



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

## Notice of Decision

Decision Date: January 29, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004959

[REDACTED]

Dear [REDACTED],

On January 8, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's October 15, 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 Code of 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: January 29, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000004959



## 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 October 31, 2015?

## Procedural History

On December 2, 2014, the Marketplace issued a notice of eligibility determination stating that you were eligible for Medicaid, effective December 1, 2014.

On October 15, 2015, the Marketplace issued a notice of eligibility redetermination stating that you were no longer eligible to enroll in health insurance through NY State of Health because you were already enrolled in or eligible for a public insurance program such as Medicare. Your eligibility ended effective October 31, 2015.

Also on October 15, 2015, the Marketplace issued a disenrollment notice stating that your Medicaid Fee-For-Service coverage would be discontinued as of October 31, 2015.

On October 19, 2015, you spoke with the Marketplace's Account Review Unit and appealed that determination insofar as you were not eligible to remain enrolled in Medicaid coverage through the Marketplace.

On January 8, 2016, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. The record was developed during the hearing and was closed at the end of the hearing.

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## 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 was \$1,223.90 per month, which is the amount you received in Social Security benefits before any deductions.
- 3) You testified that you were enrolled in Medicare Part A, effective February 1, 2015. You further testified that your Medicare Part B coverage began effective May 1, 2015, but was retroactively made effective to February 1, 2015.
- 5) You testified that you did not receive some notices from New York State of Health because you had moved.
- 6) According to your Marketplace account, you currently reside in Kings County.

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

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- 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 issue under review is whether you were properly determined ineligible for Medicaid coverage, effective October 31, 2015.

Medicaid through the Marketplace (called MAGI-based Medicaid) is available to individuals who are between the ages of 19 and 64, who are not eligible for Medicare Parts A or B; pregnant women or infants; children between the ages of 1 and 18; and parent or caretaker relatives.

According to your testimony and the information in your Marketplace application, you are single with no dependents and, therefore, not a parent or a caretaker relative of a dependent child.

The record reflects that, at the time the Marketplace issued the December 2, 2014 eligibility determination, you were not enrolled in Medicare, and met the nonfinancial criteria to qualify for MAGI-based Medicaid.

However, you credibly testified that you were enrolled in Medicare Part A, effective February 1, 2015, at which time you no longer met the nonfinancial criteria to qualify for MAGI-based Medicaid through the Marketplace.

Since the Marketplace determined that you were no longer eligible to enroll in health insurance through NY State of Health because you were already enrolled in Medicare, the October 15, 2015 eligibility determination was correct and 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 the New York City Human Resources Administration for consideration.

The New York City Human Resources Administration will determine your eligibility for Medicaid.

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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 October 15, 2015 eligibility determination is AFFIRMED.

**Effective Date of this Decision:** January 29, 2016

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

You do not qualify for MAGI-based Medicaid through the New York 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 to the New York City Human Resources Administration for consideration.

The New York City Human Resources Administration will determine your eligibility for Medicaid.

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>.

## **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

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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 October 15, 2015 eligibility determination is AFFIRMED.

You do not qualify for MAGI-based Medicaid through the New York 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 to the New York City Human Resources Administration for consideration.

The New York City Human Resources Administration will determine your eligibility for Medicaid.

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>.

## **Legal Authority**

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

