



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

Notice of Decision

Decision Date: April 20, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000005746

[REDACTED]

Dear [REDACTED],

On March 9, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 10, 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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NY State of Health Account ID: [REDACTED]
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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 financial assistance through NY State of Health?

Procedural History

On December 9, 2015, NY State of Health (NYSOH) received your updated application for financial assistance.

On December 10, 2015, NYSOH issued an eligibility determination notice that stated you were conditionally eligible to purchase a qualified health plan at full cost effective January 1, 2016. This determination was based upon the condition that you confirm your termination of Medicare Part A or Part B by providing documentation before January 23, 2016. The notice also stated that you were not eligible for Medicaid because based upon information from federal and state data sources, it was determined that you were already enrolled in or eligible for a public insurance program such as Medicare.

On December 23, 2015, you contacted NYSOH's Account Review Unit and requested an appeal of that eligibility determination insofar as you were not eligible for Medicaid through NYSOH.

On March 7, 2016, you faxed supporting documentation in anticipation of your hearing date. This information was received and incorporated into the record as Appellant's Exhibit 1.

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On March 9, 2016, you had a telephone hearing with a Hearing Officer from NYSOH'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 that you expected to file your 2015 taxes with a tax filing status of single. You will claim no dependents on that tax return.
- 2) You are seeking insurance for yourself.
- 3) The application that was submitted on December 9, 2015, listed annual household income of \$20,400.00, consisting of income you receive from Social Security. You testified that this amount was correct.
- 4) You testified that you were found eligible for Medicare Part A on [REDACTED] 2016. You became eligible for Medicare because you turned age 65 on [REDACTED] 2016.
- 5) Your application states that you live in Westchester County.
- 6) According to the documentation you provided you are currently eligible for Medicare. The document further states you told the Social Security Administration that you do not want medical insurance under Medicare. The document explained that while you still have Medicare Part A, you do not have to pay a premium for any months you were not entitled to Medicare Part B (Appellant's Exhibit 1, pg. 8).
- 7) You testified that you may have applied for Medicaid, but were not sure where your local Department of Social Services was in Westchester County and did not receive a determination from them.

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 NYSOH (called MAGI-based Medicaid) when he or she meets certain nonfinancial criteria and has a

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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 NYSOH, 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, not a parent or a caretaker relative of a dependent child.

The record reflects that at the time NYSOH issued the December 10, 2015 eligibility determination, you were receiving Medicare Part B. You also provided documentation stating you still have Medicare Part A, but you do not have to pay a premium for any months you were not entitled to Medicare Part B.

Since you were receiving Medicare, and not a parent or caretaker relative, NYSOH properly determined that you were not eligible for Medicaid through NYSOH at the time of your December 9, 2015 application. Therefore, the December 10, 2015 eligibility determination is AFFIRMED.

NYSOH 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.

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During the hearing, you testified that you may have applied for Medicaid through your Local Department of Social Services but you have not received a determination from them. This decision has no effect on your eligibility for Medicaid through your Local Department of Social Services.

Decision

The December 10, 2015 eligibility determination is AFFIRMED.

Effective Date of this Decision: April 20, 2016

How this Decision Affects Your Eligibility

You do not qualify for MAGI Medicaid through NYSOH.

NYSOH 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 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 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.

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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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Summary

The December 10, 2015 eligibility determination is AFFIRMED.

You do not qualify for MAGI Medicaid through NYSOH.

NYSOH does not have the authority to decide if you qualify for non-MAGI Medicaid.

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:

