



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

Notice of Decision

Decision Date: February 27, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012513

[REDACTED]

Dear [REDACTED]

On January 25, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 13, 2016 eligibility redetermination 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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Decision

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012513



Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health(NYSOH) properly determine you were not eligible for Medicaid through NYSOH as of October 13, 2016?

Procedural History

On August 3, 2016, NYSOH issued a renewal that it was time to renew your and your spouse's health coverage. The notice stated in part that you no longer qualify for health insurance coverage, effective October 1, 2016, because you are already enrolled in or eligible for a public insurance program such as Medicare. The notice also informed you that NYSOH would send your information to your local Department of Social Services (LDSS) to determine your eligibility for Medicaid on a different basis and your Medicaid coverage through NYSOH will continue until your LDSS makes a decision on your case.

On September 17, 2016, NYSOH issued a disenrollment notice stating that your Medicaid Fee-For-Service coverage through NYSOH would be discontinued as of September 30, 2016 because you were no longer eligible to enroll in health insurance through NYSOH.

On September 28, 2016 and October 13, 2016, NYSOH issued eligibility redetermination notices, both of which stated in part that you do not qualify for Medicaid through NY State of Health for the following reasons:

- Because you are 65 years of age or older OR

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- Because state and federal data sources show that you are receiving Medicare AND
- Because you are not a parent or caretaker relative of a child younger than 19 years of age.

Also on October 13, 2016, you contacted NYSOH's Account Review Unit and appealed being disenrolled from Medicaid as your secondary coverage to Medicare and losing premium assistance to help pay your monthly Medicare premiums.

On January 25, 2017, 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) You are seeking insurance for yourself.
- 2) You submitted updated applications for health insurance through NYSOH on September 27, 2016 and October 12, 2016.
- 3) Your applications indicate you have had active Medicare coverage since February 1, 2016.
- 4) Your applications also indicate that you are [REDACTED] and certified disabled.
- 5) According to the December 29, 2016 Appeal Summary, an entry dated 10/13/2016 states in part that you are "currently showing active enrollment (via eMedNY) in Medicare A, B, C, and D [effective 02/01/2016]" (see Document [REDACTED] at p. 2).
- 6) You testified you are seeking Medicaid coverage through NYSOH as secondary insurance to supplement your Medicare coverage and premium assistance because you cannot afford the Medicare monthly premiums.
- 7) According to eMedNY, NYSOH's reporting system, your case was referred to your LDSS in August 2016.

- 8) According to your NYSOH account, your eligibility for Medicaid through NYSOH ended October 1, 2016 and your coverage with Medicaid Fee-For-Service through NYSOH ended effective September 30, 2016.
- 9) You testified that you were referred to your LDSS but they are counting your worker's compensation benefits, which disqualified you from Medicaid.
- 10) According to your NYSOH account, you reside with your spouse in Onondaga 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

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)).

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); NY 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 NY 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

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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 is whether NYSOH properly determined you were not eligible for Medicaid as of August 3, 2016, effective October 1, 2016.

To be eligible for MAGI-based Medicaid through NYSOH, a person cannot be entitled to or enrolled in Medicare Part A or B and cannot be certified disabled.

You testified, and the record reflects, you have been eligible for and enrolled in Medicare since February 1, 2016. Additionally, you are certified disabled as result of a work-related accident. Accordingly, the evidence of record establishes that you are entitled to or enrolled in Medicare Part A and B and are certified disabled, all of which disqualify you from enrolling in Medicaid through NYSOH. As such, you are not eligible to enroll in Medicaid through NYSOH.

Therefore, the October 13, 2016 eligibility redetermination notice stating that you are not eligible for Medicaid through NYSOH, is correct and is **AFFIRMED**.

Since you no longer qualified for Medicaid through NYSOH, your eligibility for premium assistance was properly discontinued.

Individuals who are no longer eligible for MAGI-based Medicaid because they are receiving Medicare, over the age of 65, or have become certified disabled may qualify for Medicaid under non-MAGI standards. NYSOH is required to refer these individuals to their New York City Human Resources Administration (HRA) for redetermination of their Medicaid eligibility.

The record reflects that your case was referred to the Onondaga County LDSS in August 2016 and your Medicaid Fee-For-Service coverage remained in place through NYSOH during the transition and ended effective September 30, 2016. You testified that the LDSS considered your workers' compensation benefits, which disqualified you from Medicaid. Please note that NYSOH has no jurisdiction over the non-MAGI standards used by your LDSS and, therefore, cannot address your concern in this regard. Therefore, no further action is required by NYSOH at this time.

Decision

The October 13, 2016 eligibility redetermination notice is AFFIRMED.

Effective Date of this Decision: February 27, 2017

How this Decision Affects Your Eligibility

You were no longer eligible for Medicaid through NYSOH as of October 1, 2016 and your coverage with Medicaid Fee-For-Service ended effective September 30, 2016.

Your premium assistance through NYSOH was properly discontinued.

No further action is required by NYSOH at this time.

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:

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Summary

The October 13, 2016 eligibility redetermination notice is AFFIRMED.

You were no longer eligible for Medicaid through NYSOH as of October 1, 2016 and your coverage with Medicaid Fee-For-Service ended effective September 30, 2016.

Your premium assistance through NYSOH was properly discontinued.

No further action is required by NYSOH at this time.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

