



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

Notice of Decision

Decision Date: January 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010224

[REDACTED]

[REDACTED],

On December 14, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's April 7, 2016 disenrollment 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 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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Decision

Decision Date: January 12, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000010224



Issue

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

Did NY State of Health properly determine that your enrollment in a Medicaid Managed Care (MMC) plan terminated on May 31, 2016?

Procedural History

On January 27, 2016, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective February 1, 2016.

That same day, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an MMC plan through MetroPlus, effective February 1, 2016.

On April 7, 2016, NYSOH issued a disenrollment notice, advising that your enrollment in your MMC plan would end, effective May 31, 2016, as you were no longer eligible to remain enrolled in your current health insurance.

On June 13, 2016, you spoke to NYSOH's Account Review Unit and appealed, because you wanted Medicaid to pay your Medicare part B premiums for the months of April and May 2016, when you were still enrolled in your MMC plan.

On December 14, 2016 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.

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Findings of Fact

A review of the record supports the following findings of fact:

- 1) You testified that you were found eligible for Medicaid in January 2016, and that you picked a MetroPlus health plan.
- 2) You testified that you believe you became eligible for Medicare in April of 2016.
- 3) You testified that you are not sure when you first notified NYSOH that you were eligible for Medicare, but that you contacted your application counselor at MetroPlus to let her know, and she was going to request for your Medicare premium to be paid.
- 4) You testified that you are seeking reimbursements for your Medicare Part B premiums for April 2016 and May 2016.
- 5) You testified that the premiums were approximately \$104.00 each month, and that they were deducted from your Social Security Disability check.
- 6) You testified that your Medicare part B premiums started being paid by NYSOH on June 1, 2016.
- 7) You testified that you are not sure, but you probably used your MMC coverage in April and May 2016.

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

Applicable Law and Regulations

Medicaid

Medicaid can be provided through the Marketplace to adults who: (1) Are age 19 or older and under age 65; (2) Are not pregnant; (3) Are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act; (4) Are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part; and (5) Have a household modified adjusted gross income that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

In an analysis of Medicaid eligibility, the determination is based on the FPL "for the applicable budget period used to determine an individual's eligibility" (42 CFR

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§ 435.4). On the date of your application, that was the 2013 FPL, which is \$11,490.00 for a one-person household (79 Federal Register 3593, 3593). Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits can be based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

Medicaid Premium Reimbursement

A person may be eligible for Medicaid reimbursement of health insurance premiums paid if the payment of those premiums is cost-effective and so reduces the cost of providing Medicaid services (see NYS Social Services Law § 367a(b), 18 NYCRR § 360-7.5, GIS 02 MA/019). Cost-effectiveness may be determined by comparing what it would cost Medicaid to provide coverage to the cost of the premiums for the health insurance policy.

Payment of Medicare part B premiums will be made by Medicaid if a Medicaid recipient is a qualified Medicare beneficiary, pursuant to 18 NYCRR § 360-7.7(g). Payment of the part B premium begins in the month following the month in which the qualified Medicare beneficiary applies for Medicaid payment of the premiums (18 NYCRR § 360-7.8(b)(5)).

Medicaid Managed Care Plans

Generally, with regard to enrollment in a MMC plan, Medicaid recipients, except for those who are eligible for an exemption or an exclusion, must enroll in a MMC plan (18 NYCRR § 360-10.4(a)).

An individual dually eligible for Medicaid and benefits under the federal Medicare program may be required to enroll into a MMC plan (NY Soc. Serv. Law § 364-j(3)(e)(i)).

The MMC program excludes from enrollment consumers who receive Medicare benefits. Once Medicare coverage is gained the recipient must be disenrolled from their MMC plan as soon as possible (GIS 11 MA/025).

Legal Analysis

The issue under review is whether NYSOH properly determined that your enrollment in a MMC plan ended on May 31, 2016.

According to the January 27, 2016 eligibility determination notice, you were eligible for Medicaid as of February 1, 2016. Also on January 27, 2016, NYSOH issued an enrollment notice confirming your enrollment in a MMC plan.

A person who is Medicaid eligible generally must enroll in a MMC plan. However, the MMC program excludes from enrollment consumers who receive Medicare benefits. Once Medicare coverage is gained the recipient must be disenrolled from their MMC plan as soon as possible.

Your NYSOH account contains a notice dated April 7, 2016 stating that you were to be disenrollment from your MMC plan because you were no longer eligible to remain in your current health insurance. According to your testimony, you began receiving Medicare in April 2016, and it was your understanding that your MetroPlus application counselor notified NYSOH of this fact at the time when you became eligible.

Since, according to your testimony, you were eligible for Medicare benefits as of April 1, 2016, and NYSOH was made aware of this before April 7, 2016 (the date of the disenrollment notice), NYSOH should have disenrolled you from your MMC plan effective April 30, 2016 instead.

Therefore, the April 7, 2016 disenrollment notice is MODIFIED to state that you are disenrolled from your MMC plan effective April 30, 2016.

According to your testimony, you want to be reimbursed for Medicare part B premiums for April and May 2016. As you were enrolled in a MMC plan in April 2016, you were not eligible to have your Medicare part B premium paid by Medicaid in that month. However, since your MMC enrollment should have ended as of April 30, 2016, your case is RETURNED to NYSOH to determine your eligibility for Medicaid reimbursement of your Medicare part B premium for the month of May 2016.

Decision

The April 7, 2016 disenrollment notice is MODIFIED to state that your enrollment in your MMC was terminated effective April 30, 2016.

Your case is RETURNED to NYSOH to disenroll you from your MMC plan effective April 30, 2016 and to determine your eligibility for Medicaid reimbursement of your Medicare Part B premium for the month of May 2016.

Effective Date of this Decision: January 12, 2017

How this Decision Affects Your Eligibility

You are disenrolled from your MMC plan as of April 30, 2016.

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).

Your case is being sent back to NYSOH to determine your eligibility for Medicaid reimbursement of your Medicare part B premium for the month of May 2016.

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 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 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
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The April 7, 2016 disenrollment notice is MODIFIED to state that your enrollment in your MMC was terminated effective April 30, 2016.

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Your case is RETURNED to NYSOH to disenroll you from your MMC plan effective April 30, 2016 and to determine your eligibility for Medicaid reimbursement of your Medicare Part B premium for the month of May 2016.

You are disenrolled from your MMC plan as of April 30, 2016.

Your case is being sent back to NYSOH to determine your eligibility for Medicaid reimbursement of your Medicare part B premium for the month of May 2016.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

