



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

Notice of Decision

Decision Date: January 27, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000005071

[REDACTED]

Dear [REDACTED],

On January 19, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's October 27, 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 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: January 27, 2016

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000005071

[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 to receive Medicaid through the Marketplace as of October 26, 2015?

Procedural History

On October 27, 2015, the Marketplace issued an eligibility determination notice stating that, based on your October 26, 2015 application, you were not eligible for Medicaid, Child Health Plus, or to receive tax credits 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 November 2, 2015, you contacted the Marketplace's Account Review Unit and requested an appeal of that preliminary eligibility determination as it related to your eligibility for Medicaid.

On November 5, 2015, the Marketplace received a written appeal request from you.

On January 19, 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) You testified and your application indicates that you are the only person in your household.
- 2) The application that was submitted on October 26, 2015 listed annual household income of \$12,516.00, consisting entirely of Social Security disability benefits. You testified that this amount was correct.
- 3) Your application indicates that you have been enrolled in Medicare since 1998, and your testimony confirmed this.
- 4) You further testified that you have been receiving Medicaid through the Local Department of Social Services (LDSS) since you became disabled, and that you pay a spend-down each month for your coverage.
- 5) You testified that Medicaid pays your Medicare Parts A and B premiums, and that you also receive Extra Help and QMB.
- 6) You testified that you currently have Medicaid coverage through LDSS, and that you are in the process of completing your recertification paperwork.

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)).

Legal Analysis

The issue under review is whether the Marketplace properly determined that you are not eligible to receive Medicaid 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 became eligible for Medicare in 1998 and the record reflects that you are currently enrolled in Medicare Part A and Part B.

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 October 27, 2015 eligibility determination is **AFFIRMED**.

During the hearing you testified that you have been receiving Medicaid through the Local Department of Social Services (LDSS) since you became disabled, and that you pay a spend-down each month for your coverage. You further testified that Medicaid pays your Medicare premium and that you also receive Extra Help and QMB through your LDSS.

You testified that you are currently in the process of recertifying your Medicaid coverage through LDSS. Please note that the Marketplace does not have the authority to re-certify Medicaid coverage that is given to you by LDSS. The Marketplace also cannot decide if you qualify for non-MAGI-based Medicaid. This is solely determined by LDSS and since you testified that you are already in the process of recertifying your Medicaid coverage through them, it is not necessary for the Marketplace to refer your Medicaid application to LDSS at this time.

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).

Decision

The October 27, 2015 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: January 27, 2016

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 or to re-certify your LDSS Medicaid coverage. This authority lies with LDSS.

This decision has no effect on your ongoing eligibility for Medicaid through LDSS, nor does it have any effect on your Medicaid recertification through LDSS.

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 October 27, 2015 eligibility determination 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 or to re-certify your LDSS Medicaid coverage. This authority lies with LDSS.

This decision has no effect on your ongoing eligibility for Medicaid through LDSS, nor does it have any effect on your Medicaid recertification through LDSS.

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:

