



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

Notice of Decision

Decision Date: April 17, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027088

[REDACTED]

[REDACTED]

On April 9, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 11, 2018 denial 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: April 17, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027088

[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 January 10, 2018?

Procedural History

On October 13, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective November 1, 2016. You were subsequently enrolled into a Medicaid Managed Care plan.

On February 2, 2017, NYSOH issued a notice of eligibility determination stating you were no longer eligible for Medicaid because state and federal data sources showed that you were receiving Medicare, and you were not the parent or caretaker relative of a child under the age of nineteen. The notice stated that your Medicaid eligibility would continue until December 31, 2017 because certain individuals who qualify for Medicaid get coverage for twelve continuous months.

Also on February 2, 2017, NYSOH issued a disenrollment notice, stating that your enrollment in your Medicaid Managed Care plan was ending, effective March 31, 2017, because you have other health insurance or Medicare, and were therefore not eligible to enroll in a Medicaid Managed Care plan.

On October 26, 2017, NYSOH issued a renewal notice stating it was time to renew your application for health insurance for 2018. That notice stated that, based on information from state and federal data sources, NYSOH could not

determine whether you qualified to receive financial assistance with health insurance. The notice directed you to update your NYSOH application between November 16, 2017 and December 15, 2017 so that an eligibility determination could be made. Further, the notice advised you that you were at risk of losing your health insurance coverage, as well as any financial assistance, if you missed the deadline for renewal.

No updates were made to your account by December 15, 2017.

On December 16, 2017, NYSOH redetermined your eligibility.

On December 17, 2017, NYSOH issued a discontinuance notice stating you no longer qualified to enroll in coverage through NYSOH, effective January 1, 2018. This was because you did not respond to the renewal notice and did not complete the renewal within the required timeframe.

On January 10, 2018, you updated your NYSOH account.

On January 11, 2018, NYSOH issued a denial notice stating you were not eligible to enroll in coverage through NYSOH. The notice stated you did not qualify for the Essential Plan, advance payments of the premium tax credit, or to enroll in a qualified health plan at full cost, because individuals with Medicare cannot enroll in these programs. The notice further stated you did not qualify for Medicaid because you have Medicare and are not the parent or caretaker relative of a child under the age of nineteen.

Also on January 11, 2018, you contacted NYSOH's Account Review Unit and requested an appeal of that eligibility determination as it related to your ineligibility for Medicaid. You also requested Aid to Continue, pending the outcome of your appeal.

On February 6, 2018, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid for a limited time, effective February 1, 2018. This was because your request for Aid to Continue was granted, pending the outcome of your appeal.

On April 9, 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 do not expect to file an income tax return in 2018.

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- 2) You testified you are the only person in your household.
- 3) You testified you are [REDACTED], and your NYSOH account reflects your birth date is [REDACTED].
- 4) You testified you are not the parent or caretaker of anyone under the age of nineteen.
- 5) You testified you began receiving Medicare in February 2017, and your NYSOH account confirms this.
- 6) You testified you are not sure whether you are enrolled in both Part A and Part B.
- 7) You testified you were receiving Medicaid and Medicare before, so you do not understand why you can no longer receive both.
- 8) You testified that you have not applied for Medicaid through your Local Human Resources Administration because you are [REDACTED] and do not go out very much.
- 9) Your application states that you live in Bronx 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 household income that is at or below the applicable Medicaid income standard (45 CFR § 155.305(c); NY Social Services Law (NY SSL) § 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 SSL § 366(1)(b)).

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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 SSL § 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, at the time NYSOH issued the January 11, 2018 eligibility determination, you were eligible for Medicare Part A and B, and enrolled in Part A, if not Part B.

Since you are currently eligible for, and receiving, Medicare, and not a parent or caretaker relative of a child under nineteen years of age, NYSOH properly determined that you are not eligible for Medicaid through NYSOH. Therefore, the January 11, 2018 eligibility determination is AFFIRMED.

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

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

Decision

The January 11, 2018 eligibility determination notice is AFFIRMED.

Your case is RETURNED to NYSOH to refer your application to the New York City Human Resources Administration for consideration of your eligibility for non-MAGI based Medicaid.

Effective Date of this Decision: April 17, 2018

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.

You may also apply directly for non-MAGI Medicaid through your local Human Resources Administration.

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

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).

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
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The January 11, 2018 eligibility determination notice is AFFIRMED.

Your case is RETURNED to NYSOH to refer your application to the New York City Human Resources Administration for consideration of your eligibility for non-MAGI based 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.

Your case is being referred to the New York City Human Resources Administration for consideration of your eligibility for non-MAGI-based Medicaid.

You may also apply directly for non-MAGI Medicaid through your local Human Resources Administration.

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).

Legal Authority

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

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 okyerε 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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