



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

Notice of Decision

Decision Date: April 18, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006090

[REDACTED]

Dear [REDACTED],

On April 13, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's January 8, 2016 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.

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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DEPARTMENT OF HEALTH
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Decision

Decision Date: April 18, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006090

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health properly determine that you were not eligible to receive Medicaid through the Marketplace as of January 8, 2016?

Procedural History

According to your NY State of Health (NYSOH) account, you had health insurance coverage with Medicaid Fee-For-Services through NYSOH, effective September 1, 2014.

On July 14, 2015, NYSOH issued a renewal notice that stated you needed to update your NYSOH application by August 15, 2015 and, if you missed this deadline, you might lose the financial assistance you were currently receiving.

Your NYSOH account was not updated by August 15, 2015.

On July 21, 2015, NYSOH issued a notice of eligibility redetermination that stated you were no longer eligible to receive financial assistance through any insurance affordability programs offered through NYSOH and were not eligible to enroll in a qualified health plan at full cost through NYSOH because you did not respond to the renewal notice and renew your application by the required deadline.

Also on July 21, 2015, NYSOH issued a disenrollment notice informing you that your Medicaid Fee-For-Service coverage was to be discontinued as of August 31, 2015.

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On January 8, 2016, NYSOH prepared a preliminary eligibility redetermination based on your updated application of that date and found you not eligible to purchase health coverage through NYSOH because you were receiving Medicare.

Also on January 8, 2016, you spoke with a representative from NYSOH's Account Review Unit and appealed the January 8, 2016 preliminary eligibility redetermination as it related to your ineligibility for Medicaid.

On January 9, 2016, NYSOH issued an eligibility redetermination notice, based on your January 8, 2016 updated application, that stated you are not eligible for Medicaid because federal and state data sources showed that you were already receiving Medicare and you were not a parent or caretaker relative of a child younger than 19 years of age. The notice further stated that you did not qualify for any other insurance affordability programs or a qualified health plan at full cost through NYSOH because you were enrolled in Medicare and individuals enrolled in Medicare cannot receive health coverage through NYSOH.

On April 13, 2016, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed that same day after the Appeals Unit received a three-page facsimile from you. That three-page facsimile was made part of the record as "Appellant's Exhibit A."

Findings of Fact

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

- 1) According to your NYSOH account, you do not expect to file taxes in 2016.
- 2) You testified that you are single and have no dependents. You are seeking insurance for only yourself.
- 3) According to your NYSOH account and your testimony at hearing, you receive monthly Social Security Disability benefits in the gross amount \$1,390.00, or \$16,680.00 annually.
- 4) You testified that you have not applied for Medicaid through your county's Human Resources Administration Office on a non-MAGI basis because you were not aware that this was an option.
- 5) According to your NYSOH account and your testimony at the hearing, you were found eligible for and enrolled in Medicare Parts A and B on January 1, 2015, which is currently active. You became eligible for Medicare

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because you have been certified disabled through the Social Security Administration for at least 24 months.

- 6) You testified, and the record reflects, that your date of birth is [REDACTED] and that you are currently 59 years old.
- 7) You testified and provided supporting documentary evidence to show that you have a coverage rider to your Medicare coverage, known as a Low Income Subsidy Rider, that provides you with extra help paying for prescription drugs through Elderplan Extra Help, an HMO (Appellant's Exhibit A).
- 8) According to a July 7, 2015 notice issued by NYSOH, prior to being found ineligible for Medicaid through the Marketplace, you were found eligible for and were receiving Medicaid Premium Assistance to assist you in paying for your Medicare Part B premium beginning January 1, 2015 (see, Document [REDACTED] uploaded on September 4, 2015).
- 9) According to your NYSOH account, you were disenrolled from Medicaid Fee-For-Services through NYSOH as of August 31, 2015.
- 10) According to your NYSOH account, you did not appeal being disenrolled from Medicaid Fee-For-Services at that time.
- 11) You testified that you are no longer receiving Medicaid Premium Assistance from NYSOH that reimburses you for your Medicare Part B monthly premiums, but would like to.
- 12) You testified that you need additional assistance because you cannot afford the Medicare monthly premiums and the co-pays associated with your medically necessary services; and that your medical providers require copayments at the time of service.
- 13) You testified that, because of your current medical conditions, you require routine medical care and services that you are not getting because you cannot afford the copayments under Medicare Part B on your limited income.
- 14) Your application states that you live in New York County, New York.

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)).

In general, to qualify for MAGI-based Medicaid through the Marketplace, you must also 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, or
- A parent or caretaker relative

(45 CFR § 155.305(c); N.Y. Soc. Serv. Law § 366(1)(b)).

If an individual does not fall into one of these categories, he or she may still be eligible for non-MAGI-based Medicaid coverage through their Local Department of Social Services or the New York City Human Resources Administration (see N.Y. Soc. Serv. Law § 366(1)(c)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were not eligible to receive Medicaid through NYSOH.

Medicaid through NYSOH (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 NYSOH application, you are single with no dependents and, therefore, you are not a parent or a caretaker relative of a dependent child.

The record reflects that, at the time NYSOH issued the January 9, 2016 notice of eligibility determination you were 58 years old, certified disabled by the Social Security Administration, and were eligible for and actively enrolled in Medicare Parts A and B.

Since you are currently certified disabled and receiving Social Security Disability benefits, receiving Medicare Parts A and B, and not a parent or caretaker

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relative, NYSOH properly determined that you are not eligible for Medicaid through NYSOH. Therefore, the January 9, 2016 notice of eligibility redetermination is AFFIRMED.

However, individuals who are no longer eligible for MAGI-based Medicaid because they are receiving Medicare, over the age of 65 or have become certified disabled may qualify for Medicaid under non-MAGI standards. NYSOH is required to refer these individuals to their New York City Human Resources Administration (HRA) office for redetermination of their Medicaid eligibility using non-MAGI standards.

NYSOH does not have the authority to determine whether or not you qualify for non-MAGI-based Medicaid. That authority lies with your HRA office in New York County.

During the hearing, you testified that you have not applied for non-MAGI-based Medicaid through the HRA office in your county. Since you may be eligible for Medicaid on a non-MAGI basis, NYSOH will refer your case to the New York County's HRA office for consideration.

Ordinarily, once a case is referred, NYSOH and the HRA office must ensure that an individual's Medicaid is maintained throughout the redetermination process to prevent any gaps in coverage. This includes maintaining an individual's coverage through Medicaid and/or their receipt of Medicaid Premium Assistance payments. However, in your case, you lost Medicaid Fee-For-Services during the renewal process as of August 31, 2015 and therefore, Medicaid Premium Assistance reimbursement, neither of which you did not appeal, such that this requirement does not apply in your case.

Decision

The January 9, 2016 notice of eligibility redetermination is AFFIRMED.

Your case is RETURNED to NYSOH to refer your case to New York County's HRA office to consider your eligibility for Medicaid on a non-MAGI basis.

Effective Date of this Decision: April 18, 2016

How this Decision Affects Your Eligibility

Your case will be referred to New York County's HRA office to consider your eligibility for non-MAGI-based Medicaid.

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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 January 9, 2016 notice of eligibility redetermination is **AFFIRMED**.

Your case is **RETURNED** to NYSOH to refer your case to New York County's HRA office to consider your eligibility for Medicaid on a non-MAGI basis.

Your case will be referred to New York County's HRA office to consider your eligibility for non-MAGI-based Medicaid.

Legal Authority

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

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A Copy of this Decision Has Been Provided To:

