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

Notice of Decision

Decision Date: October 06, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000020117

[redacted]

Dear [redacted],

On September 21, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 16, 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 NY State of Health 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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STATE OF NEW YORK
DEPARTMENT OF HEALTH
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Decision

Decision Date: October 06, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000020117

[redacted]

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 child was not eligible for the Medicaid Premium Assistance Program?

Procedural History

On March 3, 2017, NYSOH received your child's updated application for financial assistance with his health insurance.

On March 4, 2017, NYSOH issued a notice of eligibility determination stating your child was conditionally eligible for Medicaid, effective March 1, 2017. The notice requested you to provide proof of your child's Third-Party Health Insurance by March 18, 2017.

On March 7, 2017, NYSDOH received your application request for Premium Assistance.

On March 10, 2017, NYSOH received your proof of premium billing statement.

On May 16, 2017, NYSOH issued a notice of eligibility determination stating your child was not eligible for payment of health insurance premiums by NYSOH. The notice stated this was because it was not cost effective to pay the health insurance premiums.

On June 21, 2017, you uploaded a copy of your health insurance card front and back.

On June 24, 2017, NYSOH issued a notice stating your child was eligible for Medicaid, effective June 1, 2017.

On June 29, 2017, you spoke to NYSOH's Account Review Unit and appealed the May 16, 2017 determination denying your child's eligibility for Medicaid Premium Assistance payments.

On September 14, 2017, in lieu of appearing at your telephone hearing, NYSDOH's Third Party Liability Unit submitted a copy of an evidence packet and documentation relied on in making the May 16, 2017 determination. The evidence packet was uploaded to your NYSOH account on September 18, 2017 and incorporated into the record as NYSDOH Exhibit.

On September 21, 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 are seeking assistance with the cost of your premiums with your child's health insurance.

2) You testified and provided documentation that you and your child are enrolled in Employer Sponsored Health Insurance with Excellus Blue Cross Blue Shield, effective January 1, 2017.

3) On March 8, 2017, you submitted a plan summary from your Excellus insurance plan which states that you have a family deductible of $5,200.00

4) On March 10, 2017, you submitted a letter stating that you were only applying for Medicaid so that you can get your premium reimbursed because one or more person's in your household is eligible for Medicaid.

5) NYSDOH Third Party Liability Unit submitted an evidence packet in lieu of appearance at the September 21, 2017, telephone hearing.

6) The NYSDOH Third Party Liability Unit evidence packet summary on pg. 1 indicates the unit contacted your insurance carrier to verify the covered policy benefits and deductible amount.

7) The NYSDOH Third Party Liability Unit evidence packet summary on pg. 3 indicates that a calculation of your insurance policy does not meet the criteria to be considered for reimbursement as it exceeds the definition by law of a high deductible plan.

8) Your application states that you live in Tioga County, NY.

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

Applicable Law and Regulations

Medicaid Premium Reimbursement

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 (42 USC. § 1396(a)).

The Medicaid assistance program will pay the health insurance premiums for personal health insurance covering care and other medical benefits which are authorized under the Medicaid program for cost-effective, employer-sponsored group health insurance benefits. Such premiums can also be paid for the benefit of the recipient's spouse and dependent children (18 NYCRR §360-7.5(g)(1).

The cost-benefit analysis for 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)).

A high deductible health plan without regard to whether the plan is purchased in conjunction with a health savings account is not considered to be qualified employer sponsored coverage which would be cost effective and eligible for the premium assistance subsidy (Social Security Laws §1906a(2)(B)).

A high deductible plan is defined as a 2017 deductible of $1,300.00 for an individual or $2,600.00 for a family (26 U.S.C. §223 (C)(2)).

Legal Analysis

The issue is whether NYSOH properly determined that your child was not eligible for the Medicaid Premium Assistance Program.

Your child was found eligible for Medicaid effective March 1, 2017. The record indicates that your child has insurance coverage through your employer sponsored insurance plan, Excellus Blue Cross Blue Shield.

On March 10, 2017, you submitted a letter stating that you were only applying for Medicaid so that you can get your premium reimbursed because one or more person's in your household is eligible for Medicaid.

On May 16, 2017, NYSOH issued a notice of eligibility determination stating your child was not eligible for payment of health insurance premiums by NYSOH. The notice stated this was because it was not cost effective to pay the health insurance premiums.

The Medicaid Premium Assistance Program will pay the health insurance premiums for personal health insurance covering care and other medical benefits which are authorized under the Medicaid program for cost-effective, employer-sponsored group health insurance benefits. Such premiums can also be paid for the benefit of the recipient's spouse and dependent children.

The NYSDOH Third Party Liability Unit evidence packet summary on pg. 3 indicates that a calculation of your insurance policy does not meet the criteria to be considered for reimbursement as it exceeds the definition by law of a high deductible plan.

For an employer sponsored insurance plan to be determined cost-effective for the purposes of the Medicaid Premium Assistance Program, it must not be considered a high-deductible plan. A high deductible plan, as defined by regulation, is any plan with a 2017 deductible that is higher than $2,600.00 for a family plan.

On March 8, 2017, you submitted a plan summary from your Excellus insurance plan which states that you have a family deductible of $5,200.00

Therefore, the employer sponsored insurance policy with which you and your child are enrolled in is a high deductible plan since your deductible cost of $5,200.00 exceeds the $2,600.00 limit.

Since the plan your child is currently enrolled in is a high deductible plan it cannot be considered as cost-effective for the Medicaid Premium Assistance Program to pay your child's premium. Accordingly, the May 16, 2017 eligibility determination

properly states that your child was not eligible for payment of health insurance premiums by NYSOH because it was not cost effective, and is AFFIRMED.

Decision

The May 16, 2017, eligibility determination notice is AFFIRMED.

Effective Date of this Decision: October 06, 2017

How this Decision Affects Your Eligibility

Your employer sponsored insurance policy is ineligible for participation in the Medicaid premium reimbursement program because it is a high deductible plan.

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 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 May 16, 2017, eligibility determination notice is AFFIRMED.

Your employer sponsored insurance policy is ineligible for participation in the Medicaid premium reimbursement program because it is a high deductible plan.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:

[redacted]

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).

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.

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 महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईले बोल्ने भाषामा तपाईलाई नि:शुल्क 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 yɛ tow krataa a ho hia. Sɛ wo hia ɛho nkyerɛkyerɛmu a, yɛ srɛ wo, frɛ 1-855-355-5777. yƐbƐtumi ama wo obi a ɔkyerƐ kasa a woka no ase ama wo kwa a wontua hwee.

اردو (Urdu)

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم1-855-355-5777 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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