

CNS Paragraph Form

Date: 11.20.2020

<b>Program Area</b>	<b>03</b>	<b>(01=PA, 02=FS, 03=MA, 04=HP)</b>
<b>Paragraph Number</b>	<b>D0219</b>	
<b>Version Number</b>	<b>00004</b>	
<b>Effective Date</b>	<b>2020</b>	
<b>Title</b>	<b>Deny MA due to Exc Inc, FPBP Exc Inc or FPBP declined</b>	
<b>Comment</b>	<b>Include: E0002, E0010 for Message 2, 3, or 4</b>	
<b>Reason Code</b>	<b>DD1</b>	

We have denied your application for Medicaid dated \_\_\_\_\_ for:

Name	Client I.D. #
Name	#
Name	#

**Choose one of the following messages:**

**Message 1 – MA ineligible due to excess income - (S/CC)**

**Message 2 – MA ineligible due to excess income (Parents/Caretaker Relatives and 19 & 20 yr old living on their own)**

**Message 3 – MA ineligible due to excess income (19 & 20 yr old Living with Parents/Caretaker relatives)**

**Message 4 – MA ineligible due to excess income (Child 1-18)**

**To be included with each message selection:**

You are not eligible for Medicaid because your gross income of \$\_\_\_\_\_ is over the allowable Modified Adjusted Gross Income (MAGI) limit of \$\_\_\_\_\_.

**Only print when messages 2, 3, or 4 selected:**

However, you may be eligible for Medicaid with a spenddown. A spenddown is the difference between the Medicaid income limit, which is lower than the MAGI limit, and your net income (gross income less Medicaid disregards).

To receive Medicaid coverage with a spenddown in a particular month, you will be required to present incurred medical bills equal to the difference between your net income and the Medicaid income limit. It is like a deductible. Medicaid will pay your additional medical bills beyond that for the rest of that month. Meeting a spenddown entitles you to services which include outpatient care, doctor and dental visits, lab tests, prescription drugs, and long-term care in the community such as home care and assisted living.

Please read the Sections: "Explanation of the Excess Income Program" and "Optional Pay-In Program."

If you are interested in receiving Medicaid coverage with a spenddown, call the Unit telephone number listed above within 30 days of the effective date of this notice.

**Choose one of the following messages:**

**Message 1 (FPBP Over Income, No Need to Notify, No Message)**

**Message 2 (FPBP Eligible But Declines)**

Although you were determined to be financially eligible for the Family Planning Benefit Program, you chose not to participate in the Family Planning Benefit Program.

**Use for All:**

Please look at the budget calculation section to see how we figured your income.

This decision is based on Sections 366(1)(b)(6), 366-a(2) and 366(1)(b) of the Social Services Law.

If your income is too high for Medicaid coverage, you may still be able to get health care coverage.

Individuals and families who file or will file Federal taxes with incomes up to 400% of the FPL, which is equivalent to \$51,040 for an individual and \$104,800 for a family of four (based on 2020 FPLs), may be eligible for advance tax credits to help buy health insurance through New York's health benefit exchange, NY State of Health. If annual income is greater than 400% of the FPL, health insurance can still be purchased through NY State of Health.

If you need help in applying for health care coverage through the NY State of Health, assistance is available. Navigators and Certified Application Counselors are people trained to help you understand your health coverage options and enroll in a plan. Your local department of social services can also help you with your application and choices.

To learn more about NY State of Health and to find Navigators or Certified Application Counselors in your area, please call 1-855-355-5777 or visit our Web site at <http://www.nystateofhealth.ny.gov/>.

~S\

Hemos denegado su solicitud de Medicaid con fecha \_\_\_\_\_ para:

Nombre	# de ID del cliente
Nombre	#
Nombre	#

**Choose one of the following messages:**

**Message 1 – MA ineligible due to excess income - (S/CC)**

**Message 2 – MA ineligible due to excess income (Parents/Caretaker Relatives and 19 & 20 yr old living on their own)**

**Message 3 – MA ineligible due to excess income (19 & 20 yr old Living with Parents/Caretaker relatives)**

**Message 4 – Income Exceeds 154% FPL (Child 1-18)**

**To be included with each message selection:**

Usted no es elegible para Medicaid porque sus ingresos brutos de \$\_\_\_\_\_ están sobre el límite permitido en virtud de MAGI, de \$\_\_\_\_\_.

**Only print when messages 2, 3, or 4 selected:**

No obstante, usted puede ser elegible para Medicaid con un "spenddown" o exceso de gastos. Un "spenddown" es la diferencia entre el límite de ingresos de Medicaid, que es menor al límite de MAGI, y sus ingresos netos (ingresos brutos menos el valor no considerado por Medicaid).

Para recibir cobertura de Medicaid con un exceso de gastos en un mes en particular, se requiere que usted presente gastos médicos, que sean iguales a la diferencia entre sus ingresos netos y el límite de ingresos de Medicaid. Funciona como un deducible. Medicaid pagará sus facturas médicas adicionales más allá del límite por el resto del mes. Alcanzar un "spenddown" le da derecho a servicios que incluyen cuidado para el paciente ambulatorio, consultas con el médico y el dentista, análisis de laboratorio, medicamentos con receta y atención a largo plazo en la comunidad (atención en el hogar y servicios de vida cotidiana asistida).

Por favor lea las Secciones: "Explicación del programa de exceso de ingresos" y "Programa de depósito opcional."

Si esta interesado en recibir cobertura de Medicaid con responsabilidad economica, llame al telefono de la Unidad que encontrara en la parte de arriba de este documento en un plazo de 30 dias a partir de la fecha de vigencia de este aviso.

**Choose one of the following messages:**

**Message 1 (FPBP Over Income, No Need to Notify, No Message)**

**Message 2 (FPBP Eligible But Declines)**

Pese a que se determino que usted es financieramente elegible para el Family Planning Benefit Program, usted decidio no participar en el Family Planning Benefit Program.

### **Use for All**

Por favor consulte la seccion de calculo del presupuesto para ver como determinamos sus ingresos.

Esta decision esta basada en los articulos 366(1)(b)(6), 366-a(2) y 366(1)(b) de la Ley de Servicios Sociales.

Si sus ingresos son muy altos para obtener cobertura de Medicaid, de todos modos usted podra obtener cobertura de atencion medica.

Las personas individuales y las familias que declaran o declararan impuestos federales con ingresos hasta del 400% del FPL, que es equivalente a \$51,040 para una persona individual y \$104,800 para una familia de cuatro (con base en los 2020 FPL), pueden ser elegibles para creditos fiscales por adelantado para ayudar a comprar el seguro medico a traves de NY State of Health, el intercambio de beneficios medicos de Nueva York. Si los ingresos anuales son superiores al 400% del FPL, todavia se puede comprar el seguro medico a traves de NY State of Health.

Si necesita ayuda para solicitar la cobertura de atencion medica a traves NY State of Health, hay asistencia disponible. Los Navegadores y los Consejeros Certificados para Solicitudes son personas capacitadas para ayudarle a entender sus opciones de cobertura medica y a inscribirse en un plan. Su departamento local de servicios sociales tambien puede ayudarle con su solicitud y las opciones disponibles para usted.

Si desea obtener mas informacion sobre NY State of Health y para encontrar a los Navegadores o Consejeros Certificados para Solicitudes en su area, llame al 1-855-355-5777 o visite nuestro sitio web en: <http://www.nystateofhealth.ny.gov/>.