



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

Notice of Decision

Decision Date: October 3, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006838

[REDACTED]

Dear [REDACTED]

On September 23, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's December 22, 2015 and February 5, 2016 eligibility determination notices.

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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Decision

Decision Date: October 3, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006838

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that you were not eligible to receive Medicaid as of December 31, 2015?

Procedural History

You were found eligible for Medicaid effective January 1, 2014, and were enrolled in a Medicaid Managed Care plan effective March 1, 2014.

On August 9, 2015, NYSOH issued a disenrollment notice stating that your Medicaid Managed Care plan coverage will be discontinued as of September 30, 2015.

On October 22, 2015, a renewal notice was issued stating based on information from federal and state data sources, a decision could not be made about whether or not you qualified for financial assistance. You were asked to update the information in your account by December 15, 2015.

On December 22, 2015, NYSOH issued an eligibility determination notice stating that you are not eligible for Medicaid because based on information from federal and state data sources, you were already enrolled in or eligible for a public insurance program such as Medicare. Your eligibility ended effective December 31, 2015.

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On December 22, 2015, a disenrollment notice was issued stating your Medicaid Fee-For-Service would be discontinued as of December 31, 2015.

On February 4, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of the termination of your eligibility for Medicaid, as it resulted in your not being able to obtain [REDACTED] you had been in the middle of acquiring in December, 2015.

On February 5, 2016, an eligibility redetermination notice was issued stating you were not eligible for Medicaid through NYSOH because you are 65 years or older, or because stated and federal data sources shows that you are receiving Medicare, and because you are not a parent or caretaker relative of a child younger than 19 years of age.

On September 23, 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 expect to file your 2016 taxes with a tax filing status of single. You testified you will claim no dependents on that tax return. However, your NYSOH account indicates you would be filing with a dependent child.
- 2) You testified, and your NYSOH account indicates, that your child is over the age of 18. .
- 3) You are seeking insurance for yourself.
- 4) You testified you are seeking to be found eligible for Medicaid in order to obtain [REDACTED] that your physician had begun to order in December, 2015.
- 5) You testified, and the record reflects, that your date of birth is [REDACTED], and that you are currently 66 years old.
- 6) You testified that you were found eligible for and enrolled in Medicare Parts A and B. You became eligible for Medicare because you turned age 65 on [REDACTED].
- 7) You testified that you have applied for Medicaid through your Local Human Resources Administration.

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- 8) Your application states you are certified disabled. You testified this was true.
- 9) You testified you had been in contact with an individual from the Human Resources Administration, but that you may have missed your appeal hearing with the Human Resources Administration.
- 10) NYSOH records show your case was referred to your local Human Resources Administration on December 22, 2015 and again on February 5, 2016.
- 11) Your application states that you live in New York County.

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 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)).

NYSOH is required to refer an individual who is not eligible for MAGI-based Medicaid because they are in receipt of Medicare, certified disabled, or over the age of 65 to the Local Department of Social Services or the Human Resources Administration. During the referral process, an individual's Medicaid eligibility,

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including their enrollment in a Medicaid Managed Care plan or receipt of Premium Payment Assistance, continues until such a time as their eligibility can be redetermined on a non-MAGI Medicaid basis (see *generally* 42 CFR § 435.1200, 42 CFR § 435.930, 14 OHIP/LCM-2 effective as of December 1, 2014, GIS 16 MA/04 effective as of January 1, 2016).

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 currently. The record reflects your daughter is age 25. Therefore, you are not a parent or a caretaker relative of a dependent child.

The record reflects that, at the time NYSOH issued the December 22, 2015, eligibility determination you were 65 years old and were eligible for and enrolled in Medicare Parts A and B. You testified this was correct.

Since you are over the allowable age limit for MAGI-based Medicaid, are currently receiving Medicare, and not a parent or caretaker relative, NYSOH properly determined that you are not eligible for Medicaid through NYSOH. Your eligibility ended effective December 31, 2015.

Therefore, the December 22, 2015 and February 5, 2016 eligibility determination notices finding you no longer eligible for Medicaid through NYSOH 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) for redetermination of their Medicaid eligibility.

Once a case is referred, NYSOH and the HRA must ensure that an individual's Medicaid is maintained throughout the redetermination process to prevent any gaps in coverage.

Although the record indicates NYSOH did refer your case to your HRA, it is unclear if this was accomplished appropriately. You testified you had been in

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contact with an individual from the Human Resources Administration, but that you may have missed your appeal hearing with the Human Resources Administration.

Your case is RETURNED to NYSOH to ensure the proper referral of your case to HRA for a redetermination of your eligibility for Medicaid on a non-MAGI basis.

Decision

The December 22, 2015, and February 5, 2016, eligibility determination notices are AFFIRMED.

Your case is RETURNED to NYSOH to ensure the proper referral of your case to HRA for a redetermination of your eligibility for Medicaid on a non-MAGI basis.

Effective Date of this Decision: October 3, 2016

How this Decision Affects Your Eligibility

You are not eligible for MAGI based Medicaid through NYSOH.

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:

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Summary

The December 22, 2015, and February 5, 2016, eligibility determination notices are AFFIRMED.

Your case is RETURNED to NYSOH to ensure the proper referral of your case to HRA for a redetermination of your eligibility for Medicaid on a non-MAGI basis.

You are not eligible for MAGI based Medicaid through NYSOH.

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:

