



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

Notice of Decision

Decision Date: September 3, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002499

[REDACTED]

Dear [REDACTED],

On June 16, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's April 16, 2015 and April 21, 2015 eligibility determinations.

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).

This page intentionally left blank.



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

Decision

Decision Date: September 3, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002499

[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 April 30, 2015?

Procedural History

On November 5, 2014, the Marketplace issued a notice that stated it was time to renew your NY State of Health coverage. The notice further stated that based on information about you from state and federal data sources obtained as of November 4, 2014, you were still qualified to get health care coverage under Medicaid. Finally, the notice stated that you were re-enrolled in your current health plan, effective January 1, 2015.

On December 10, 2014, the Marketplace issued a notice confirming your enrollment in a Medicaid managed care (MMC) plan as of November 18, 2015. The notice further stated that your insurance coverage through Medicaid would begin January 1, 2015, and your coverage under your MMC would begin March 1, 2014.

On February 15, 2015 and February 26, 2015, the Marketplace issued notices confirming that your coverage through Medicaid would begin on January 1, 2015, but that you had not selected a health plan yet. You were instructed to choose an MMC, or one would be chosen for you.

On April 15, 2015, the Marketplace received a revised application.

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).

On April 16, 2015, the Marketplace issued an eligibility redetermination notice based on the April 15, 2015 application, stating that you were not eligible to receive help to pay for health coverage or to enroll in a qualified health plan at full cost through NY State of Health. The notice further stated that this determination was issued because “[b]ased on information from federal and state data sources, [the Marketplace has] determined that you are already enrolled in or eligible for a public insurance program such as Medicare.”

On April 17, 2015, the Marketplace issued a disenrollment notice confirming that your Medicaid fee-for-service coverage would be discontinued effective April 30, 2015.

On April 20, 2015, the Marketplace received a further revised application.

On April 21, 2015 the Marketplace issued an eligibility redetermination notice based on the April 20, 2015 application, stating that you were not eligible to receive help to pay for health coverage or to enroll in a qualified health plan at full cost through NY State of Health. The notice further stated that this determination was issued because “[b]ased on information from federal and state data sources, [the Marketplace has] determined that you are already enrolled in or eligible for a public insurance program such as Medicare.” You appealed this eligibility determination and the April 16, 2015 eligibility determination insofar as you were found not eligible for Medicaid through the Marketplace.

On June 16, 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) Your application reflects that you anticipated filing your 2015 tax return with a filing status of single, and would not be claiming any dependents.
- 2) You testified, and your application reflects, that you turned 65 years old on March 14, 2015.
- 3) You testified that you had your MMC coverage up until March 31, 2015, and then during the month of April had only Medicaid fee-for-service.
- 4) Your Medicaid fee-for-service coverage was terminated effective April 30, 2015.

- 5) You testified that your life savings prohibit you from obtaining Medicaid through your Local Department of Social Services, so you were seeking to remain on Medicaid through the Marketplace.
- 6) You testified, and the April 15, 2015 and April 20, 2015 applications reflect, that you began receiving Medicare coverage beginning March 1, 2015.
- 7) You testified that you did not give authorization to the Marketplace to revise your application on April 15, 2015 and April 20, 2015, and were told by a Marketplace representative that your Medicaid coverage would run for 12 consecutive months from January 1, 2015, or until December 31, 2015.

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

Applicable Law and Regulations

Medicaid Continuous Coverage

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)).

Most adults who are determined to be eligible for Medicaid through the Marketplace are guaranteed 12 months of Medicaid coverage, even if they lose eligibility for such assistance (for a reason other than “citizenship status, lack of state residence, or failure to provide a valid social security number”). This 12-month period is referred to as “continuous coverage” and is based on the start date of the original Medicaid eligibility determination or the date of a later Medicaid eligibility determination based on modified adjusted gross income (N.Y. Soc. Serv. Law § 366(4)(c)).

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

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).

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)).

Legal Analysis

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

According to your testimony and the information in the April 15, 2015 and April 20, 2015 applications, your birthday is March 13, 1950 and you had been enrolled in Medicare as of March 1, 2015. As of March 13, 2015, you were 65 years old.

On November 4, 2014, when the Marketplace reran your eligibility for financial assistance through the Marketplace for 2015, you were 64 years old, were not eligible for or enrolled in Medicare and met the nonfinancial criteria to qualify for MAGI-based Medicaid.

On April 15, 2015 and April 20, 2015, the Marketplace issued eligibility redetermination notices indicating that you were ineligible for Medicaid because you are already enrolled in or eligible for a public insurance program such as Medicare.

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).

However, upon reaching the age of 65 during March 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 March 2015. Although you decided to decline Part B, you were eligible for it. Therefore, you no longer qualified for MAGI-based Medicaid through the Marketplace as of March 2015.

The credible evidence of record reflects that you were not eligible for or begin receiving Medicare coverage until March 1, 2015. However, since you had been enrolled in Medicaid through the Marketplace since January 1, 2015, you were and are entitled to continuous Medicaid coverage until December 31, 2015, and your eligibility for Medicare does not end that coverage.

Accordingly, the April 15, 2015 and April 20, 2015 eligibility determinations finding that you were no longer eligible for Medicaid are RESCINDED. The April 17, 2015 disenrollment notice terminating your Medicaid coverage as of April 30, 2015 is also RESCINDED.

Your case is REMANDED to reinstate your Medicaid coverage as of May 1, 2015 for the remainder of your 12-month continuous coverage period, until December 31, 2015.

Continuous coverage lasts only one year, so when your Medicaid coverage is exhausted, you must reapply for health insurance coverage through your Local Department of Social Services since you are now over 65 years old and receiving Medicare coverage.

Upon the exhaustion of your Medicaid coverage, the Marketplace will 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 at that time 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 your Local Department of Social Services. A listing of offices can be found at http://www.health.ny.gov/health_care/medicaid/ldss.htm

Decision

The April 15, 2015 and April 20, 2015 eligibility determinations are RESCINDED.

The April 17, 2015 disenrollment notice is RESCINDED.

The case is REMANDED to reinstate your Medicaid coverage as of May 1, 2015 for the remainder of your twelve months continuous coverage period, until December 31, 2015.

Effective Date of this Decision: September 3, 2015

How this Decision Affects Your Eligibility

Your Medicaid coverage continues in effect until December 31, 2015.

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 15, 2015 and April 20, 2015 eligibility determinations are RESCINDED.

The April 17, 2015 disenrollment notice is RESCINDED.

Your case is REMANDED to reinstate your Medicaid coverage as of May 1, 2015 for the remainder of your twelve month continuous coverage period, until December 31, 2015.

Your Medicaid coverage continues in effect until December 31, 2015.

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:

