



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

Notice of Decision

Decision Date: July 16, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002186

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

On June 23, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's March 12, 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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Appeal Identification Number: AP000000002186

[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 March 12, 2015?

Procedural History

On April 30, 2014, the Marketplace issued a notice of eligibility redetermination based on updated information you had provided. The notice stated that you are eligible for Medicaid as of April 1, 2014.

On February 11, 2015, the Marketplace issued a renewal notice that stated, based on the information from federal and state data sources, a decision could not be made about whether or not you qualify for financial assistance. You were instructed to update information on your Marketplace account by March 15, 2015 and, if you miss this deadline, the financial assistance you are getting now might end.

Your Marketplace account was updated on March 11, 2015, and on March 12, 2015, the Marketplace issued a notice of eligibility determination. The notice stated that you are not eligible to receive financial assistance or to enroll in a qualified health plan at full cost because information from federal and state data sources shows you are already enrolled in or eligible for a public insurance program such as Medicare.

That same day, the Marketplace issued a disenrollment notice that your Medicaid coverage will end effective March 31, 2015.

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On March 25, 2015, you spoke to the Marketplace's Account Review Unit and appealed being disenrolled from Medicaid. You also requested that your coverage under Medicaid be continued during the appeal process. The Marketplace granted your request for aid to continue from April 1, 2015 to July 31, 2015.

After two scheduled hearings were adjourned, on June 23, 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

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

- 1) You testified that you are single, have no dependents, and are certified disabled.
- 2) According to your Marketplace application, your birthdate is [REDACTED]. You were 55 years old at the time of the March 12, 2015 eligibility determination and will turn 56 on [REDACTED].
- 3) According to your Marketplace application, you attested to an income of \$11,496.00, which you testified at the hearing is not correct.
- 4) You uploaded to your Marketplace account a copy of the second page of your Social Security Disability Insurance letter regarding increased benefits in 2014. It states your monthly amount before deductions is \$1,407.00 beginning January 2014, which is \$16,884.00 annually (Appellant's Exhibit A, p. 3). You testified that this is your only source of income.
- 5) According to your testimony and your Marketplace account, you have health insurance under Medicare as of August 1, 2014, which is currently active.
- 6) You testified that you are not required to file taxes because you are disabled and only receive Title II Disability benefits.
- 7) You testified that you want supplemental health insurance under Medicaid to continue so you can get the medical, dental, and mental health care you need that is not covered under Medicare.
- 8) You testified that you have not applied for Medicaid through your local Human Resources Administration office.
- 9) You reside in Kings 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 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.

MAGI-based 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)).

In the first analysis, 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 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 the second analysis of Medicaid eligibility, the determination is based on the federal poverty level (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 (79 Fed. Reg. 3593, 3593).

Non-MAGI Based Medicaid

If you do not meet any of the non-financial criteria, such as being enrolled in Medicare benefits under part A or B, 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 through NY State of Health.

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According to your testimony and the record at the time of the March 12, 2015 eligibility determination, you were 55 years old and currently receiving Medicare and supplemental Medicaid.

To continue to be eligible for Medicaid, you would first need to meet the non-financial criteria at the time to recertify, including not being entitled to or enrolled in Medicare part A or B. In your case, the Marketplace confirmed your Medicare benefits were active as of March 11, 2015, and you credibly testified at the hearing that those benefits remain active. As such, you do not meet the non-financial criteria to be eligible for Medicaid through the NY State of Health and no further analysis is required. Therefore, the Marketplace's determination that you were not eligible for MAGI-based Medicaid through NY State of Health was 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 your local HRA office for consideration.

The local New York City HRA in your county will determine your eligibility for Medicaid or other Medicare programs.

For more information about non-MAGI eligibility requirements for Medicaid and/or other Medicare programs, you can contact your local HRA office. A listing of offices can be found at:

www.nyc.gov/html/hra/.../medicaid_offices_brooklyn.shtml

Decision

The March 12, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: July 16, 2015

How this Decision Affects Your Eligibility

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

You have been granted aid to continue under Medicaid through the Marketplace during the appeal process from April 1, 2015 to July 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

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Marketplace will refer your case to your local HRA office for consideration, if it has not already done so.

The local New York City HRA in your county will determine your eligibility for Medicaid or other Medicare programs.

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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Summary

The February 14 and 20, 2015 eligibility redeterminations are AFFIRMED.

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

You have been granted aid to continue under Medicaid through the Marketplace during the appeal process from April 1, 2015 to July 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 HRA office for consideration, if it has not already done so.

The local New York City HRA in your county will determine your eligibility for Medicaid or other Medicare programs.

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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]