



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

Notice of Decision

Decision Date: December 18, 2015

[REDACTED]
Appeal Identification Number: AP000000004436

Dear [REDACTED]

On November 20, 2015 you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's August 11, 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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Issues

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 to receive financial assistance through the Marketplace?

Procedural History

On July 13, 2015, the Marketplace received your application for financial assistance. That same day an eligibility determination was made finding you conditionally eligible for Medicaid effective July 1, 2015. You were asked to provide additional information in order to confirm your termination of Medicare Part A or Part B before August 27, 2015.

On August 11, 2015, your eligibility was redetermined based upon updated information received. The determination found you not qualified to enroll in NY State of Health because based on information from federal and state data sources it was determined that you are already enrolled in or eligible for a public insurance program such as Medicare. Therefore your eligibility would end effective August 31, 2015.

On August 13, 2015, the Marketplace issued a disenrollment notice. The notice stated that your Medicaid Fee-For-Service coverage would be discontinued as of August 31, 2015.

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On August 24, 2015, you contacted the Marketplace's Account Review Unit and requested an appeal of that preliminary eligibility determination as it related to the cancellation of your Medicaid Fee-For-Service.

On November 20, 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. You were aided by an appointed representative, [REDACTED]

Findings of Fact

- 1) Your application states that you will not be filing taxes for 2015.
- 2) You testified that you have no dependents.
- 3) The application that was submitted on August 11, 2015 listed annual household income of \$10,271.40, consisting of \$10,271.40 you receive in Social Security benefits.
- 4) The record reflects that you started to receive Medicare on August 1, 2010.
- 5) You testified that you were found eligible and enrolled in Medicare Part A and B.
- 6) You testified that there was no end date for this coverage, nor did you plan on ending that coverage in order to be found eligible for Medicaid through the Marketplace.
- 7) You testified that you are currently in the process of applying through your Local Department of Social Services.
- 8) The record reflects that you became eligible for Medicare because you have been certified disabled through the Social Security Administration.

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)).

Minimum Essential Coverage

Minimum essential coverage includes most government-sponsored insurance plans such as Medicaid, Medicare, CHIP, Tricare, Veterans' Health Coverage, and eligible employer-sponsored insurance (26 USC §§ 36B(c)(2)(B) and 5000A(f)).

According to 26 USC § 5000A, which is part of the Internal Revenue Code, various government-sponsored plans provide minimum essential coverage, including the Medicare program under part A of title XVIII of the Social Security Act (26 USC § 5000A(f)(1)(A)(i), .42 USCS §§ 1395c et seq.).

Legal Analysis

The issue is whether the Marketplace properly determined that you are not eligible to receive financial assistance to help pay for the cost of health insurance coverage through the Marketplace.

To be eligible for MAGI-based Medicaid through the Marketplace, a person cannot be entitled to or enrolled in Medicare Part A or B. You testified that you were found eligible and enrolled in Medicare Part A and B. Your application states that you started to receive Medicare on August 1, 2010. You became eligible for Medicare because you have been certified disabled through the Social Security Administration.

You testified that there was no end date for this coverage, nor did you plan on ending that coverage in order to be found eligible for Medicaid through the Marketplace. You testified that you are currently in the process of applying through your Local Department of Social Services.

The Marketplace does not have the authority to decide if you qualify for non-MAGI-based Medicaid. Therefore, the August 11, 2015 eligibility determination notice is AFFIRMED.

Since you may be eligible for Medicaid on a non-MAGI basis, the Marketplace will refer your case to the New York City Human Resources Administration for consideration.

The New York City Human Resources Administration will determine your eligibility for Medicaid on a non-MAGI basis.

Decision

The August 11, 2015 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: December 18, 2015

How this Decision Affects Your Eligibility

You do not qualify for MAGI Medicaid through the Marketplace.

The Marketplace does not have the authority to decide if you qualify for Non-MAGI Medicaid.

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:

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Summary

The August 11, 2015 eligibility determination notice is **AFFIRMED**.

You do not qualify for MAGI Medicaid through the Marketplace.

The Marketplace does not have the authority to decide if you qualify for Non-MAGI Medicaid.

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Legal Authority

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A Copy of this Decision Has Been Provided To:

