



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

Notice of Decision

Decision Date: October 14, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP0000000008535

[REDACTED]

Dear [REDACTED],

On October 11, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's February 21, 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008535



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 NY State of Health as of April 1, 2016?

Procedural History

On February 23, 2015, NY State of Health (NYSOH) issued an eligibility determination notice stating that you were eligible for Medicaid, effective February 1, 2015.

On February 21, 2016, NYSOH issued an eligibility determination notice stating you were eligible to purchase a qualified health plan at full cost and your Medicaid coverage would continue until a decision is made on your eligibility by your Local Department of Social Services (LDSS). The notice further stated you are not eligible for Medicaid because you are over 65 years of age.

On February 22, 2016, NYSOH issued a disenrollment notice stating that your Medicaid Managed Care Plan coverage would be discontinued as of March 31, 2016.

On March 31, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of the eligibility determination as it related to your ineligibility for Medicaid through NYSOH.

On October 11, 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) According to your NYSOH account, you are married and have no dependents.
- 2) You testified you are seeking insurance for yourself.
- 3) According to your NYSOH account, you were found eligible for and enrolled in Medicare on March 1, 2016. You became eligible for Medicare Parts A and B because you turned age 65 on [REDACTED]
- 4) According to your NYSOH account, your date of birth is [REDACTED] and you are currently 65 years old.
- 5) You testified you are very confused with the process and are not sure if you have been transferred to Medicaid through LDSS and are unsure of your Medicare coverage.
- 6) You testified that you have discussed in the past the issue of a Medicaid spend-down with your LDSS, but have not heard anything further from them.
- 7) According to your NYSOH account, NYSOH referred your case to the Monroe County DSS on February 21, 2016.
- 8) According to NYSOH's Medicaid reporting system known as EmedNY, as of April 1, 2016, you have had active Medicaid coverage through the Monroe County DSS. According to the coding "07" on that report, you have Emergency Medicaid.
- 9) According to your NYSOH application, you live in Monroe 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 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, 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 the information in your NYSOH application, you are married and have 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 February 21, 2016 eligibility determination, you were turning 65 years old in [REDACTED] and would be eligible to enroll in Medicare Parts A and B.

Since you were going to be over the allowable age limit for MAGI-based Medicaid in March 2016, and not a parent or caretaker relative, NYSOH properly determined that you are not eligible for Medicaid through NYSOH. Therefore, the February 21, 2016 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, which in your case is the Monroe County DSS. The record indicates that you have active Medicaid coverage effective April 1, 2016 through Monroe County DSS, which you can confirm by contacting them directly.

This decision has no effect on any Medicaid coverage you are currently receiving from or may be eligible for through Monroe County DSS. No further action is required of NYSOH.

Decision

The February 21, 2016 eligibility determination is AFFIRMED.

Effective Date of this Decision: October 14, 2016

How this Decision Affects Your Eligibility

You are not eligible for Medicaid through NYSOH.

This decision has no effect on any Medicaid coverage you are currently receiving from or may be eligible for through Monroe County DSS.

No further action is required of 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.

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).

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 February 21, 2016 eligibility determination is AFFIRMED.

You are not eligible for Medicaid through NYSOH.

You are not eligible for Medicaid through NYSOH.

This decision has no effect on any Medicaid coverage you are currently receiving from or may be eligible for through Monroe County DSS.

No further action is required of NYSOH.

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).

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:

