



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

Notice of Decision

Decision Date: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003426

[REDACTED]

Dear [REDACTED],

On August 28, 2015, your authorized representative, [REDACTED], appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's May 19, 2015 eligibility determination.

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 at the top of this notice.

Legal Authority

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

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: November 09, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003426

[REDACTED]

Issue

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

Did the Marketplace properly determine that you should be reimbursed for your monthly Medicare Part B premiums effective May 1, 2015?

Procedural History

On January 30, 2015, you submitted an application for health insurance through the Marketplace.

On February 5, 2015, the Marketplace issued an eligibility determination notice that you are eligible for Medicaid effective February 1, 2015.

On May 19, 2015, the Marketplace issued an eligibility determination notice that you are eligible to receive reimbursement for your monthly Medicare Part B premiums from New York State of Health effective May 1, 2015.

On June 8, 2015, the Marketplace received an appeal request from your authorized representative as to "the May 1, 2015 effective date that Medicaid began reimbursement of [your] Medicare Part B premiums."

On August 28, 2015, you had a scheduled telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Your authorized, [REDACTED]

██████████, represented you during the hearing. 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 applied for health insurance through the Marketplace for yourself.
2. The Marketplace determined you eligible for Medicaid effective February 1, 2015.
3. On May 19, 2015, the Marketplace issued an eligibility determination notice stating that you will be reimbursed for your monthly Medicare Part B premiums from New York State of Health effective May 1, 2015.
4. On June 5, 2015, your authorized representative mailed to the Marketplace a notice dated March 2, 2015 from the Social Security Administration stating that your Medicare Part A and Part B would start April 2015. The notice states that “[y]our monthly premium for Medicare Part B (medical insurance is \$104.90) beginning April 2015.”
5. Your authorized representative stated that you were advised by the Marketplace to apply for the reimbursement of your Medicare Part B premiums through the Human Resources Administration (HRA). You applied for Medicare Part B premium assistance at a local Medicaid Office at the end of March 2015.
6. You are seeking to have your April 2015 Medicare Part B monthly premium reimbursed.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Payment of Medicare part B premiums will be made by the Medicaid program if a recipient is:

- (1) enrolled in a voluntary insurance program under Medicare part B;
- (2) receiving cash grants as an eligible recipient of public assistance;
- (3) receiving chronic care in a medical institution;

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(4) receiving care in a public home; or

(5) a qualified Medicare beneficiary

(18 NYCRR § 360-7.8(b)).

“The [Medicaid] program will pay the Medicare part B monthly premiums for a qualified Medicare beneficiary beginning with the month following the month he or she applies for [Medicaid] payment of these amounts” (18 NYCRR § 360-7.8(b)(5)).

Legal Analysis

The only issue under appeal is whether or not the Marketplace properly determined that your Medicare Part B monthly premiums should be reimbursed effective May 1, 2015.

An individual is eligible to have their Medicaid Part B premiums paid by Medicaid if they meet the criteria under 18 NYCRR § 360-7.8(b). On May 19, 2015, the Marketplace issued an eligibility determination notice that you are eligible to receive reimbursement of Medicare Part B premiums effective May 1, 2015.

An individual is eligible to have their monthly Medicare part B premiums reimbursed through Medicaid the month after they apply.

Your authorized representative stated that you were advised by the Marketplace to apply for the reimbursement of your Medicare Part B premiums through the Human Resources Administration (HRA). Furthermore, you applied for the reimbursement of the Medicare Part B premiums at the end of March 2015.

The credible evidence in the record shows that the effective date of your premium reimbursement should have been April 1, 2015. Therefore, the May 19, 2015 eligibility determination notice is MODIFIED to state that you are eligible to receive reimbursement of your Medicare Part B premium from New York State of Health effective April 1, 2015.

Decision

The May 19, 2015, eligibility determination notice is MODIFIED to state that you are eligible to receive reimbursement of your Medicare Part B premiums from New York State of Health effective April 1, 2015.

Effective Date of this Decision: November 09, 2015

How this Decision Affects Your Eligibility

This decision changes the effective date of your eligibility to receive reimbursement for your Medicare Part B premiums from New York State of Health from May 1, 2015 to April 1, 2015.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services 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 after the date 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 U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c))

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
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Summary

The May 19, 2015, eligibility determination notice is MODIFIED to state that you are eligible to receive reimbursement of your Medicare Part B premiums from New York State of Health effective April 1, 2015.

This decision changes the effective date of your eligibility to receive reimbursement for your Medicare Part B premiums from New York State of Health from May 1, 2015 to April 1, 2015.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[REDACTED]

[REDACTED]