



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

Notice of Decision

Decision Date: April 30, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028860

[REDACTED]

[REDACTED]

On April 23, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's December 1, 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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Decision

Decision Date: April 30, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000028860

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) properly determine that your eligibility for Medicaid reimbursement of your Medicare Part B premium began on October 1, 2017?

Procedural History

On September 30, 2017, your NYSOH account was created, and a paper application entitled "New York State Application for Certain Benefits and Services," and signed by you on August 23, 2017, was uploaded to your NYSOH account.

On October 1, 2017, NYSOH issued a notice stating your application of August 23, 2017 was received by NYSOH, but more information was needed, including your child's Social Security number, you and your child's demographic information, and information on any health insurance you or your child had or had access to through employment. The notice directed you to contact NYSOH by October 16, 2017 to complete your application.

On October 18, 2017, you updated your NYSOH application and requested assistance paying medical bills for the three months prior to October 2017.

On October 19, 2017, NYSOH issued a notice of eligibility determination stating you were eligible for Medicaid, effective October 1, 2017.

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Also on October 19, 2017, NYSOH issued a notice of eligibility determination stating you were eligible for retroactive Medicaid in the months of July and September 2017, and asking you to provide income documentation for the month of August 2017.

On December 1, 2017, NYSOH issued a notice stating you were eligible to receive reimbursement from Medicaid for your Medicare Part B premium, effective October 1, 2017.

On February 13, 2018, you updated your NYSOH account. That same day, NYSOH prepared a preliminary eligibility determination stating you were eligible for retroactive Medicaid for the month of August 2017.

Also on February 13, 2018, you spoke with NYSOH's Account Review Unit and filed an appeal, insofar as your eligibility for Medicaid reimbursement of your Medicare Part B premium did not begin on July 1, 2017.

On April 23, 2018, 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) You testified you have been enrolled in Medicare Part A and Part B since June 2012.
- 2) You testified you have had Medicaid through your local Department of Social Services (DSS) in the past.
- 3) You testified you went to DSS to apply for Medicaid again and your application was sent to NYSOH. You testified no one at DSS told you why your case was being transferred.
- 4) You testified you believe you were receiving Medicaid reimbursement of your Medicare Part B premium previously when your Medicaid case was through DSS, as you have never had to pay a Medicare Part B premium in the past, and no premium was ever deducted from your disability check.
- 5) You testified you were told when you did your application with DSS you would be reimbursed for the two months before September 2017, so you do not understand why your premiums for that month have not been covered.

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

Applicable Law and Regulations

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)).

Legal Analysis

The issue under review is whether NYSOH properly determined your eligibility for Medicaid reimbursement of your Medicare Part B premiums began on October 1, 2017, and not July 1, 2017.

Medicaid will pay the Medicare Part B premiums of a qualified Medicare beneficiary beginning the month after the beneficiary applies for Medicaid payment of premiums.

The record reflects your paper application was received by NYSOH in September 2017. NYSOH subsequently determined you to be eligible for Medicaid reimbursement of your Medicare Part B premiums, beginning October 1, 2017. As your application for Medicaid was made in September 2017, NYSOH correctly determined your eligibility for Medicaid reimbursement of your Medicare Part B premiums to begin on October 1, 2017. For this reason, the December 1, 2017 notice stating you were eligible to receive Medicaid reimbursement for your Medicare Part B premiums, beginning October 1, 2017, was correct and must be AFFIRMED.

However: It is noted that you testified you have been enrolled in Medicare Part B since June of 2012, and that you have never had to pay your Medicare Part B premium. It is also noted that you testified you were previously enrolled in

Medicaid through your local DSS, and that you did not request to have your case transferred to NYSOH.

There is not enough information in the record to determine whether you were receiving Medicare Part B premium reimbursement through your local DSS. However, if you were, the fact that DSS referred your Medicaid to NYSOH should not have caused a gap in your premium reimbursement.

For this reason, your case is RETURNED to NYSOH to determine whether you were in receipt of Medicaid from your local DSS, and whether Medicaid was paying your Medicare Part B premium.

If NYSOH discovers you were receiving Medicaid reimbursement of your Medicare Part B premium through DSS, and that this reimbursement was disrupted only because DSS referred your case to NYSOH, then NYSOH is directed to coordinate with DSS to arrange for reimbursement of any Medicare Part B premium payments you should have been entitled to.

NYSOH is directed to notify you promptly of the result of their communication with DSS.

Decision

The December 1, 2017 eligibility determination notice is AFFIRMED.

Your case is RETURNED to NYSOH to investigate whether you were in receipt of Medicaid through your local DSS, and, if so, whether Medicaid was paying your Medicare Part B premium.

If NYSOH discovers you were receiving Medicaid reimbursement of your Medicare Part B premium, and that this reimbursement was disrupted only by the referral of your Medicaid case to NYSOH, then NYSOH is directed to coordinate with your local DSS to determine responsibility for the reimbursement of any Medicare Part B premiums you incurred.

NYSOH is directed to notify you promptly of the result of this coordination with DSS.

Effective Date of this Decision: April 30, 2018

How this Decision Affects Your Eligibility

Your Medicare Part B reimbursement properly began on October 1, 2017, based on the date of your application.

Your case is being sent back to NYSOH to determine whether you were receiving Medicaid reimbursement of your Medicare Part B premium through your local DSS, prior to the referral of your case with NYSOH.

If your Medicare Part B premium reimbursement was disrupted only by the transferring of your case to NYSOH, then NYSOH and your local DSS will determine who is responsible for reimbursing you for any Medicare Part B premiums you incurred as a result of that transfer.

NYSOH will notify you promptly of the result of their coordination and communication with DSS.

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 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 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).

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 December 1, 2017 eligibility determination notice is **AFFIRMED**.

Your case is **RETURNED** to NYSOH to investigate whether you were in receipt of Medicaid through your local DSS, and, if so, whether Medicaid was paying your Medicare Part B premium.

If NYSOH discovers you were receiving Medicaid reimbursement of your Medicare Part B premium, and that this reimbursement was disrupted only by the referral of your Medicaid case to NYSOH, then NYSOH is directed to coordinate with your local DSS to determine responsibility for the reimbursement of any Medicare Part B premiums you incurred.

NYSOH is directed to notify you promptly of the result of this coordination with DSS.

Your Medicare Part B reimbursement properly began on October 1, 2017, based on the date of your application.

Your case is being sent back to NYSOH to determine whether you were receiving Medicaid reimbursement of your Medicare Part B premium through your local DSS, prior to the referral of your case with NYSOH.

If your Medicare Part B premium reimbursement was disrupted only by the transferring of your case to NYSOH, then NYSOH and your local DSS will

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determine who is responsible for reimbursing you for any Medicare Part B premiums you incurred as a result of that transfer.

NYSOH will notify you promptly of the result of their coordination and communication with DSS.

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 مجاناً.

বাংলা (Bengali)

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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 bεtumi ama wo obi a okyerε 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.

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.

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