



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

Notice of Decision

Decision Date: February 2, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024975

[REDACTED]

[REDACTED]

On January 22, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 30, 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 number 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
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Decision

Decision Date: February 2, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000024975

[REDACTED]

Issue

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

Did NY State of Health properly determine that you were not eligible to receive Medicaid through NY State of Health as of November 1, 2017?

Procedural History

On September 23, 2017, NY State of Health (NYSOH) ran an application for financial assistance on your behalf. That day a preliminary eligibility determination was prepared finding you no longer eligible to receive help paying for your health insurance coverage; however, you could purchase a qualified health plan at full cost through NYSOH. This eligibility was effective November 1, 2017.

On September 24, 2017, NYSOH issued a disenrollment notice stating that your Medicaid Managed Care plan coverage would be discontinued as of October 31, 2017.

On October 1, 2017, NYSOH issued an eligibility determination notice, based on the system run application from September 23, 2017, stating that you newly eligible to purchase a qualified health plan at full cost through NYSOH, effective November 1, 2017. This notice further stated that your Medicaid coverage will continue through your local Department of Social Services until your new eligibility can be determined.

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On November 13, 2017, NYSOH received your updated application for financial assistance with health insurance.

On November 14, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective November 1, 2017. The notice further stated that your information was sent to your local Department of Social Services on September 23, 2017. This eligibility was effective December 1, 2017.

On November 29, 2017, NYSOH received your application for financial assistance with health insurance. That day a preliminary eligibility determination was prepared finding you eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2018.

Also on November 29, 2017, 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 30, 2017, NYSOH issued an eligibility determination stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective January 1, 2018. This notice further stated that your information was sent to your local Department of Social Services to determine your eligibility for Medicaid on a different basis.

On January 22, 2018, 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 testified that you expect to file your 2017 taxes with a tax filing status of married filing single and you will claim no dependents on that tax return.
- 2) You are seeking health insurance for yourself.
- 3) According to your NYSOH account, your date of birth is [REDACTED] and that you are currently [REDACTED].
- 4) You testified that you do not currently received Social Security Retirement benefits because you deferred your payments until you reached [REDACTED]
[REDACTED]

- 5) You testified that you are unsure if you are eligible for Medicare. You testified that you submitted an online application about three weeks ago and have not heard back about a determination.
- 6) You testified that you have not applied for Medicaid through the Human Resources Administration.
- 7) There is no indication in the record that you receive Medicaid through the Human Resources Administration.
- 8) According to your NYSOH account, you are no longer eligible for Medicaid through NYSOH because you are [REDACTED]. This eligibility was effective November 1, 2017.
- 9) Your application states that you live in Kings 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

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); 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)).

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

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age of 65 to the Local Department of Social Services or the Human Resources 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 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 expect to file your federal tax return as married filing jointly but will claim no dependents. Therefore, you are not a parent or a caretaker relative of a dependent child.

The record reflects that, at the time NYSOH issued the October 1, 2017 eligibility determination, [REDACTED]. You testified that you are unsure as to whether you are eligible for Medicare. You further testified that you submitted an application to Medicare about three weeks ago but that you have not heard anything back regarding your eligibility or enrollment.

Nonetheless, since you are over the allowable age limit for MAGI-based Medicaid, and not a parent or caretaker relative, NYSOH properly determined that you are not eligible for Medicaid through NYSOH.

However, 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 New York City Human Resources Administration (HRA) for redetermination of their Medicaid eligibility.

Once a case is referred, NYSOH and the HRA must ensure that an individual's Medicaid is maintained throughout the redetermination process to prevent any gaps in coverage. This includes maintaining an individual's coverage through their Medicaid Managed Care plan or their receipt of Medicaid Premium Assistance payments.

The record indicates that NYSOH referred your case to your local HRA. However, there is no indication in the record as to whether NYSOH followed up with HRA to ensure that they received your case, or of the outcome of this referral. Further, NYSOH should have continued your Medicaid coverage pending a redetermination through your local HRA. Instead, NYSOH disenrolled you from your Medicaid Managed Care plan coverage as of October 31, 2017.

Since the record reflects that NYSOH terminated your Medicaid benefits prior to determining whether the HRA had made a determination on your eligibility, the October 1, 2017 eligibility determination notice terminating your Medicaid effective October 31, 2017 is RESCINDED.

Your case is RETURNED to NYSOH to investigate the status of its referral of your case to your local HRA. NYSOH is further directed to reinstate your enrollment in Medicaid Managed Care Plan as of November 1, 2017, and to continue your coverage until your case can be properly processed with HRA and your eligibility for Medicaid on a non-MAGI basis can be determined.

Decision

The October 1, 2017 eligibility determination is RESCINDED.

Your case is RETURNED to NYSOH to investigate its referral of your case to your local HRA.

NYSOH is directed to reinstate your Medicaid coverage as of November 1, 2017, and to continue your coverage until your case can be properly processed with HRA and your eligibility for Medicaid on a non-MAGI basis can be determined.

Effective Date of this Decision: February 2, 2018

How this Decision Affects Your Eligibility

Your case is being sent back to NYSOH to investigate the status of its referral to your local HRA regarding your eligibility for non-MAGI-based Medicaid.

Your Medicaid coverage is reinstated as of November 1, 2017 and will continue until a redetermination by HRA of your eligibility can be made.

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.

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):

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

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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

The October 1, 2017 eligibility determination is RESCINDED.

Your case is RETURNED to NYSOH to investigate its referral of your case to your local HRA.

NYSOH is directed to reinstate your Medicaid coverage as of November 1, 2017, and to continue your coverage until your case can be properly processed with HRA and your eligibility for Medicaid on a non-MAGI basis can be determined.

Your case is being sent back to NYSOH to investigate the status of its referral to your local HRA regarding your eligibility for non-MAGI-based Medicaid.

Your Medicaid coverage is reinstated as of November 1, 2017 and will continue until a redetermination by HRA of your eligibility can be made.

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)

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।

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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&etumi 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.

אידיש (Yiddish)

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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