



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

## Notice of Decision

Decision Date: December 1, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000008155

[REDACTED]

Dear [REDACTED],

On November 23, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 1, 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 Account ID 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: December 1, 2016

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000008155



## 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 eligible to receive Medicaid coverage of inpatient hospital services only, effective February 1, 2016?

## Procedural History

On February 29, 2016, NYSOH received your completed application for health insurance.

On March 1, 2016, NYSOH issued an eligibility determination notice based on the information contained in the February 29, 2016 application, stating that you remained eligible for Medicaid coverage of inpatient hospital services only, effective February 1, 2016. This was because NYSOH received information that showed you were currently incarcerated in a correctional facility; therefore, Medicaid would only pay for inpatient hospital care provided off the grounds of the correctional facility, and all other Medicaid coverage would be suspended while you were incarcerated.

On March 22, 2016 you contacted NYSOH's Account Review Unit and requested an appeal of that eligibility determination insofar as you were not eligible for full Medicaid coverage.

On November 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) Your NYSOH account indicates that you are currently incarcerated at [REDACTED] Correctional Facility.
- 2) You testified that you have been incarcerated for thirty years, and are serving a life sentence.
- 3) You testified regarding multiple health problems that you are experiencing.
- 4) You testified that you do not believe you are receiving the proper care for your medical problems, and that you are therefore seeking full Medicaid coverage so that you can have your medical issues addressed.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

## **Applicable Law and Regulations**

### Medicaid

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

An otherwise eligible individual is not entitled to medical assistance coverage of care, services, and supplies if he or she is an inmate in an institution or facility where medical assistance may not be provided in accordance with federal or state requirement (NY Social Services Law § 366(1)(e)). However, an inmate of a state or local correctional facility who was in receipt of medical assistance prior to being admitted to the facility remains eligible for the coverage of inpatient hospital services furnished at a hospital outside of the correctional facility. (NY Social Services Law § 366(1-a)).

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## **Legal Analysis**

The only issue under review is whether NYSOH properly determined that you were eligible for Medicaid coverage for inpatient hospital services only, effective February 1, 2016.

Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size.

However, an individual who is otherwise eligible for Medicaid, but is an inmate of a correctional facility, is not entitled to medical assistance coverage of any care, services, or supplies while he or she is an inmate. An inmate may be entitled to coverage of inpatient hospital services provided at a hospital outside of the correctional facility.

You testified and your NYSOH account reflects that you are currently an inmate at [REDACTED] prison. Therefore, you are not eligible for Medicaid coverage for any services other than inpatient hospital services so long as you are an inmate of a state or local correctional facility.

Since the March 1, 2016 eligibility determination properly stated that, based on your status as an inmate of a correctional facility, you are eligible for Medicaid coverage of inpatient hospital services only, it is correct and is AFFIRMED.

## **Decision**

The March 1, 2016 eligibility determination notice is AFFIRMED.

**Effective Date of this Decision:** December 1, 2016

## **How this Decision Affects Your Eligibility**

You remain eligible for Medicaid coverage of inpatient hospital services only.

## **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.

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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.

### **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 March 1, 2016 eligibility determination notice is AFFIRMED.

You remain eligible for Medicaid coverage of inpatient hospital services only.

### **Legal Authority**

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

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

