 29, 2014, the Marketplace issued a disenrollment notice stating your Medicaid would be discontinued as of January 31, 2015.

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On December 30, 2014, you appealed the December 20, 2014 eligibility redetermination and requested aid continuing during the appeal process.

On February 12, 2015, you were contacted by a Hearing Officer to conduct the telephone hearing. The record was developed and closed at the end of the hearing.

Findings of Fact

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

- 1) You testified that you had coverage under your estranged husband's health insurance until September 30, 2014, when you received a notice that your coverage was terminated as of that date.
- 2) You were not aware that you were Medicare eligible until you received the Marketplace's December 2, 2014 notice of eligibility determination.
- 3) You consulted the Social Security Administration and received December 11, 2014 correspondence stating, "[y]ou are entitled to hospital insurance under Medicare [Part A] beginning April 2001" (Appellant's Exhibit A).
- 4) You testified that you are working with your local Department of Social Services (LDSS) to expedite your Medicare Part B and D applications.
- 5) You testified that your case worker said you might have this additional Medicare coverage as early as March or April 2015.
- 6) You want fee-for-service Medicaid to continue at least until the Medicare Parts B and D become effective.

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

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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)).

Medicaid can be provided through the Marketplace to adults who meet the following non-financial 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 under part A or B of title XVIII of the Act; (4) Are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part; and (5) Have a household modified adjusted gross income (MAGI) that is at or below 138% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

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 LDSS for consideration.

The LDSS will determine your eligibility for Medicaid.

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

Legal Analysis

The two matters at issue are whether you are not eligible for Medicaid through the Marketplace and whether you were properly disenrolled from Medicaid effective January 31, 2014.

On December 2, 2014, the Marketplace issued an eligibility determination that stated you were “conditionally eligible” for Medicaid and directed you provide proof that your Medicare Part A or Part B coverage had been terminated.

You consulted the Social Security Administration and learned that you have been eligible for Medicare Part A coverage since April 2001.

Medicaid is available through the Marketplace to people who meet specific financial and nonfinancial criteria. One criterion is that a person may not be “entitled to or enrolled for Medicare benefits under part A or B.” Since you are eligible for Medicare Part A, you are not eligible for Medicaid through the Marketplace. Therefore, the December 20, 2014 notice of eligibility redetermination is correct and is **AFFIRMED**.

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Since you are not eligible for Medicaid through the Marketplace, the Marketplace was required to terminate your Medicaid coverage. Therefore, the Marketplace properly disenrolled you from your Medicaid coverage effective January 31, 2015.

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 non-MAGI 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.

Decision

The December 20, 2014 eligibility determination is AFFIRMED.

The December 29, 2014 notice of disenrollment from Medicaid through the Marketplace effective January 31, 2015 is AFFIRMED.

Effective Date of this Decision: April 22, 2015

How this Decision Affects Your Eligibility

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

Your Medicaid coverage through the Marketplace terminated effective January 31, 2015.

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

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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

The December 20, 2014 eligibility determination is AFFIRMED.

The December 29, 2014 notice of disenrollment from Medicaid through the Marketplace effective January 31, 2015 is AFFIRMED.

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

Your Medicaid coverage through the Marketplace terminated effective January 31, 2015.

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.545(a).

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).

A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]