



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

Notice of Decision

Decision Date: December 08, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008494

[REDACTED]

Dear [REDACTED],

On October 11, 2016, you appeared by telephone at a hearing on your appeal of NY State of Health's failure to find your spouse eligible for Medicaid Premium Assistance Payments.

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: December 08, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000008494

[REDACTED]

Issue

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

Did NY State of Health (NYSOH) improperly fail to find your spouse eligible for Medicaid Premium Assistance Payments as of March 30, 2016?

Procedural History

On March 3, 2016, NYSOH received your initial application for health insurance.

On March 4, 2016, NYSOH issued an eligibility determination notice based on the information contained in the March 3, 2016 application. The notice stated that your spouse was conditionally eligible for Medicaid, pending receipt of documentation to confirm her "Benefit information for Third Party Health Insurance" before March 18, 2016. This eligibility determination was effective March 18, 2016.

On March 4, 2016, NYSOH received multiple updates to your application for health insurance, which listed varying annual household earnings, including \$33,000.00, \$41,900.00, \$51,065.00, \$57,900.00, and \$54,300.00.

On March 5, 2016, NYSOH issued an eligibility determination notice based on the information contained in the last update to your March 4, 2016 application. The notice stated that your spouse was eligible for Medicaid, effective April 1, 2016.

On March 15, 2016, NYSOH received (1) a [REDACTED] Summary of Benefits and Coverage for the 2016 plan year and (2) an invoice issued to your spouse by [REDACTED] Employee Benefits Decision for her medical, dental, and vision insurance coverage during April 2016.

On March 30, 2016, NYSOH received an update to your application for health insurance. In response to this application, on that same day, NYSOH prepared a preliminary eligibility determination stating that your spouse was conditionally eligible for Medicaid, effective April 1, 2016, pending receipt of additional documentation. However, this preliminary eligibility determination did not confirm what type of documentation was requested nor by what deadline this documentation was required to be sent to NYSOH. Furthermore, there was no decision made as to your spouse's eligibility for the Medicaid Premium Assistance Program.

Also on March 30, 2016, you contacted NYSOH's Account Review Unit and requested an appeal of that preliminary eligibility determination insofar as your spouse was not found eligible for the Medicaid Premium Assistance Program.

On March 31, 2016, NYSOH issued an eligibility determination notice based on the information contained in the March 30, 2016 application. The notice stated that your spouse was *conditionally* eligible for Medicaid, pending receipt of documentation to confirm her "Benefit information for Third Party Health Insurance" before April 14, 2016. This eligibility determination was effective April 1, 2016.

On April 8, 2016, NYSOH redetermined your household's eligibility.

On April 9, 2016, NYSOH issued an eligibility determination notice stating that your spouse was eligible for Medicaid, effective April 1, 2016. Because your spouse had third-party insurance, she was not eligible to enroll in a Medicaid Managed Care plan. The notice did not contain any determination on eligibility for the Premium Assistance Program.

On July 22, 2016, NYSOH received two updates to your application for health insurance. The updates included the addition of twin newborn children to your family.

Also on July 22, 2016, NYSOH received an [REDACTED] of Medicaid 2016 Benefits Summary for the [REDACTED] Student.

On July 23, 2016, NYSOH issued an eligibility determination notice based on the information contained in the last updated provided in your July 22, 2016 application. The notice stated that your spouse was no longer eligible for

Medicaid; however, her Medicaid coverage would continue until February 29, 2017 under a policy known as “continuous coverage.” The notice also stated that your children remained *conditionally* eligible for Medicaid, pending receipt of documentation to confirm their “Benefit Information for Third Party Health Insurance” by August 6, 2016.

On July 30, 2016, NYSOH issued a notice stating that the documentation recently received did not satisfy the requested for proof to verify your children’s “Benefit Information for Third Party Health Insurance.” You were requested to provide additional documentation to satisfy the request by August 21, 2016.

On October 11, 2016, you had a telephone hearing with a Hearing Officer from NYSOH’s Appeals Unit. The record was developed during the hearing and remained open as the Hearing Officer directed you to provide as additional evidence to corroborate your testimony: (1) reasonably acceptable evidence reflecting proof of monthly premium costs due for spouse's COBRA policy and (2) copy of front and back of your spouse's insurance card. The record was to be closed 15 days after the hearing date, or upon the receipt of the above referenced documents, whichever occurred earlier.

On October 26, 2016, you provided to the Appeals Unit through your NYSOH online account a cancelled checks issued by your and your spouse to [REDACTED] reflecting that your paid (1) \$280.93 on March 30, 2016, (2) \$541.93 on May 9, 2016, (3) \$522.00 on June 1, 2016 and (4) \$502.07 on September 29, 2016.

On October 26, 2016, you also provided to the Appeals Unit through your NYSOH online account the front and back of the [REDACTED] Health Plan card issued to your spouse.

Accordingly, the record was closed on October 26, 2016.

Findings of Fact

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

- 1) Your spouse was found conditionally eligible for Medicaid effective March 1, 2016, pending receipt of documentation to confirm the “Benefit Information for Third Party Health Insurance.”
- 2) On March 5, 2016 and April 9, 2016, NYSOH issued eligibility determination notices stating that your spouse was eligible for Medicaid, without condition, effective April 1, 2016.

