



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

## Notice of Decision

Decision Date: June 12, 2015

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001480

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear [REDACTED],

On February 9, 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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## Decision

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NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000001480

[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 are not eligible for Medicaid through the Marketplace as of December 20, 2014?

## Procedural History

The Marketplace received your application for health insurance on December 19, 2014.

On December 20, 2014, the Marketplace issued a notice of eligibility determination, which stated that you are not eligible to receive help to pay or to enroll in a qualified health plan at full cost through New York State of Health because the information from federal and state data sources indicate that you are already enrolled in Medicare.

On January 13, 2015, the Marketplace received your written request to appeal that determination insofar as it denied you Medicaid coverage through New York State of Health.

On February 9, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At the hearing, you designated your daughter, [REDACTED], to act as your Authorized Representative during your appeal. [REDACTED] was sworn in and 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) Though you live with your son, you expect to file your 2015 federal income tax return as single and claim no dependents.
- 2) You testified, and the record reflects, that your expected income for the 2015 tax year will be approximately \$18,852.00, which is the annual amount you receive in Social Security benefits.
- 3) When you submitted your December 19, 2014 application for health insurance, you were 83 years old.
- 4) You testified that you are currently enrolled in Medicare Part A. You further testified that you have been receiving Medicare benefits since you turned 65 years old. You testified that you did not enroll in Medicare Part B because it was unaffordable at the time you began receiving Medicare benefits.
- 5) You testified that you have not attempted to apply for Medicaid through your local Department of Social Services because you were not aware that the Marketplace was a separate entity.
- 6) According to your Marketplace account, you currently reside in Suffolk County, New York.
- 8) At the February 9, 2015 hearing, your Authorized Representative, [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 Modified Adjusted Gross Income (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 only matter at issue is whether you were properly determined ineligible for Medicaid coverage through the Marketplace.

According to your testimony and the December 19, 2014 Marketplace application, you are 83 years old and are currently receiving Medicare Part A. You are also not a parent or caretaker relative of a dependent child.

You are currently receiving Medicare Part A and over the age of 65, therefore the Marketplace correctly determined that you do not meet the nonfinancial criteria to qualify for Modified Adjusted Gross Income (MAGI)-based Medicaid. Therefore, the December 20, 2014 eligibility determination is AFFIRMED.

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.

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).

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](http://www.health.ny.gov/health_care/medicaid/ldss.htm).

## **Decision**

The December 20, 2014 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** June 12, 2015

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

You do not qualify for (Modified Adjusted Gross Income) 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-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](http://www.health.ny.gov/health_care/medicaid/ldss.htm).

## **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:

- 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.

You do not qualify for (Modified Adjusted Gross Income) 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-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](http://www.health.ny.gov/health_care/medicaid/ldss.htm).

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## **Legal Authority**

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**A Copy of this Decision Has Been Provided To:**

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]