



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

Notice of Decision

Decision Date: May 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014816

[REDACTED]

Dear [REDACTED]

On April 5, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 13, 2017 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 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: May 18, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014816

[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 your spouse was not eligible to receive Medicaid through NY State of Health as of your January 12, 2017 application?

Procedural History

On January 12, 2017, NYSOH received several application updates seeking financial assistance for purchasing health insurance. The application reflected that your spouse was born on [REDACTED]. In response to this application, NYSOH prepared a preliminary eligibility determination, stating that your spouse was not eligible for financial assistance.

Also on January 12, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your spouse had not been found eligible for Medicaid based on her having been 65 years of age or over.

On January 13, 2017, NYSOH issued an eligibility determination notice based on the information contained in final update to your application update on January 12, 2017, stating that your spouse was eligible to purchase a qualified health plan at full cost, effective February 1, 2017. The notice further stated your spouse was not eligible for Medicaid because she was 65 years of age or over.

On April 5, 2017, you appeared for a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and remained open as the Hearing Officer directed you to provide as additional

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evidence to corroborate your testimony: a copy of your spouse's birth certificate and U.S. Passport. The record was to be closed 15 days after the hearing date, or upon the receipt of the above referenced documents, whichever occurred earlier.

That same day, you provided the above referenced documents to the Appeals Unit by facsimile.

Accordingly, the record was closed on April 5, 2017.

Findings of Fact

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

- 1) Your application reflected that you expected to file your 2017 taxes with a tax filing status of married filing jointly. You will claim you two children as dependents on that tax return.
- 2) You are seeking for your spouse to be found eligible for Medicaid, because your two children were enrolled in Medicaid.
- 3) The application that was submitted on January 12, 2017 listed an annual household income of \$17,852.00, consisting solely of income your spouse receives from her employer, [REDACTED]. You testified that this was accurate when provided in your application.
- 4) You testified that your spouse is not eligible for Medicare.
- 5) The record reflects, that your spouse's date of birth is [REDACTED], and that she was 64 years old as of the date of the January 12, 2017 application.
- 6) You live in Queens County, New York.
- 7) On April 5, 2017, your provided copies of your spouse's U.S. Passport and birth certificate, each reflecting that your spouse was born on [REDACTED].

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); 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 your spouse was not eligible to receive Medicaid through NYSOH as of your January 12, 2017 application.

Medicaid through NYSOH (called MAGI-based Medicaid) is available to individuals who are 19 to 64 years old 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, your spouse is married with two children, and intends to file 2017 taxes as married filing jointly, while claiming your two children as dependents on that tax return.

The record reflects that, at the time NYSOH issued the January 13, 2017 eligibility determination, your spouse was 64 years old.

Since your spouse was under the allowable age limit for MAGI-based Medicaid, and a parent of a dependent, NYSOH improperly determined that your spouse

was not eligible for Medicaid because she was 65 years of age or over. Therefore, the January 13, 2017 eligibility determination is RESCINDED.

All subsequent eligibility determinations issued by NYSOH that found your spouse not eligible for Medicaid on that basis are also RESCINDED.

Your case is RETURNED to NYSOH to redetermine your spouse's eligibility for financial assistance, including Medicaid, based on a four-person household with an annual household income of \$17,852.00 in Queens County as of January 12, 2017.

Decision

The January 13, 2017 eligibility determination is RESCINDED.

All subsequent eligibility determinations issued that found your spouse not eligible for Medicaid on this basis are also RESCINDED.

Your case is RETURNED to NYSOH to redetermine your spouse's eligibility for financial assistance, including Medicaid, based on a four-person household with an annual household income of \$17,852.00 in Queens County as of January 12, 2017.

Effective Date of this Decision: May 18, 2017

How this Decision Affects Your Eligibility

NYSOH improperly found your spouse ineligible for Medicaid on the basis of her being over 65 years of age.

You will receive a new eligibility determination notice reflecting your spouse's eligibility for financial assistance, including Medicaid, based on a four-person household with an annual household income of \$17,852.00 in Queens County as of January 12, 2017.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace 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 Federal Marketplace. 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 have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

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):

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- 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

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Summary

The January 13, 2017 eligibility determination is RESCINDED.

All subsequent eligibility determinations issued that found your spouse not eligible for Medicaid on this basis are also RESCINDED.

NYSOH improperly found your spouse ineligible for Medicaid because she was over 65 years of age.

You will receive a new eligibility determination notice reflecting your spouse's eligibility for financial assistance, including Medicaid, based on a four-person household with an annual household income of \$17,852.00 in Queens County as of January 12, 2017.

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:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您免费提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

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).

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&tumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

שׂוּדִישׁ (Yiddish)

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דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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