



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

Notice of Decision

Decision Date: October 19, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000001841

[REDACTED]

Dear [REDACTED],

On October 8, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 10, 2015 eligibility determination and February 11, 2015 disenrollment notice.

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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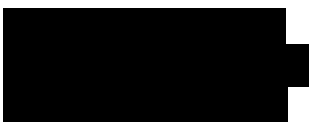


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Issues

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

Did the Marketplace properly determine that you were not eligible to receive financial assistance through the Marketplace, effective March 1, 2015?

Did the Marketplace properly disenroll you from Medicaid fee-for-service, effective February 28, 2015?

Procedural History

On March 22, 2014, the Marketplace issued an eligibility determination notice stating that you were eligible for Medicaid beginning March 1, 2014.

On January 7, 2015, the Marketplace issued a notice stating it was time to renew your health insurance coverage. The notice stated that based on information from federal and state sources, the Marketplace could not make a decision about whether or not you qualified for continuing financial help in paying for your health coverage. You were directed to update the information in your NY State of Health account by February 15, 2015, or the financial help you were receiving might end.

On February 9, 2015, the Marketplace received an application in which you attested to being 72 years old and having an expected yearly income of \$0.00.

On February 10, 2015, the Marketplace issued an eligibility redetermination notice stating that you were newly eligible to purchase a qualified health plan

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(QHP) at full cost through the New York State of Health. However, you were also found not eligible for Medicaid because you were “over the MAGI age limit,” not eligible to receive an advance premium tax credit (APTC) because you were “under income,” and not eligible for cost-sharing reductions (CSR) because you were “ineligible to receive an [APTC].” This eligibility determination was effective March 1, 2015.

On February 11, 2015, the Marketplace issued a disenrollment notice. The notice stated that your Medicaid fee-for-service coverage would be discontinued as of February 28, 2015.

On February 20, 2015, you contacted the Marketplace’s Account Review Unit and requested an appeal of February 10, 2015 eligibility determination and February 11, 2015 disenrollment notice insofar as you were found not eligible for Medicaid as of March 1, 2015, and were not provided sufficient notice to be properly disenrolled from that program.

On October 9, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace’s Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

- 1) You testified, and your application reflects, that you are 72 years old.
- 2) You testified that you expected to file your 2015 taxes with a tax filing status of single, and would not be claiming any dependents on that tax return.
- 3) You were eligible for Medicaid fee-for-service beginning March 1, 2014.
- 4) The application that was submitted on February 9, 2015 listed an expected yearly income of \$0.00, and stated that you were solely dependent on your savings to meet your financial needs. You testified that this amount was correct.
- 5) You testified that you are not eligible for Social Security disability benefits or subsidized Medicare coverage because you had not accumulated enough work credits.
- 6) You testified that you had requested to receive all Marketplace notifications via U.S. regular mail, and had received all notifications from the Marketplace in that manner.

- 7) You testified that while you updated your application prior to February 15, 2015, as requested by the Marketplace, the timing of your subsequent determination and disenrollment from Medicaid was too short to permit your enrollment in another plan and caused a gap in your health insurance coverage.
- 8) You testified that while you received the February 11, 2015 disenrollment notice, it was not delivered to you until February 14, 2015. You further testified that since you were disenrolled from Medicaid fee-for-service effective February 28, 2015, which only gave you two weeks to make other arrangements for your health insurance.
- 9) You testified that you were seeking a reinstatement of your Medicaid coverage, and did not understand why you would be ineligible for this program in 2015 if you were found eligible for it during 2014.

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

Applicable Law and Regulations

Advance Premium Tax Credit

The advance premium tax credit (APTC) is available to a person who is eligible to enroll in a qualified health plan (QHP) and (1) expects to have a household income between 138% and 400% of the applicable poverty level (FPL) (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a QHP, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

In an analysis of APTC eligibility, the determination is based on the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested (45 CFR §§ 155.300(a), 155.305(f)(1)(i)). On the date of your application, that was the 2014 FPL, which is \$11,670.00 for a one-person household (79 Fed. Reg. 3593).

