



MEDICAID

WHAT IS MEDICAID?

Medicaid is a health insurance program run by states for people with limited income and resources. The program is funded by both federal and state monies. Medicaid helps pay for medical costs like doctor visits, hospital care, nursing care, and medical-aid devices. The program covers individuals with no medical insurance or poor medical insurance, as long as certain requirements are met.

WHO IS ELIGIBLE TO APPLY?

To be eligible for Medicaid you must:

1. Be a resident of New York;
2. Be a U.S. citizen or a lawful permanent resident (including those permanently residing under color of law (PRUCOL));¹
3. Fall under one of the eligible categories (see below)
4. Meet the income and asset requirements for your category (see below)

Note: You do not have to submit a separate Medicaid application if you are (1) receiving Supplemental Security Income (SSI), (2) a child in a foster care home or institution run by a public agency, or (3) a Cash Assistance (CA) applicant. However, Cash Assistance applicants must check the box on their application that says they want to apply for medical assistance.

WHICH CATEGORY APPLIES TO ME?

There are two main categories of people who qualify for Medicaid. Your category will determine how your household size is determined, what your resource and income limits are, and how your income is counted. Check which of these categories you fall under:

1. **MAGI**

Modified Adjusted Gross Income (MAGI) refers to the methods used to calculate household size, composition, and income for this group. The income requirements will depend on which category you are in:

- Pregnant women² and infants up to age 1;
- Children ages 1 through 18;
- Parents or caretaker relatives³ with children under the age of 21;
- 19 to 64 year-old adults without children who are not pregnant and are not eligible for Medicare

¹ Undocumented immigrants are ONLY eligible for Medicaid coverage for pregnancy or a medical emergency.

² A pregnant woman's family size includes herself and each child she is expecting, along with her spouse (if living together) and any other children who are claimed as tax dependents

³ Caretaker relatives can include grandparents, aunts/uncles, adult siblings, adult cousins and other relatives

2. **Non-MAGI**

Non-MAGI recipients have their household size, composition, and income calculated using a different method. This category has an assets and resources limitation that does not apply to MAGI recipients (see chart below). You fall under this category if you are:

- 65 years old or older
- Certified blind
- Certified disabled

WHAT ARE THE FINANCIAL REQUIREMENTS?

Find the chart for your category. Based on your household size, check to see if your income and resources fall below the maximum amounts listed. If so, you may qualify for Medicaid.

Non-MAGI (Age 65+, Blind, Disabled)									
Household Size	1	2	3	4	5	6	7	8	Each Addt'l
Income	\$825	\$1,209	\$1,390	\$1,571	\$1,753	\$1,934	\$2,115	\$2,296	\$182
Resources	\$14,850	\$21,750	\$25,013	\$28,275	\$31,538	\$34,800	\$38,063	\$41,325	\$3,263

MAGI (138% FPL) (Parents/Caretakers of children through age 21; singles and childless couples 19 to 64)									
Household Size	1	2	3	4	5	6	7	8	Each Addt'l
Income	\$1,354	\$1,832	\$2,311	\$2,789	\$3,268	\$3,746	\$4,244	\$4,703	\$479

MAGI (154% FPL) (Children ages 1 through 18)									
Household Size	1	2	3	4	5	6	7	8	Each Addt'l
Income	\$1,511	\$2,045	\$2,579	\$3,113	\$3,646	\$4,180	\$4,714	\$5,248	\$534

MAGI (223% FPL) (Pregnant women and infants up to age 1)									
Household Size	1	2	3	4	5	6	7	8	Each Addt'l
Income	\$2,188	\$2,961	\$3,734	\$4,507	\$5,280	\$6,053	\$6,826	\$7,599	\$774

For more information, you can visit the following website to fill out a questionnaire and determine your eligibility:
<https://a069-access.nyc.gov/ACCESSNYC/application.do>

Note: Certain income and resources are not counted for Medicaid. Some common assets that are not counted include a home that you live in all or most of the time, household goods, personal effects, a car used by household members, loans, and certain pension plans and retirement funds. Common income that is not counted includes third party health insurance premiums, HEAP benefits, loans, and rent or utilities that are paid for you by another person. You can also exclude a limited amount of infrequent or irregular income, earned income, unearned income, and support payments (including child support).

CAN I STILL BE ELIGIBLE FOR MEDICAID OR HEALTH INSURANCE IF I DON'T MEET THE INCOME AND RESOURCE REQUIREMENTS ABOVE?

If your income or resources are above these limits, you still have health insurance options:

- You may qualify for Medicaid with a Spend-Down (see Mobilization for Justice Fact Sheet “Medicaid Spend-Down Program” for more information).
- If you are not eligible for Medicaid, you can buy health insurance on the New York State of Health marketplace. If your income is low enough, you may qualify for a Cost Sharing Reduction (CSR) which helps lower your out of pocket expenses, or an Advance Premium Tax Credit (APTC) which lowers your monthly premium cost. Visit nystateofhealth.ny.gov to apply and learn more.

WHAT SERVICES ARE COVERED?

Listed below are some of the services covered by Medicaid in New York. To find out if Medicaid covers a certain procedure or service, contact the Office of Health Insurance Programs Operations at 800-342-3005. This line will not provide a general list of covered services, so you need to know which procedure you are asking about when you call.

Mandatory Services

The federal government requires all states to provide the following “mandatory services”:

- Inpatient hospital services
- Outpatient hospital services
- EPSDT: Early and Periodic Screening, Diagnostic, and Treatment Services
- Nursing Facility Services
- Home health services
- Physician services
- Rural health clinic services
- Federally qualified health center services
- Laboratory and X-ray services
- Family planning services
- Nurse Midwife services
- Certified Pediatric and Family Nurse Practitioner services
- Freestanding Birth Center services (when licensed or otherwise recognized by the state)
- Transportation to medical care
- Tobacco cessation counseling for pregnant women

Optional Services

In addition to mandatory services, the federal government lets states decide whether or not to include “optional services”. New York State covers the following optional services:

- Free-standing clinic services
- Optometrist services and eyeglasses,
- Physical, occupational and speech therapy (limited to 20 visits each per year, except for children and people with developmental disabilities)
- Essential dental services, dentures
- Audiology and hearing aids
- Emergency hospital services
- Personal care services
- Psychological services
- Private duty nursing
- Prosthetic devices and orthotic appliances
- Durable medical equipment, such as an electric wheelchair
- Prescription drugs
- Nursing Facility Services for those under 21 years of age
- Intermediate Care Facility Services for people with developmental disabilities
- Diagnostic and screening services
- Preventive and rehabilitative services
- Medical transportation services
- Hospice
- Case management services
- TB-related services
- Inpatient psychiatric facility services for individuals under age 21 and over 65

- Home and community-based services for individuals with disabilities and chronic medical conditions
- Health Homes for recipients with chronic medical conditions

HOW DO I APPLY?

Where you apply for Medicaid will depend on your category. Remember that if you are an SSI recipient, Cash Assistance recipient, or child in foster care, you do not have to submit a separate application.

MAGI

The following individuals should apply with New York State of Health Marketplace at <https://nystateofhealth.ny.gov/> or call 855-355-5777:

- Adults aged 19-64 (not pregnant, not eligible for Medicare);
- Pregnant women and infants;
- Children ages 1 – 18; and
- Parents and Caretaker Relatives

Non-MAGI

The following individuals should apply at a local Medicaid office:

- Elderly people
- People who are blind
- People with disabilities

You can find your local office at <http://www1.nyc.gov/site/hra/locations/medicaid-locations.page>

WHO CAN HELP ME APPLY?

There are people in your community who are trained to help you understand and apply for health coverage. These people can help you to enroll in a plan that is best for you and your family.

In Person Assistor/Navigator

In Person Assistors (IPA)/Navigators provide free enrollment assistance. They speak over 40 different languages and are available at community-based locations. Visit <http://info.nystateofhealth.ny.gov/IPANavigatorSiteLocations> or call 855-355-5777 for more information.

Certified Application Counselor

Certified Application Counselors (CAC's) work for hospitals, clinics, providers or health plans. Call 855-355-5777 for more information.

Broker

"Certified brokers" are like real estate brokers, but instead of an apartment they help you find an insurance plan. They may charge fees, but help applying for coverage and enrolling in a plan is free. Visit: https://nystateofhealth.ny.gov/agent/hx_brokerSearch for more information.

Authorized Representative

You may have a trusted friend, relative, partner, or lawyer help you and act for you on matters related to your application. This person is called an authorized representative. You need to give permission to the Marketplace to speak with your authorized representative. For information on how to name someone as your authorized representative call: 855-355-5777.

WHEN I GO TO APPLY, WHAT SHOULD I BRING?

You should gather the following items:

- Proof of your age (birth certificate)
- Proof of citizenship or immigration status (passport or green card)
- Recent pay stubs if you have a job
- Proof of income from government sources like Social Security Retirement, SSI, SSD, or Veterans benefits.
- Proof of where you live (a receipt for rent, utility bills in your name or a copy of your lease)
- Insurance card if you have other insurance
- Medicare Benefit Card if you already have one

You will need to show these items so that the interviewer can figure out if you are eligible for Medicaid or not.

WHAT ARE MY RIGHTS?

Your local Medicaid office must send you a notice of acceptance or denial within 45 days of the day you apply. If you are pregnant or are applying on behalf of children, that time period is 30 days. However, if you are applying and have a disability that needs to be evaluated, the limit is extended to 90 days.

If you are not satisfied with a decision, you may request a conference with the agency or request a Fair Hearing from the New York State Office of Temporary and Disability Assistance (OTDA). To request a conference with the agency call the Conference Unit at 718-637-2426. You can request a Fair Hearing from OTDA by Phone: 800-342-3334; Fax: 518-473-6735; Online: <http://otda.ny.gov/hearings/request/>; or in person: 14 Boerum Place, 1st Floor, Brooklyn (between Livingston St. and Joralemon St.).

WHO CAN I CONTACT IF I HAVE QUESTIONS?

You may call Mobilization for Justice, Inc.'s Government Benefits Project at 212-417-3732 on Mondays from 10:00 a.m. to 12:00 p.m. If you are a mental health consumer you may call Mobilization for Justice's Mental Health Law Project at 212-417-3830 on Mondays, Tuesdays, and Thursdays from 10:00 a.m. to 5:00 p.m.

DISCLAIMER: This fact sheet gives general information for NYC residents; it is NOT legal advice