



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

Notice of Decision

Decision Date: December 14, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023263

[REDACTED]

[REDACTED]

On December 6, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's July 13, 2017 disenrollment notice and September 12, 2017 eligibility determination 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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NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023263



Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health properly determine that you were enrolled in a Medicaid Managed Care plan for the month of August 2017?

Did NY State of Health properly determine that you were ineligible for Medicaid reimbursement of your Medicare Part B premiums for August 2017?

Procedural History

On March 29, 2017, NY State of Health (NYSOH) issued an eligibility determination notice, based on your March 28, 2017 updated application, stating that you remained eligible for Medicaid, effective March 1, 2017.

Also on March 29, 2017, a plan enrollment notice was issued confirming your enrollment in a Medicaid Managed Care (MMC) plan as of May 1, 2017.

On July 13, 2017, NYSOH issued a disenrollment notice stating that your enrollment in your MMC plan would end effective August 31, 2017, because NYSOH's records showed that you had Medicare coverage.

On September 12, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to have Medicaid reimburse your Medicare Part B premiums, effective October 1, 2017.

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On October 10, 2017, NYSOH created [REDACTED], which indicates that you were enrolled in a MMC plan in the month of August 2017, and because of this enrollment, you could not receive Medicare Part B premium reimbursement for that month. This incident further indicates that you received Medicare Part B premium reimbursement for the month of September 2017.

On October 11, 2017, you spoke to NYSOH's Account Review Unit and appealed the September 12, 2017 eligibility determination insofar as you were not found eligible for Medicaid reimbursement of your Medicare Part B premiums for August 2017.

On November 29, 2017, the NY State Department of Health, Third Party Liability Unit submitted a Summary and supporting documentation.

On December 6, 2017, 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) According to your NYSOH account, on July 12, 2017, a NYSOH system update indicated that you had active coverage through Medicare.
- 2) You testified that you became aware that you were enrolled in Medicare as of August 1, 2017 when you received notification from the Social Security Administration in May 2017. You further testified that you immediately contacted NYSOH attempting to apply for Medicare Part B premium reimbursement.
- 3) You testified that, when you inquired as to what you needed to do to apply for premium reimbursement, you were sent back and forth between NYSOH and your County, and no one seemed to know how you were supposed to apply.
- 4) According to your NYSOH account and your testimony, you are enrolled in Medicare Part B as of August 1, 2017.
- 5) You testified that you are seeking reimbursement for your Medicare Part B premiums for August 2017.
- 6) According to the summary submitted by the NY State Department of Health, at the time you became eligible for Medicare, you were enrolled in an MMC plan and Medicaid was paying the MMC plan premium of

\$503.07 per month. This summary further states that the NY State Department of Health, Third Party Liability Unit's position is that it is not cost effective for Medicaid to pay the monthly MMC premium and the Medicare Part B premium for the same month [REDACTED]
[REDACTED]

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)), N.Y. Soc. Serv. 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 § 435.4). On the date of your application, that was the 2017 FPL, which is \$12,060.00 for a one-person household (82 Fed. Reg. 8831).

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.

Medicaid Managed Care Plans

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Generally, with regard to enrollment in an 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)).

A Medicaid recipient who has primary medical or health care coverage available from a Third-Party payor may be required to enroll with a managed care program when the payment of the premium or cost sharing amounts would be cost-effective, as determined by the local social services district (NY Soc. Serv. Law § 364-j(3)(e)(xx)).

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 first issue under review is whether NYSOH properly determined that you were enrolled in a MMC plan for the month of August 2017.

According to the March 29, 2017 eligibility determination notice you were eligible for Medicaid as of March 1, 2017. Also on March 29, 2017, a plan enrollment notice was issued 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.

According to your NYSOH account, on July 12, 2017, a NYSOH system update indicated that you were enrolled in coverage through Medicare.

Since you were eligible for Medicare benefits as of August 1, 2017, and NYSOH was made aware of this on July 12, 2017, NYSOH should have disenrolled you from your MMC plan effective July 31, 2017.

Therefore, the July 13, 2017 disenrollment notice is MODIFIED to state that you are disenrolled from your MMC plan effective July 31, 2017.

The second issue is whether NYSOH properly determined that you were ineligible to have Medicaid reimburse your Medicare Part B premiums for the month of August 2017.

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.

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NYSOH determined that you were not eligible for Medicaid reimbursement of your Medicare Part B premiums for August 2017 as you were enrolled in a MMC plan for that month.

However, as discussed above NYSOH should have disenrolled you from your MMC plan as of July 31, 2017 because your application contained information showing that you were enrolled in Medicare coverage as of August 1, 2017.

As NYSOH relied upon your enrollment in a MMC plan for the months of August 2017 in their determination that you were ineligible for Medicaid reimbursement of your Medicare Part B premiums for August 2017, your case is RETURNED to NYSOH to redetermine your eligibility for Medicaid reimbursement of your Medicare Part B premiums for August 2017.

Decision

The July 13, 2017 disenrollment notice is MODIFIED to state that you are disenrolled from your MMC plan, effective July 31, 2017.

Your case is RETURNED to NYSOH to disenroll you from your MMC plan effective July 31, 2017 and to redetermine your eligibility for Medicaid reimbursement of your Medicare Part B premiums for August 2017.

Effective Date of this Decision: December 14, 2017

How this Decision Affects Your Eligibility

You are disenrolled from your MMC plan as of July 31, 2017.

Your case is being sent back to NYSOH to redetermine your eligibility for Medicaid reimbursement of your Medicare Part B premiums August 2017.

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

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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
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

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).

The July 13, 2017 disenrollment notice is MODIFIED to state that you are disenrolled from your MMC plan, effective July 31, 2017.

You are disenrolled from your MMC plan as of July 31, 2017.

Your case is RETURNED to NYSOH to disenroll you from your MMC plan effective July 31, 2017 and to redetermine your eligibility for Medicaid reimbursement of your Medicare Part B premiums for August 2017.

Legal Authority

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

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。我们可以为您免费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 مجانًا.

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).

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।

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 okyerE 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.

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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.