- 3) Your application reflects that your spouse has been enrolled in [REDACTED] Health Plan policy through COBRA from October 1, 2015 until at least September 30, 2016.
- 4) You testified that your spouse ended her employment when she became pregnant, and enrolled remained enrolled in her employer-sponsored insurance through COBRA.
- 5) You testified, and the record reflects, that you were seeking for your spouse to be found eligible for Medicaid assistance in paying for COBRA premiums.
- 6) You testified that you were concerned about your spouse's continuity of care, and desired for her to be able to remain enrolled under her COBRA plan with the financial assistance of Medicaid.
- 7) You testified that the COBRA premiums were become increasingly unaffordable without the Medicaid Premium Assistance Program.
- 8) On March 15, 2016, you provided to NYSOH an invoice issued to your spouse by [REDACTED] for her medical, dental and vision insurance coverage during April 2016. The premium due for the month of April 2016 was \$280.93.
- 9) At the Hearing Officer's request, on October 26, 2016, you provided to NYSOH Appeals Unit cancelled checks issued by your and your spouse to [REDACTED] reflecting that you paid (1) \$280.93 on March 30, 2016, (2) \$541.93 on May 9, 2016, (3) \$522.00 on June 1, 2016 and (4) \$502.07 on September 29, 2016 for her monthly insurance costs.
- 10) On October 26, 2016, you also provided to NYSOH Appeals Unit the front and back of the [REDACTED] Health Plan card issued to your spouse.

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

Applicable Law and Regulations

The state or local agency administering Medicaid programs must take all reasonable measures to ascertain the legal liability of third parties (Social Security Act § 1902(a)(25); 42 USC § 1396(a)). Third parties include health insurers, self-insured plans, group health plans, service benefit plans, managed

care plans, etc., that are legally responsible for payment of a claim for a health care item or service (*id.*).

In New York, payment of the premiums for COBRA continuation coverage is made by the Medicaid program for services of health care providers (18 NYCRR § 360-7.5(h)(1)(i), (a)(2)). The Medicaid assistance program will pay premiums for COBRA continuation coverage if it is determined that the savings in Medicaid expenditures are likely to exceed the amount of premium payments for COBRA (18 NYCRR §360-7.5(h)(2)).

The cost-benefit analysis for COBRA premiums that is to be relied upon by NY State of Health is performed by the Department of Health's Third Party Resource Unit (13 ADM 03 [Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010], Section III, Subsection I). The unit performs this analysis using a programmed calculator known as HIPP calculator (GIS 13 MA/012 (May 1, 2013)). The determinations of cost effectiveness are subject to appeal (13 ADM 03, Section III, Subsection J).

Legal Analysis

The matter at issue is whether NYSOH properly did not find your spouse eligible for Medicaid Premium Assistance Payments as of March 30, 2016.

Your spouse was found Medicaid eligible and continued her [REDACTED] Health Plan (third party health plan) coverage through COBRA.

On March 4, 2016, NYSOH advised you that the Medicaid program might be able to pay your health insurance premiums.

On March 15, 2016, you provided documentation to NYSOH showing that your monthly premium cost for April 2016 was \$280.93. At the time these documents were submitted to NYSOH for review on your spouse's eligibility for Medicaid Premium Assistance Payments, this would have amounted to \$3,371.16 per year. However, the record reflects that no HIPP analysis was performed on the basis of your spouse having been enrolled in a COBRA plan at that time.

At the Hearing Officer's request, you subsequently provided cancelled checks issued by you and your spouse to [REDACTED] reflecting that you paid (1) \$280.93 on March 30, 2016, (2) \$541.93 on May 9, 2016, (3) \$522.00 on June 1, 2016 and (4) \$502.07 on September 29, 2016 for her monthly insurance costs.

Your case is RETURNED to NYSOH to redetermine your spouse's eligibility for Medicaid Premium Assistance Payments as of April 1, 2016 based on invoice amounts paid to [REDACTED] Pending Account, including: (1)

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\$280.93 on March 30, 2016, (2) \$541.93 on May 9, 2016, (3) \$522.00 on June 1, 2016 and (4) \$502.07 on September 29, 2016.

Decision

Your case is RETURNED to NYSOH to redetermine your spouse's eligibility for Medicaid Premium Assistance Payments as of April 1, 2016 based on invoice amounts paid to [REDACTED], including: (1) \$280.93 on March 30, 2016, (2) \$541.93 on May 9, 2016, (3) \$522.00 on June 1, 2016 and (4) \$502.07 on September 29, 2016.

Effective Date of this Decision: December 08, 2016

How this Decision Affects Your Eligibility

You will receive a new determination shortly on your spouse's eligibility for Medicaid Premium Assistance Payments as of April 1, 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.

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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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P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

Your case is RETURNED to NYSOH to redetermine your spouse's eligibility for Medicaid Premium Assistance Payments as of April 1, 2016 based on invoice amounts paid to [REDACTED], including: (1) \$280.93 on March 30, 2016, (2) \$541.93 on May 9, 2016, (3) \$522.00 on June 1, 2016 and (4) \$502.07 on September 29, 2016.

You will receive a new determination shortly on your spouse's eligibility for Medicaid Premium Assistance Payments as of April 1, 2016.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

