



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

## Notice of Decision

Decision Date: February 4, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004141

[REDACTED]

Dear [REDACTED],

On January 12, 2016 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's July 25, 2015 eligibility determination 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 and the NY State of Health number at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (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: February 4, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004141



## 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 as of July 24, 2015?

## Procedural History

On July 25, 2015, the Marketplace issued an eligibility determination notice that stated based on your July 24, 2015 application you were not eligible for Medicaid, Child Health Plus, or to receive advance payments of the premium tax credit or cost-sharing reductions to help pay for the cost of insurance. It also stated that you were not eligible to enroll in a qualified health plan at full cost through the Marketplace. This was because, based on the information from federal and state data sources, you were already enrolled in or eligible for a public insurance program such as Medicare.

On July 31, 2015, you contacted the Marketplace's Account Review Unit and requested an appeal of that eligibility determination notice insofar as you were found not eligible for Medicaid.

On January 12, 2016, 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) The application that was submitted on July 24, 2015 indicates that you will be filing taxes. You were the only person listed on the application.
- 2) The application that was submitted on July 24, 2015 listed an annual household income of \$13,872.00.
- 3) The record reflects that you began receiving Medicare as of March 1, 2011.
- 4) You testified that you are currently enrolled in Medicare Parts A and B and that there is no end date to your Medicare coverage.

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

## Applicable Law and Regulations

### 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)).

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## **Legal Analysis**

The issue under review is whether the Marketplace properly determined that you were not eligible for Medicaid through the Marketplace as of July 24, 2015.

To be eligible for MAGI-based Medicaid through the Marketplace, a person cannot be entitled to or enrolled in Medicare Part A or B. The record reflects that you began receiving Medicare as of March 1, 2011. You testified that you are currently enrolled in Medicare Parts A and B and that there is no end date to your Medicare coverage.

Since you are eligible for and enrolled in Medicare Part A and Part B, the Marketplace properly determined that you are not eligible for Medicaid through the Marketplace. Therefore, the July 25, 2015 eligibility determination 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, your case is **RETURNED** to the Marketplace to refer your case to your Local Department of Social Services for consideration.

Your Local Department of Social Services will determine your eligibility for Medicaid on a non-MAGI basis.

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](http://www.health.ny.gov/health_care/medicaid/ldss.htm).

## **Decision**

The July 25, 2015 eligibility determination notice is **AFFIRMED**.

Your case is **RETURNED** to the Marketplace to refer your case to your Local Department of Social Services.

**Effective Date of this Decision:** February 4, 2016

## **How this Decision Affects Your Eligibility**

You do not qualify for MAGI-based Medicaid through the Marketplace.

The Marketplace does not have the authority to decide if you qualify for non-MAGI Medicaid. However, the Marketplace will refer your case to your Local Department of Social Services.

### **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 July 25, 2015 eligibility determination notice is **AFFIRMED**.

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 do not qualify for MAGI-based Medicaid through the Marketplace.

The Marketplace does not have the authority to decide if you qualify for non-MAGI Medicaid. However, the Marketplace will refer your case to your Local Department of Social Services.

### **Legal Authority**

We are sending you this notice in accordance with 45 CFR § 155.545(a).

**A Copy of this Decision Has Been Provided To:**

