



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

## Notice of Decision

Decision Date: May 14, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001378

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 5, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's December 27, 2014 eligibility redetermination.

The attached 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: AP000000001378

[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 you were not eligible for Medicaid through the Marketplace as of December 26, 2014?

## Procedural History

The Marketplace received your application for health insurance on December 26, 2014.

On December 27, 2014, the Marketplace issued a notice of eligibility redetermination based on your December 26, 2014 application. It found, among other things, that you were not eligible for Medicaid because you were "[o]ver MAGI age limit." It also stated that you are not eligible to receive an advance premium tax credit (APTC) because you were under income for the tax credit, and you were not eligible for cost-sharing reductions (CSR) because you were not eligible for APTC. However, you were determined eligible to enroll in a qualified health plan (QHP) at full cost through the Marketplace.

On January 7, 2015, you spoke with the Marketplace's Account Review Unit and appealed that determination insofar as it found you not eligible for Medicaid.

On February 5, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and was closed at the end of the hearing.

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## **Findings of Fact**

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

- 1) You testified, and your application indicates, that you are applying for health insurance through the Marketplace for yourself only.
- 2) You testified that you wanted to have your Medicaid eligibility continued during the 2015 plan year, because you had previously been determined eligible for Medicaid coverage through the Marketplace for the 2014 plan year.
- 3) You testified, and your application indicates, that you are 72 years old and not a parent or caretaker relative of a dependent child.
- 4) You testified, and your application indicates, that you do not plan on filing a 2015 federal income tax return.
- 5) Your expected household income for 2015 is \$0.00.
- 6) According to your application, you live in Queens 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 Marketplace (New York State of Health) and your Local Department of Social Services. If you live in one of New York City's five boroughs, you may apply with the New York City Human Resources Administration.

Generally, adults aged 19 to 64 apply for Medicaid through the Marketplace, and adults over the age of 65 who are not pregnant and not a parent or caretaker relative of a dependent apply for Medicaid through the Local Department of Social Services or the New York City Human Resources Administration.

An individual is eligible for enrollment in Medicaid through the Marketplace (called MAGI-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-Medicaid through the Marketplace is determining if he or she meets certain nonfinancial

criteria. In general, to qualify Medicaid through the Marketplace you must be fall into one of the modified adjusted gross income (MAGI) eligibility groups:

- An adult aged 19-64, not eligible for Medicare;
- A pregnant woman or infant;
- A child aged 1-18; or
- A parent or caretaker relative.

If you fall into one of these eligibility groups, then the Marketplace determines your eligibility for Medicaid using your modified adjusted gross income (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 the Local Department of Social Services or the New York City Human Resources Administration (N.Y. Soc. Serv. Law § 366(1)(c)).

## **Legal Analysis**

According to the information on your Marketplace application and your testimony, you are over age 65 years old, and you are neither pregnant, nor a parent or caretaker relative of a dependent child. Therefore, you do not meet the nonfinancial requirements in the law to be eligible for Medicaid through the Marketplace.

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.

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 [www.nyc.gov/html/hra/html/home/home.shtm](http://www.nyc.gov/html/hra/html/home/home.shtm).

## **Decision**

This December 27, 2014 eligibility determination is **AFFIRMED**.

**Effective Date of this Decision:** May 14, 2015

## **How this Decision Affects Your Eligibility**

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

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.

## **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
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Albany, NY 12211
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## **Summary**

This December 27, 2014 eligibility determination is AFFIRMED.

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

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.

## **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]