Cost-Sharing Reductions

Cost-sharing reductions (CSR) are available to a person who (1) is eligible to enroll in a QHP through the Marketplace, (2) meets the requirements to receive APTC, (3) is expected to have an annual household income that does not exceed 250% of the FPL for the first day of the open enrollment period of the benefit year

for which coverage is requested, and (4) is enrolled in a silver-level QHP (45 CFR § 155.300(a), 45 CFR § 155.305(g)(1)).

Medicaid

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 Local Department of Social Services or the Human Resources Administration (N.Y. Soc. Serv. Law § 366(1)(c)).

Timely Notice of Medicaid Eligibility

When an individual applies for insurance through the Marketplace, the Marketplace must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, the Marketplace must base the time period from the date of application to the date the Marketplace notifies the applicant of its decision (45 CFR § 155.310(e)(2)).

The Marketplace must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

Legal Analysis

The first issue is whether the Marketplace properly determined that you are not eligible to receive financial assistance to help pay for the cost of health insurance coverage through the Marketplace, effective March 1, 2015.

The application that was submitted on February 9, 2015 listed an annual household income of \$0.00 and the eligibility determination relied upon that information.

You are in a one-person household. You expect to file your 2015 income taxes as single and will not be claiming any dependents on that tax return.

To be eligible for an advance premium tax credit (APTC), a person must be between 138% and 400% of the federal poverty level (FPL). Since an annual income of \$0.00 is 0.00% of the 2014 FPL for a one-person household, the Marketplace correctly found you to be not eligible for APTC.

Cost-sharing reductions (CSR) are available to a person who is eligible to receive APTC and has an annual household income that does not exceed 250% of the FPL. Since you are not eligible for APTC, you are also not eligible for CSR.

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 non-financial requirements in the law to be eligible for Medicaid through the Marketplace.

Since the February 10, 2015 eligibility determination properly stated that, based on the information you provided, you were ineligible for APTC, ineligible for CSR, and ineligible for Medicaid through the Marketplace, it is correct and 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 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.

The second issue is whether the Marketplace properly disenrolled you from Medicaid Fee-For-Service, effective February 28, 2015.

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).

You contend that you ought not to be disenrolled from Medicaid since you were not provided sufficient notice of your eligibility and corresponding disenrollment from that program.

The Marketplace must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. The applicant must be notified if the application does not contain sufficient information to permit the Marketplace to conduct an eligibility determination. To assess whether an eligibility determination was untimely, the Marketplace must base the time period from the date of the completed application to the date the Marketplace notifies the applicant of its decision.

The record reflects that the Marketplace received your complete application for health insurance on February 9, 2015. The Marketplace issued an eligibility determination notice on February 10, 2015 that stated you were not eligible for Medicaid effective March 1, 2015. The corresponding disenrollment notice confirming that your Medicaid fee-for-service coverage would end effective February 28, 2015 was issued on February 11, 2015. Since the Marketplace issued an eligibility determination one day from the date your application was considered complete, the February 10, 2015 eligibility determination and the corresponding February 11, 2015 disenrollment notice were timely issued.

Decision

The February 10, 2015 eligibility determination is AFFIRMED.

The February 10, 2015 eligibility determination and the corresponding February 11, 2015 disenrollment notice were timely issued.

Effective Date of this Decision: October 19, 2015

How this Decision Affects Your Eligibility

You do not qualify for advance premium tax credits, cost-sharing reductions, or MAGI Medicaid through the 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 the New York City Human Resources Administration for consideration.

If You Disagree with this Decision (Appeal Rights)

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).

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 10, 2015 eligibility determination is AFFIRMED.

The February 10, 2015 eligibility determination and the corresponding February 11, 2015 disenrollment notice were timely issued.

You do not qualify for advance premium tax credits, cost-sharing reductions, or MAGI Medicaid through the Marketplace.

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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 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:

