



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

Notice of Decision

Decision Date: September 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019280

[REDACTED]

Dear [REDACTED],

On September 5, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 27, 2017 notice stating that you were not 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: September 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000019280

[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 you were ineligible for Medicaid Premium Assistance Payments for the months of March, April, and May 2017?

Procedural History

On February 17, 2017, NYSOH received your updated application for health insurance.

On February 18, 2017, NYSOH issued a notice stating that your February 17, 2017 application had been reviewed, but that the income information in your application did not match information NYSOH received from state and federal data sources. The notice advised you to submit documentation of your income and documentation of benefit information for your third-party health insurance by March 4, 2017.

No documentation was uploaded to your NYSOH account by March 4, 2017.

On March 10, 2017, you updated your NYSOH application.

On March 11, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible to purchase a qualified health plan at full cost through NYSOH, effective April 1, 2017. The notice further stated that you were not eligible to receive a tax credit toward the cost of your insurance, nor were you

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eligible to enroll in the Essential Plan, because you were enrolled in, or eligible to enroll in, employer-sponsored insurance that was affordable and met minimum value standards. Lastly, the notice stated that you were not eligible for Medicaid because the income provided in your application of \$18,517.85 was over the allowable Medicaid income limit of \$16,643.00.

On April 3, 2017, you updated your NYSOH application.

On April 4, 2017, NYSOH issued a notice stating that you were eligible for the Essential Plan for a limited time, with a monthly premium of \$20.00, effective May 1, 2017. The notice further advised you to submit documentation of your income by July 2, 2017.

On April 19, 2017, you updated your NYSOH account and faxed documentation to NYSOH.

On April 21, 2017, NYSOH issued a notice stating that your April 19, 2017 application had been reviewed, but that the income information in the application did not match what NYSOH received from state and federal data sources. The notice advised you to provide documentation of your income by May 4, 2017.

Also on April 21, 2017, NYSOH verified the income documentation you faxed to NYSOH on April 19, 2017, and reran your application.

On April 22, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective April 1, 2017. The notice stated that you were not allowed to enroll in a Medicaid Managed Care plan because you had other full benefit health insurance or Medicare.

On April 24, 2017, you re-faxed the same documentation that you had faxed to NYSOH on April 19, 2017.

On April 27, 2017, NYSOH issued a notice stating that NYSOH had determined that you were not eligible for payment of health insurance premiums because it was not cost effective for NYSOH to make such payments.

On April 28, 2017, NYSOH issued a notice of eligibility determination stating that you remained eligible for Medicaid, effective April 1, 2017. The notice further stated that you were not allowed to enroll in a Medicaid Managed Care plan because you had other full benefit health insurance or Medicare.

On May 25, 2017, you contacted NYSOH's Account Review Unit and requested an appeal of the April 27, 2017 determination notice, insofar as you were not eligible for the Medicaid Premium Assistance Program.

On June 2, 2017, you uploaded a copy of a letter stating that your medical coverage in your Oxford Health Plan ended on May 31, 2017.

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On June 7, 2017, NYSOH issued a notice of eligibility determination stating that you were eligible for Medicaid, effective June 1, 2017. The notice further directed you to select a health plan for enrollment.

On June 13, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an Empire Blue Cross/Blue Shield Medicaid Managed Care plan, beginning July 1, 2017.

On September 5, 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) You testified that you are seeking to be reimbursed for the COBRA premiums you paid for the months of March, April, and May 2017, which equaled a total of \$2,567.43.
- 2) You testified that you were laid off from your job on [REDACTED]. You testified that you immediately filed a claim for Unemployment Insurance Benefits on that day.
- 3) You testified that you also immediately called NYSOH to apply for health insurance coverage, as your coverage through your employer would be ending on the last day of February 2017.
- 4) You testified that you spoke with someone from NYSOH who entered your information into an application, and then told you that you would need to provide documentation of your income. You testified that you informed the NYSOH representative that you would have to wait until you received something from the Department of Labor regarding your Unemployment Insurance Benefits.
- 5) You testified that the NYSOH representative told you that, since it was after February 15th, you would not get coverage until April 2017. You testified that you told the representative that you could not go without coverage, and that you would be electing COBRA coverage in the meantime.
- 6) You testified that submitted information regarding your Unemployment Insurance Benefits to NYSOH, and your NYSOH account reflects that you sent an "Official Record of Benefit Payment History" to NYSOH by fax on April 19, 2017 (Document [REDACTED]).

- 7) You testified that you spoke to NYSOH after you submitted documentation, and were then told that you were not eligible for coverage through NYSOH because you already had insurance.
- 8) You testified that you explained to different NYSOH representatives that you had elected COBRA because you were told you would not get insurance until at least April 2017, but that you could not afford to stay on your COBRA coverage.
- 9) You testified that, by the time the issue was “cleared up,” and you were found eligible for Medicaid, you had already paid for three months of COBRA payments.
- 10) You testified that your monthly COBRA premium was \$855.81.
- 11) On September 2, 2017, a thirteen-page evidence packet from NYSOH's Third Party Liability Unit was uploaded to your NYSOH account. Pages nine and ten of that packet are a printout of a “HIPPP” calculator (Health Insurance Premium Payment) showing that the regional Medicaid Managed Care plan cost of insurance coverage is \$516.01 (Document [REDACTED]).
- 12) You testified that you ended your Medicaid coverage at the end of August 2017 because you started working again and have coverage through your new employer. Your NYSOH account confirms that your account was updated on August 31, 2017, and that NYSOH issued a notice on September 1, 2017 stating that you no longer wanted to receive coverage through NYSOH.
- 13) You testified that you are looking to be reimbursed for your COBRA premiums because you would not have had to elect COBRA coverage if you had been given correct information and if your application had been processed correctly.

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

Applicable Law and Regulations

Medicaid Premium Assistance Payments

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, any 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 NYSOH is performed by the Department of Health's Third Party Liability 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 issue under review is whether NYSOH properly determined that you were ineligible for Medicaid Premium Assistance Payments for the months of March, April, and May 2017.

You testified, and your NYSOH account confirms, that you first applied for health coverage on February 17, 2017. You testified that your employer-sponsored health insurance coverage was ending on February 28, 2017, as you had just been laid off. Your NYSOH account reflects that, based on the information you provided in your application, you were placed in a "pending Medicaid" status, and NYSOH required income documentation to make an eligibility determination.

You testified that the person you spoke with that day informed you that you would not get coverage until April 1, 2017, because you were applying after the fifteenth of the month, and that this caused you to elect to enroll in your COBRA coverage. You testified that you later found out that this was not true, and that you would not have needed to enroll in COBRA payments if you had been given correct information.

While it is true that your coverage could have started as early as February 1, 2017 if you were found eligible for Medicaid, there was no way for the individual you spoke with on February 17, 2017 to know that you were going to be eligible for Medicaid, especially as you testified that you informed this person that you were going to wait to submit any income documentation until you had an approval letter for your Unemployment Insurance Benefits.

Moreover, you testified that your application was repeatedly held up after that point because NYSOH kept telling you that you did not qualify for coverage once you had elected to enroll in your COBRA coverage. However, your COBRA coverage did not prevent you from being found eligible for Medicaid when your application was updated in March 2017. Rather, the amount of income listed in that application was over the Medicaid income limit, so you were not eligible for Medicaid for that reason. The COBRA coverage was relevant only to the extent that it prevented you from being found eligible for tax credits or the Essential Plan. When your application was updated on April 3, 2017, you were found eligible for the Essential Plan, based on the income information in your application, and were found to be over income for Medicaid. It was not until you provided income documentation on April 19, 2017 that NYSOH was able to confirm your eligibility for Medicaid.

Once you were found eligible for Medicaid, NYSOH did consider your request to have your COBRA premiums reimbursed for the months of March, April, and May 2017. On April 27, 2017, NYSOH issued a notice stating that NYSOH had determined that you were not eligible for payment of health insurance premiums by NYSOH. This was because it was not cost effective for NYSOH to pay your health insurance premiums.

You testified, and the record confirms, that your monthly COBRA premium was \$855.81. In New York, payment of the premiums for COBRA continuation coverage is made by the Medicaid program for services of health care providers only if it is determined that the savings in Medicaid expenditures are likely to exceed the amount of premium payments for COBRA.

The cost-benefit analysis for COBRA premiums that is to be relied upon by NYSOH is performed by the Department of Health's Third Party Liability Unit. The unit performs this analysis using a programmed calculator known as the HIPP calculator. In this case, NYSOH's Third Party Liability Unit provided documentation showing that a cost effectiveness calculation was made using the HIPP calculator, and utilizing the monthly COBRA premium of \$855.81. As the regional Medicaid Managed Care monthly coverage rate – the cost for Medicaid to provide you with coverage through a Managed Care plan – is \$516.01, the Third Party Liability Unit determined that it is not cost effective to pay your COBRA premiums, as they cost more than \$516.01 per month.

Although you may have relied in part on the NYSOH representative's statement that you would not be eligible for coverage until April 1, 2017 when you decided to elect COBRA coverage, that is not relevant to the appeal, as the Appeals Unit does not have the authority to direct payment of COBRA premiums where it has been determined that those premium payments were not cost effective. Therefore, the Appeals Unit is constrained to conclude that NYSOH's April 27, 2017 notice, denying your request for coverage of premium payments, was correct and must be AFFIRMED.

Decision

The April 27, 2017 notice denying your request for Medicaid Premium Assistance Payments is AFFIRMED.

Effective Date of this Decision: September 11, 2017

How this Decision Affects Your Eligibility

You are not eligible to have the cost of your COBRA premium payments reimbursed because those premium payments are not cost-effective, pursuant to NY State law and policy.

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 April 27, 2017 notice denying your request for Medicaid Premium Assistance Payments is AFFIRMED.

You are not eligible to have the cost of your COBRA premium payments reimbursed because those premium payments are not cost-effective, pursuant to NY State law and policy.

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)

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।

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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 srɛ wo, frɛ 1-855-355-5777. yɛbɛtumi ama wo obi a okyerɛ 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 דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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