



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

Notice of Decision

Decision Date: March 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013149

[REDACTED]

Dear [REDACTED],

On February 28, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's October 28, 2016 and November 9, 2016 eligibility determinations.

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).

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Decision

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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000013149



Issue

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

Did the NY State of Health (NYSOH) properly determine that you were not eligible to receive Medicaid through NY State of Health as of October 28, 2016?

Procedural History

On June 13, 2016, NYSOH received your updated completed application for health insurance.

On June 14, 2016, NYSOH issued a notice stating that your June 13, 2016 application had been reviewed, but that more information was needed in order to make a determination on your eligibility for financial assistance with health insurance. The notice directed you to submit documentation of your income by June 29, 2016. The notice also directed you to submit proof of disenrollment from any government sponsored insurance by July 31, 2016.

On June 14 and June 15, 2016, documentation was uploaded to your NYSOH account.

On June 17, 2016, NYSOH issued a notice of eligibility determination stating that you were conditionally eligible for Medicaid, effective June 1, 2016. The notice further directed you to submit documentation to confirm the termination of your Medicare Part A or Part B by July 28, 2016.

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On June 24, 2016, NYSOH issued a disenrollment notice stating that your Medicaid Fee-For-Service coverage would be discontinued as of June 30, 2016.

On June 28, 2016, NYSOH issued a notice stating that your application from June 13, 2016 had been reviewed, but that more information was needed in order to make a determination as to your eligibility. The notice directed you to submit documentation of your income by July 8, 2016.

On July 7, 2016, NYSOH uploaded documentation that had been faxed on your behalf to NYSOH.

On October 5, 2016, you updated your NYSOH application.

On October 28, 2016, NYSOH issued a notice stating that you were not eligible to enroll in coverage through NYSOH because you are receiving Medicare, and because requested information to verify your income was not received. The notice further stated that your case would be sent to your local Department of Social Services (DSS) to make a determination as to whether you are eligible for Medicaid on a different basis.

On November 8, 2016, you updated your NYSOH account. That same day, NYSOH issued a preliminary eligibility determination stating that you were not eligible to enroll in coverage through NYSOH.

Also on November 8, 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 November 9, 2016, NYSOH issued an eligibility determination notice based on the information contained in the November 8, 2016 application, stating that you were not eligible to enroll in coverage through NYSOH because you are receiving Medicare and because requested information to verify your income was not received. The notice also stated that your information would be sent to the local DSS to make a determination as to whether you are eligible for Medicaid on a different basis.

NYSOH scheduled a telephone hearing for you for February 24, 2017 at 9:00 AM. On February 24, 2017 at 9:00 AM, a Hearing Officer called you on the number stated on your hearing notice. You answered the phone and requested that the hearing be rescheduled. The hearing was postponed until February 28, 2017 at 9:00 AM. During the phone call, you were placed under oath and you waived your right to fifteen days' written notice of the rescheduled hearing.

On February 28, 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.

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Findings of Fact

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

- 1) You testified that you expected to file your 2016 taxes with a tax filing status of single. You will claim no dependents on that tax return.
- 2) You are seeking to be eligible for Medicaid.
- 3) You testified that you were found eligible for Medicare Part A as of March 1, 2016 due to your receipt of Social Security Disability benefits.
- 4) You testified that you are not currently receiving Social Security Disability benefits.
- 5) You testified that you were also enrolled in Medicare Part B coverage, but that this coverage ended in February 2016. Documentation that you submitted to NYSOH confirms this coverage end date (Document [REDACTED]).
- 6) You testified that you were previously eligible for Medicaid for one month, in June 2016, through NYSOH. Your NYSOH account confirms this.
- 7) You testified that you asked the Social Security Administration to end your Medicare Part A coverage so that you can receive Medicaid, but that you were informed that, in order to terminate your Part A coverage, you would have to either pay back any money for services covered by Medicare, or to wait until the year 2020.
- 8) Your NYSOH account contains one notation under the “Events” tab that states “Case Referred to District,” but there is no other information regarding whether NYSOH referred your case to your local HRA.
- 9) You testified that you are currently unemployed and receiving Unemployment Insurance Benefits (UIB).
- 10) Documentation you uploaded to your NYSOH account shows that your weekly UIB payment is \$346.00, and that your benefit year ends on March 5, 2017 (Document [REDACTED]).
- 11) You testified that you do not have any other income.
- 12) Your application states that you live in [REDACTED] County.

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

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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); 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 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 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 October 28, 2016 and November 9, 2016 eligibility determination, you were receiving Medicare Part A. You testified, and documentation in your account confirms, that you are no longer receiving Medicare Part B coverage. You testified that you are unable to disenroll from Part A coverage because you would have to pay back benefits to the Social Security Administration, or wait until the year 2020, to disenroll.

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Since you are currently receiving Medicare Part A coverage, and you are not a parent or caretaker relative, NYSOH properly determined that you are not eligible for Medicaid through NYSOH. Therefore, the October 28, 2016 and November 9, 2016 eligibility determination notices are AFFIRMED.

NYSOH does not have the authority to determine whether or not you qualify for non-MAGI-based Medicaid. That authority lies with the New York City Human Resources Administration

Your NYSOH account indicates that your case may have been referred to your local HRA, but does not give any further information. Since you may be eligible for Medicaid on a non-MAGI basis, the Appeals Unit of NYSOH will refer your case to the New York City Human Resources Administration for consideration.

Decision

The October 28, 2016 eligibility determination notice is AFFIRMED.

The November 9, 2016 eligibility determination notice is AFFIRMED.

NYSOH is directed to immediately refer your case to the New York City Human Resources Administration for a determination of your eligibility for non-MAGI Medicaid.

Effective Date of this Decision: March 20, 2017

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 the New York City Human Resources Administration 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.

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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 October 28, 2016 eligibility determination notice is AFFIRMED.

The November 9, 2016 eligibility determination notice is AFFIRMED.

NYSOH is directed to immediately refer your case to the New York City Human Resources Administration for a determination of your eligibility for non-MAGI Medicaid.

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.

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).

Your case is being referred to the New York City Human Resources Administration 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).

A Copy of this Decision Has Been Provided To:

