



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

Notice of Decision

Decision Date: January 3, 2018

NY State of Health Account ID [REDACTED]
Appeal Identification Number: AP000000023365

[REDACTED]

[REDACTED]

On December 27, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health’s September 25, 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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DEPARTMENT OF HEALTH
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Decision

Decision Date: January 3, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000023365

[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 spouse was not eligible for the Medicaid Premium Assistance Program payments because such payments would not be cost-effective?

Procedural History

On February 15, 2017, NY State of Health (NYSOH) issued a notice of eligibility determination stating your spouse was eligible for Medicaid, effective March 1, 2017.

On July 3, 2017, you uploaded a copy of your spouse's insurance card (see [REDACTED]).

On July 3, 2017, you uploaded a copy of your spouse's invoice for her health insurance premiums ([REDACTED]).

On September 2, 2017, NY State Department of Health (NYSDOH) received your spouse's Employer Sponsored Health Insurance Request for Information form [REDACTED].

On September 25, 2017, NYSOH issued an eligibility determination notice stating your spouse was not eligible for payment of health insurance premiums by NYSOH because it was not cost effective to pay the health insurance premiums.

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On October 16, 2017, you spoke to NYSOH's Account Review Unit and appealed the September 25, 2017 determination denying your spouse's eligibility for Medicaid Premium Assistance payments.

On December 13, 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 September 25, 2017 determination (see [REDACTED]).

A Hearing Officer called you on December 14, 2017. Your spouse answered and identified herself for the record. Your spouse testified she would like to review NYSDOH's Third Party Liability Unit evidence packet before proceeding and have a hard copy mailed to you. The hearing was adjourned to a later date.

On December 15, 2017, NYSDOH'S Third Party Liability Unit evidence packet was delivered to your address and a copy was uploaded to your NYSOH account on December 18, 2017 ([REDACTED]). This document was made part of the record as NYSDOH Exhibit 1.

On December 27, 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 financial assistance with the cost of premiums associated with your spouse's health insurance.
- 2) Your application submitted to NYSOH on September 5, 2017, states you will be filing your 2017 taxes as married filing jointly with four dependent children. You testified this was correct then, but at the time of hearing you will also be claiming your newborn child for five dependents in total.
- 3) Your wife was pregnant at the time of your September 5, 2017 application.
- 4) On September 2, 2017, you applied on behalf of your spouse for premium assistance and submitted to NYSDOH an Employer Sponsored Health Insurance Request for Information form DOH-5106 (see [REDACTED]).
- 5) You testified and provided documentation to show that your spouse was enrolled in employer sponsored health insurance with UnitedHealthcare (see [REDACTED]).

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- 6) You provided an invoice from your spouse's employer sponsored insurance plan, which states you pay \$1,181.96 per month with a \$0.00 deductible (see [REDACTED]).
- 7) You testified your spouse was enrolled with her employer's insurance from June 15, 2017 to September 15, 2017.
- 8) NYSDOH Third Party Liability Unit submitted an evidence packet in lieu of appearance at your telephone hearing.
- 9) The NYSDOH Third Party Liability Unit evidence packet summary at Page 3 indicates the unit contacted your spouse's insurance carrier on September 25, 2017, to verify the covered policy benefits and deductible amount (see [REDACTED]).
- 10) The NYSDOH Third Party Liability Unit evidence packet at Pages 7 and 8 states the HIPP Monthly Regional Premium for [REDACTED] is \$490.66 per month (see [REDACTED] 8).
- 11) The NYSDOH Third Party Liability Unit evidence packet at Page 8 states your spouse's total cost of wrap around benefits plus the cost of her employee health insurance totals \$1,223.76 and as a result total savings would be -\$733.10 (see [REDACTED]).
- 12) Your application states that you live in Rockland 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 U.S.C. § 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 Liability (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)).

When calculating cost effectiveness of a Third-Party Health Insurance policy for Medicaid, districts are to use the HIPP calculator in eMedNY or the regional Medicaid Managed Care capitation rate as a comparison to the cost of the premiums of the commercial policy. The rate comparison must reflect the appropriate district and demographic group of the individual or individuals covered by the policy (GIS 13 MA/012 (May 1, 2013)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your spouse was not eligible for the Medicaid Premium Assistance Program payments because such payments would not be cost-effective.

Your spouse was found eligible for Medicaid, effective March 1, 2017. The record indicates that your spouse had insurance coverage through her employer sponsored insurance plan, UnitedHealthcare. You testified she was enrolled from June 15, 2017 to September 15, 2017.

On September 2, 2017, you submitted to NYSDOH an Employer Sponsored Health Insurance Request for Information form DOH-5106 (see [REDACTED]).

NYSDOH issued a notice to you on September 25, 2017, stating it had determined your spouse was not eligible for payment of health insurance premiums because it is not cost effective to pay such premiums (see [REDACTED]).

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.

For an employer sponsored insurance plan to be determined cost-effective for the purposes of the Medicaid Premium Assistance Program, NYSDOH's Third Party Liability Unit is required to perform an analysis of cost effectiveness. This analysis uses a programmed calculator known as a HIPP calculator. The calculation involves a comparison of the cost of the premiums of the individual's employer sponsored insurance with that of the cost of a Medicaid Managed Care plan for that individual. The calculation must reflect the appropriate district and demographic group of the individual or individuals covered by the policy.

Based on the information provided in The NYSDOH Third Party Liability Unit evidence packet, the HIPP Monthly Regional Premium for Rockland County is \$490.66 per month. Compared to your spouse's total cost of wrap around benefits plus the cost of her employee health insurance totals \$1,223.76. This results in a total savings -\$733.10. Therefore, it would not be cost-effective for NYSDOH to pay for your spouse's health insurance premiums for personal health insurance over her enrollment in a Medicaid Managed Care plan (see [REDACTED]).

Since it has been determined, in compliance with the applicable method of analysis that it would not be cost-effective to pay your spouse's health insurance premiums, the September 25, 2017 eligibility determination notice was proper and is AFFIRMED.

Decision

The September 25, 2017, eligibility determination notice is AFFIRMED.

Effective Date of this Decision: January 3, 2018

How this Decision Affects Your Eligibility

Your spouse's employer sponsored insurance policy is ineligible for participation in the Medicaid Premium Assistance Program because it is not cost-effective.

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):

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- By mail at:
NY State of Health Appeals
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- By fax: 1-855-900-5557

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Summary

The September 25, 2017, eligibility determination notice is AFFIRMED.

Your spouse's employer sponsored insurance policy is ineligible for participation in the Medicaid Premium Assistance Program because it is not cost-effective.

Legal Authority

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

[REDACTED]

[REDACTED]

[REDACTED]

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)

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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 bɛtumi 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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