



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

Notice of Decision

Decision Date: August 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002313

[REDACTED]

Dear [REDACTED],

On May 11, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 7, 2015 notice of 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

Decision Date: August 27, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002313

[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, effective May 1, 2015?

Procedural History

The Marketplace received your initial application for health insurance on December 4, 2013.

On February 8, 2014, the Marketplace issued a notice of eligibility determination stating that you were eligible for Medicaid, effective January 1, 2014.

On December 4, 2014, the Marketplace issued a notice advising you to renew your health insurance coverage for 2015. The notice stated that even with information gathered from state and federal data sources, a decision could not be made about whether or not you qualified for continued financial help paying for your health coverage in 2015. You were requested to update the information in your NY State of Health account by December 15, 2014, or the financial assistance you were receiving might end.

Your account was not updated by December 20, 2015.

On December 22, 2014, the Marketplace issued a notice of eligibility determination stating that you were no longer eligible to enroll in health insurance through the Marketplace or to receive financial assistance, because you had not

responded to the renewal notice. Your Medicaid coverage ended December 31, 2014.

On April 6, 2015, the information in your Marketplace account was updated.

On April 7, 2015, the Marketplace issued a notice of eligibility determination that stated you were eligible to receive an advance premium tax credit (APTC) of up to \$298.00 per month and cost-sharing reductions, effective May 1, 2015. The notice further stated that you were not eligible for Medicaid because the household income you provided of \$19,057.80 was over the allowable income limit for that program.

Also on April 7, 2015, you spoke with the Marketplace's Account Review Unit and appealed that determination insofar as it did not determine you Medicaid eligible.

On May 11, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. At that hearing, interpretation services were provided by Spanish interpreter # [REDACTED]. 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) The record reflects that you are the only person in your tax household.
- 2) According to the April 6, 2015, application for health insurance, you attested to an expected household income of \$19,057.80 for the 2015 tax year.
- 3) The record reflects that you turned 65 years old on [REDACTED].
- 4) You testified that you currently have Medicare Parts A, B, and D.
- 5) The record reflects that you currently reside in New York County, New York.

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

Applicable Law and Regulations

Medicaid

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 (MAGI) that is at or below 138% of the 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).

There are two primary places to apply for Medicaid in New York State, the NY 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 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)).

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Legal Analysis

The matter at issue is whether the Marketplace properly determined that you were not eligible for Medicaid.

The application that was submitted on April 6, 2015 listed an annual household income of \$19,057.80 and listed you as the only person in your tax household. The eligibility determination relied upon that information.

Medicaid can be provided through the Marketplace to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$11,770.00 for a one-person household. Since \$19,957.80 is 166.28% of the 2015 FPL, the Marketplace properly found you to be ineligible for Medicaid on an expected annual income basis, as stated in the April 7, 2015 eligibility determination.

Furthermore, even if your income were to fall below the 138% threshold, in order to qualify for MAGI-based Medicaid through the Marketplace an applicant cannot be over 64 years old or eligible for Medicare Parts A or B.

According to the information in the record, your birthday is [REDACTED]; therefore, you turned 65 years old on [REDACTED]. You also testified that you have been receiving Medicare Parts A, B, and D.

Since you were 65 years old at the time the Marketplace received your April 6, 2015 application, and you have been receiving Medicare Parts A, B, and D, you did not meet the nonfinancial criteria to qualify for MAGI-based Medicaid through the Marketplace.

Therefore, the Marketplace properly determined that you were not eligible for Medicaid. The April 7, 2015 eligibility determination notice 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.

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 <http://www.nyc.gov/html/hra/html/home/home.shtm>.

Decision

The April 7, 2015 notice of eligibility determination is AFFIRMED.

Effective Date of this Decision: August 27, 2015

How this Decision Affects Your Eligibility

You do not qualify for MAGI-based Medicaid through the Marketplace, however, your case has been referred to your local Department of Social Services 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
- By mail at:
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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The April 7, 2015 notice of eligibility determination is AFFIRMED.

You do not qualify for MAGI-based Medicaid through the Marketplace, however, your case has been referred to your local Department of Social Services 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:

