



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

Notice of Decision

Decision Date: January 25, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012276

[REDACTED]

Dear [REDACTED],

On December 14, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's September 29, 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).

This page intentionally left blank.



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

Decision

Decision Date: December 19, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012276

[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 through NYSOH as of September 28, 2016?

Procedural History

On September 28, 2016, NYSOH received your completed application for health insurance. That day, a preliminary eligibility determination was prepared with regard to your application, stating that you were not eligible to enroll in health coverage through NYSOH.

Also on September 28, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of that preliminary eligibility determination as it related to your ineligibility for Medicaid.

On September 29, 2016, NYSOH issued an eligibility determination notice based on the information contained in the September 28, 2016 application, stating that you were not eligible to receive Medicaid through NYSOH because state and federal data sources showed that you are receiving Medicare, and you are not the parent or caretaker relative of a child younger than 19 years of age.

On December 14, 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.

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).

Findings of Fact

A review of the record supports the following findings of fact:

- 1) You testified that you do not expect to file a tax return for 2016.
- 2) You testified that you live alone and do not have any children under 19 years of age living with you
- 3) You testified that you receive Medicare because you have been certified disabled through the Social Security Administration. You testified that you are legally blind.
- 4) The record reflects that your only source of income is Title II benefits. You testified that these are Social Security Disability benefits.
- 5) You testified, and the record reflects, that your date of birth is [REDACTED], and that you are currently 57 years old.
- 6) You testified that you have not applied for Medicaid through your Local Department of Social Services.
- 7) You testified that someone from the Nassau Suffolk Hospital Council filed your application with NYSOH for Medicaid. You further testified that you do not believe that this person filed an application with your Local Department of Social Services.
- 8) You testified that you have been living in Florida for the past twelve years, and that you had Medicaid coverage while in Florida.
- 9) You testified that you are looking for Medicaid coverage so that you can be eligible for transportation and other services that Medicaid provides.
- 10) Your application states that you live in Suffolk 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

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).

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)).

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 and, therefore, not a parent or a caretaker relative of a dependent child.

The record reflects that, at the time NYSOH issued the September 29, 2016 eligibility determination you were receiving Medicare Part A based on your receipt of Social Security Disability benefits.

Since you are receiving Medicare, and not a parent or caretaker relative, NYSOH properly determined that you are not eligible for Medicaid through NYSOH. Therefore, the September 29, 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 your Local Department of Social Services.

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).

During the hearing, you testified that you have not applied for non-MAGI-based Medicaid through your Local Department of Social Services. Since you may be eligible for Medicaid on a non-MAGI basis, NYSOH will refer your case to the Local Department of Social Services for consideration.

Decision

The September 29, 2016 eligibility determination notice is **AFFIRMED**.

Effective Date of this Decision: December 19, 2016

How this Decision Affects Your Eligibility

You do not qualify for MAGI-based Medicaid through NYSOH.

NYSOH does not have the authority to decide if you qualify for non-MAGI Medicaid.

Your case is being referred to your Local Department of Social Services for consideration of your eligibility for non-MAGI-based Medicaid.

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 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).

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 September 29, 2016 eligibility determination notice is AFFIRMED.

You do not qualify for MAGI-based Medicaid through NYSOH.

NYSOH does not have the authority to decide if you qualify for non-MAGI Medicaid.

Your case is being referred to your Local Department of Social Services for consideration of your eligibility for non-MAGI-based Medicaid.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

