



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

Notice of Decision

Decision Date August 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002349

[REDACTED]

Dear [REDACTED],

On May 19, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 4, 2015 eligibility redetermination.

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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DEPARTMENT OF HEALTH
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Decision Date: August 25, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002349

[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 effective April 30, 2015 as stated in the determination dated April 4, 2015?

Procedural History

The Marketplace received your initial application for health insurance on May 12, 2014.

On May 13, 2014, the Marketplace issued an eligibility determination that you were eligible for Medicaid and that your insurance coverage through Medicaid will begin May 1, 2014 with retroactive Medicaid coverage to February 1, 2014 and enrollment with Healthfirst will begin June 1, 2014.

On March 7, 2015, the Marketplace issued a renewal notice that, based on federal and state data sources, it could not make a decision about whether or not you qualify for financial help paying for your health coverage. The notice informed you to update information on your Marketplace account by April 15, 2015.

On April 4, 2015, the Marketplace issued a notice of eligibility redetermination that you are not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions and cannot enroll in a qualified health plan through the Marketplace because you are already enrolled in or eligible for a public insurance program such as Medicaid. It also stated that your current eligibility will end April 30, 2015.

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That same day the Marketplace issued a disenrollment notice that your Medicaid coverage will be discontinued as of April 30, 2015.

On April 9, 2015, you spoke with the Marketplace's Account review Unit and appealed becoming ineligible for and disenrolled from Medicaid as of April 30, 2015.

On May 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 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 the only person in your tax household.
- 2) You testified that your income for the 2015 tax year is \$12,600.00, which is the amount you receive in Social Security Retirement benefits before taxes are deducted.
- 3) You testified that you turned 65 years old on [REDACTED].
- 4) You testified that you became Medicare eligible as of February 1, 2015, enrolled in Medicare Parts A and B, and have a Medicare card with an effective date of February 1, 2015.
- 5) You testified that you want your original Medicaid coverage through the Marketplace because you cannot afford your monthly Medicare premium.
- 6) You testified that you submitted a completed application for Medicaid to your local Department of Social Services on May 7, 2015 and will not know whether or not you are eligible for 30 days.
- 7) According to your Marketplace application, you currently reside in Nassau 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.

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)).

Most applicants determined eligible for Medicaid are guaranteed 12 months of Medicaid coverage offered through Medicaid Managed Care, even if the adult loses Medicaid eligibility because of any changes or updates they make to their Marketplace account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a twelve-month period. This twelve-month period is referred to as "continuous coverage," and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (see 42 CFR § 435.916; N.Y. Soc. Serv. Law § 366(4)(c)).

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Legal Analysis

The matter at issue is whether you were properly disenrolled from Medicaid as of April 30, 2015.

According to your testimony and the information in your May 12, 2014 Marketplace application, your birthday is [REDACTED]. As of [REDACTED], you were 65 years old. According to your May 12, 2014 application, you are not a parent or a caretaker relative of a dependent child.

On May 12, 2014, when the Marketplace received your completed application, you were 64 years old and met the nonfinancial criteria to qualify for MAGI-based Medicaid.

However, upon reaching the age of 65 during February 2015, you no longer met the nonfinancial criteria to qualify for MAGI-based Medicaid through the Marketplace. Also, you became eligible for Medicare Part A and Part B coverage as of February 1, 2014. Although you accepted Medicare Parts A and Part B effective February 1, 2015, you remained in continuous coverage under Medicaid until 12 months from May 1, 2014 was up, which was April 30, 2015. Therefore, you no longer qualified for MAGI-based Medicaid through the Marketplace as of April 30, 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 Department of Social Services for consideration, even though you have already applied and may have already received a determination from them.

Your local Department of Social Services will determine your eligibility for Medicaid and/or for payment of your Medicare Part B premiums.

For more information about non-MAGI eligibility requirements for Medicaid, you can contact the Nassau County Department of Social Services for general information at 516-227-8519 or online at nassaucountyny.gov/agencies/dss.

Decision

The April 4, 2015 eligibility redetermination is AFFIRMED.

Effective Date of this Decision: August 25, 2015

How this Decision Affects Your Eligibility

You no longer qualify for MAGI-based Medicaid through the NY State of Health 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 your local department of Social Services for consideration. Your local Department of Social Services will determine your eligibility for Medicaid and/or for payment of your Medicare Part B premiums.

For more information about non-MAGI eligibility requirements for Medicaid, you can contact the Nassau County Department of Social Services for general information at 516-227-8519 or online at nassaucountyny.gov/agencies/dss.

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 April 4, 2015 eligibility redetermination is **AFFIRMED**.

You no longer qualify for MAGI-based Medicaid through the NY State of Health 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 your local department of Social Services for consideration. Your local Department of Social Services will determine your eligibility for Medicaid and/or for payment of your Medicare Part B premiums.

For more information about non-MAGI eligibility requirements for Medicaid, you can contact the Nassau County Department of Social Services for general information at 516-227-8519 or online at nassaucountyny.gov/agencies/dss.

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:

