



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

Notice of Decision

Decision Date: October 18, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008236

[REDACTED]

Dear [REDACTED],

On September 29, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's March 16, 2016 eligibility determination notice.

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 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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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 for Medicaid as of March 15, 2016?

Procedural History

On March 10, 2016, NYSOH received a Social Security Administration (SSA) Notice of Award reflecting that your SSA benefit amount, before any deductions, was \$1,430.90 per month, with a deduction of \$104.90 to pay for Medicare medical insurance.

On March 15, 2016, NYSOH received a revised application for health insurance.

On March 16, 2016, NYSOH issued an eligibility determination notice based on the information contained in the March 15, 2016 application. The notice stated you were not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. It also stated that you were not eligible to enroll in a qualified health plan at full cost through NYSOH. This was because, based on the information from federal and state data sources, you were already enrolled in or eligible for a public insurance program such as Medicare.

On March 23, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of the March 16, 2016 eligibility determination notice insofar as you were not found eligible for Medicaid.

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).

On September 29, 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 support the following findings of fact:

- 1) You testified that you are divorced and have no dependents.
- 2) Your March 15, 2016 application reflects that you are certified disabled.
- 3) You testified, and your application reflects, that you were 56 years old when you submitted the March 15, 2016 application.
- 4) You testified, and your application reflects, that you do not anticipate filing a tax return for 2016. You further testified this was because your sole source of income was from your SSA benefits.
- 5) The record reflects that you receive, before any deductions, \$1,430.90 per month in SSA benefits.
- 6) You testified that you are currently enrolled in Medicare Part B, but not Part A. The record reflects that you have been enrolled in Medicare Part B since August 1, 2014.
- 7) You testified that you were seeking supplemental health insurance under Medicaid so that you can access medical, dental and mental health care coverage that is unavailable to you through Medicare.
- 8) You testified that you are unable to afford a supplemental health plan since your living expenses, including your rent, reduce your discretionary income to afford this coverage.
- 9) You live in Kings 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 Eligibility

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); NY Social Services Law § 366(1)(b)).

Medicaid can be provided through NYSOH to adults who meet the following non-financial criteria: (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 that is at or below 138% of the federal poverty level (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)).

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 NY Social Services Law § 366(1)(c)).

Legal Analysis

The issue is whether NYSOH properly determined that you are not eligible for Medicaid.

To be eligible for MAGI-based Medicaid through NYSOH, a person cannot be entitled to or enrolled in Medicare Part A or B. You testified, and the record reflects that you were enrolled in Medicare Part B since August 1, 2014. Therefore, you are not eligible for Medicaid through NYSOH.

NYSOH does not have the authority to decide if you qualify for non-MAGI-based Medicaid. Since you may be eligible for Medicaid on a non-MAGI basis, NYSOH will refer your case to the New York City Human Resources Administration (HRA) to determine your eligibility for Medicaid or other Medicare programs.

For more information about non-MAGI eligibility requirements for Medicaid and/or other Medicare programs, you can contact your local HRA office directly.

Decision

The March 16, 2016 eligibility determination notice is AFFIRMED.

Effective Date of this Decision: October 18, 2016

How this Decision Affects Your Eligibility

You do not qualify for Medicaid through NYSOH.

NYSOH does not have the authority to decide if you qualify for non-MAGI based Medicaid. Since you may be eligible for Medicaid on a non-MAGI basis, NYSOH will refer your case to your local HRA office for consideration, if it has not already done so.

The local New York City HRA in your county will determine your eligibility for Medicaid or other Medicare programs.

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.

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 16, 2016 eligibility determination notice is **AFFIRMED**.

You do not qualify for Medicaid through NYSOH.

NYSOH does not have the authority to decide if you qualify for non-MAGI based Medicaid. Since you may be eligible for Medicaid on a non-MAGI basis, NYSOH will refer your case to your local HRA office for consideration, if it has not already done so.

The local New York City HRA in your county will determine your eligibility for Medicaid or other Medicare programs.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

