



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

## Notice of Decision

Decision Date: February 2, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000005327

[REDACTED]

Dear [REDACTED],

On January 28, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's November 25, 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: February 2, 2016

NY State of Health Number: [REDACTED]  
Appeal Identification Number: AP000000005327



## 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 November 24, 2015?

## Procedural History

On November 24, 2015 the Marketplace received your application for health insurance. That day, a preliminary eligibility determination was prepared stating that you were not eligible to receive help paying for your health insurance coverage, however you could purchase a qualified health plan at full cost.

Also on November 24, 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 25, 2015, the Marketplace issued an eligibility determination notice stating that based on your November 24, 2015 application, you were eligible to purchase a qualified health plan at full cost, effective January 1, 2016. The notice further stated that you were not eligible for Medicaid because you were over the MAGI (Modified Adjusted Gross Income) age limit.

On January 28, 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.

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## Findings of Fact

A review of the record supports the following findings of fact:

- 1) You testified, and the record reflects, that you are single and have no dependents.
- 2) You testified, and the record reflects, that your date of birth is [REDACTED] and that you are currently [REDACTED].
- 3) You testified that you are not eligible for Medicare because you do not have enough work credits to qualify for that program.
- 4) You testified that you applied for Medicaid through your Local Department of Social Services but you were denied coverage because your resources are greater than what is allowed.
- 5) You testified that you are in the process of appealing the eligibility determination made by the Local Department of Social Services.

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

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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 were not eligible to receive Medicaid through the Marketplace.

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 November 25, 2015 eligibility determination you [REDACTED].

Since you are over the allowable age limit for MAGI-based Medicaid and not a parent or caretaker relative, the Marketplace properly determined that you are not eligible for Medicaid through the Marketplace. Therefore, the November 25, 2015 eligibility determination is AFFIRMED.

Please note that the Marketplace does not have the authority to determine whether or not you qualify for non-MAGI-based Medicaid. That authority lies with the Local Department of Social Services. During the hearing, you testified that you applied for Medicaid through your Local Department of Social Services but you were denied coverage because your resources are greater than what is allowed, however you are in the process of appealing the eligibility determination made by the Local Department of Social Services.

This decision has no effect on your eligibility for Medicaid through your Local Department of Social Services.

## **Decision**

The November 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).

**Effective Date of this Decision:** February 2, 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.

This decision has no effect on your ongoing appeal for Medicaid through 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:

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- By fax: 1-855-900-5557

## **Summary**

The November 25, 2015 eligibility determination notice is AFFIRMED.

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.

This decision has no effect on your ongoing appeal for Medicaid through your Local Department of Social Services.

## **Legal Authority**

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

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

