



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

Notice of Decision

Decision Date: February 9, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010181

[REDACTED]

Dear [REDACTED],

On January 4, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 10, 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 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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Appeal Identification Number: AP000000010181



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 for Medicaid coverage for the treatment of emergency medical conditions because you are not a citizen, qualified alien or permanently residing in the United States under color of law (PRUCOL)?

Procedural History

On May 28, 2016, NYSOH issued an eligibility determination notice that you were eligible for Medicaid coverage for the treatment of emergency medical conditions only effective as of April 1, 2016.

Also on May 28, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid coverage for the treatment of emergency medical conditions only for March 1, 2016 through March 31, 2016.

On June 9, 2016, your NYSOH account was updated. NYSOH rendered a preliminary eligibility determination stating that you were eligible for Medicaid coverage for emergency medical care and services only based on your immigration status.

Also on June 9, 2016, you spoke to NYSOH's Account Review Unit and requested an appeal insofar as your eligibility for full Medicaid benefits.

- 8) According to your New York State Department of Health Certificate of Birth, you were born in [REDACTED], New York on [REDACTED] ([REDACTED]).
- 9) You testified that you incurred outstanding medical bills because you were not found eligible for full Medicaid benefits.

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

Applicable Law and Regulations

Medicaid – Citizenship/Non-Citizen National of the United States

NYSOH must provide Medicaid to eligible residents of the United States who under declaration assert that they are a citizen or national of the United States, and the individual has provided satisfactory documentary evidence of citizenship or national status (42 CFR § 435.406(a)(1)(i),(ii)).

Medicaid – Documentation of Citizenship/Non-Citizen National

For the purposes of providing evidence of citizenship, citizenship includes both citizens of the United States and non-citizen nationals of the United States (42 CFR § 435.407). An applicant or beneficiary should provide satisfactory documentary evidence of citizenship to establish their citizenship status, which includes a U.S. public birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (if born on or after January 13, 1941), Guam (on or after April 10, 1899), the Virgin Islands of the U.S. (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (after November 4, 1986 (NMI local time) (42 CFR § 435.407)(b)(1)).

Legal Analysis

The only issue under review is whether NYSOH properly determined that you were only eligible for Medicaid coverage for the treatment of emergency medical conditions as of June 20, 2016.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, that their citizenship or immigration status is satisfactory.

The record reflects that you are a national of the United States, and the NYSOH application does not have an option to declare yourself as such. Therefore, you declared yourself as “Other” on your June 10, 2016 NYSOH application.

For the purposes of Medicaid, citizenship includes both citizens of the United States and non-citizen nationals of the United States. Furthermore, you uploaded your New York State Department of Health Certificate of Birth to your NYSOH account on January 4, 2017. The certificate states that you were born in [REDACTED], New York on [REDACTED].

The record contains sufficient information to show that you have provided the necessary information to determine your citizenship status.

Therefore, the June 10, 2016 eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to redetermine your eligibility as of June 10, 2016, on the basis of being a U.S. citizen, for Medicaid purposes.

Decision

Therefore, the June 10, 2016 eligibility determination notice is RESCINDED.

Your case is RETURNED to NYSOH to redetermine your eligibility as of June 10, 2016, on the basis of being a U.S. citizen, for Medicaid purposes.

Effective Date of this Decision: February 9, 2017

How this Decision Affects Your Eligibility

The June 10, 2016 eligibility determination notice has been cancelled.

You will receive a new eligibility determination reflecting your eligibility for financial assistance as of June 10, 2016.

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

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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

Therefore, the June 10, 2016 eligibility determination notice is **RESCINDED**.

Your case is **RETURNED** to NYSOH to redetermine your eligibility as of June 10, 2016, on the basis of being a U.S. citizen, for Medicaid purposes.

The June 10, 2016 eligibility determination notice has been cancelled.

You will receive a new eligibility determination reflecting your eligibility for financial assistance as of June 10, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

