



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

Notice of Decision

Decision Date: June 26, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001815

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED],

On March 19, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 17, 2015 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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[REDACTED]
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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 effective April 1, 2015 as stated in the February 17, 2015 eligibility determination?

Procedural History

The Marketplace received your initial completed application for health insurance on April 17, 2014.

On April 30, 2014, the Marketplace issued an eligibility determination that you were eligible for Medicaid effective April 1, 2014 to March 31, 2015.

On July 5, 2014, the Marketplace issued a letter confirming your enrollment in Medicaid Fee for Service as of April 1, 2014 and enrollment with SCHC Total Care, Inc., a Medicaid Managed Care (MMC) plan effective June 1, 2014.

On February 12, 2015, 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 \$208.36 per month. The notice informed you that you qualify for a tax credit because you are not eligible for Medicaid and because federal and state data sources show your income is between \$16,105.00 and \$46,680.00,

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which is the income range for tax credits based on your household size. It also informed you that you cannot receive reductions in out-of-pocket costs like deductibles and co-pays because your income is above the allowable income limit.

On February 17, 2015, the Marketplace issued a notice of eligibility redetermination in your case. It said that you were conditionally eligible to enroll in a qualified health plan and receive up to \$413.00 of advance premium tax credit per month, and were newly conditionally eligible for cost sharing reductions, effective April 1, 2015. That notice also informed you that you were not eligible for Medicaid because the income you provided of \$16,272.00 was over the allowable income limit of \$16,105.00.

Also on that same day, the Marketplace issued a disenrollment notice that said your coverage with SCHC Total Care, Inc. will end effective March 31, 2015.

On February 18, 2015, you spoke with the Marketplace's Account Review Unit and appealed the eligibility redetermination and disenrollment notice insofar as you were eligible for an advance premium tax credit and eligible for cost-sharing reductions and no longer Medicaid eligible.

A copy of your Social Security Administration benefits letter, dated February 14, 2015, was uploaded to your Marketplace account. It states that beginning in December 2014 you were going to receive disability benefits of \$1,356 gross per month.

On March 19, 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.

Findings of Fact

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

- 1) You are the only person in your household.
- 2) You testified, and the record reflects, that your expected income for the 2015 tax year will be \$16,272.00.
- 3) At the hearing, you testified that you are 51 years old.
- 4) You testified that you were able to get Medicaid coverage through the Marketplace for 2014 because your only income was your Social Security disability benefits that you began receiving in April 2014. Your 2014 annual income was \$9,219.00.

- 5) You testified that you received a cost of living adjustment in your Social Security benefits in December 2014 and began receiving \$1,356.00 per month.
- 6) You testified that your Local Department of Social Services informed you that you have Medicaid coverage according to their system until May 31, 2015.
- 7) According to your Marketplace account, you currently reside in Tompkins County, New York.

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

Applicable Law and Regulations

MAGI-based Medicaid and Non-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.

Medicaid can be provided through the Marketplace to adults who: (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 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)).

In an analysis of Medicaid eligibility, the determination is based on the FPL "for the applicable budget period used to determine an individual's eligibility" (42 CFR § 435.4). On the date of your application, that was the 2015 FPL, which is \$11,770.00 for a one-person household (80 Fed. Reg. 3236, 3237).

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 loses that eligibility "for a reason other than citizenship status, lack of state residence, or

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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 issue is whether you were properly disenrolled from Medicaid through the Marketplace effective March 31, 2015.

According to your testimony and the record, you are 51 years old. According to the record, you are not a parent or a caretaker relative of a dependent child. According to the record and your testimony, your 2014 expected annual income was \$9,219.00.

On April 20, 2014, when the Marketplace issued your eligibility determination, you were 51 years old and met the nonfinancial criteria to qualify for MAGI-based Medicaid based on age and MAGI-based income. Therefore, the Marketplace properly determined you eligible for Medicaid and made it effective as of April 1, 2014.

Since you were determined eligible for Medicaid, effective April 1, 2014, you kept your Medicaid coverage for twelve consecutive months, even though you became over-income as of December 2014 when your monthly disability benefits were increased to \$1,356.00. Twelve months from April 1, 2014 is March 31, 2015.

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-income and did not meet the financial criteria to qualify for MAGI-based Medicaid through the Marketplace.

More specifically, on the date the Marketplace reevaluated your eligibility for Medicaid, the federal poverty level (FPL) was \$11,770.00 for a one-person household. Since your expected annual income of \$16,272.00 is 138.25% of the 2015 FPL, the Marketplace properly found you to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

Therefore, the Marketplace properly disenrolled you from your Medicaid coverage effective March 31, 2015, 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. You may be eligible for Medicaid on a non-MAGI basis through your Local Department of Social Services for consideration.

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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 (LDSS) for consideration. The LDSS will determine your eligibility for Medicaid or other Medicare programs.

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

Decision

The February 17, 2015 notice of eligibility determination is AFFIRMED.

The February 17, 2015 disenrollment notice is AFFIRMED.

Effective Date of this Decision: June 26, 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 based Medicaid. You may be eligible for Medicaid on a non-MAGI basis through your Local Department of Social Services for consideration.

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This decision has no effect on any subsequent eligibility determinations issued by the Marketplace.

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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

The February 17, 2015 notice of eligibility determination is **AFFIRMED**.

The February 17, 2015 disenrollment notice is **AFFIRMED**.

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This decision has no effect on any subsequent eligibility determinations issued by the Marketplace

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]