



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

Notice of Decision

Decision Date: May 8, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000029995



Dear [REDACTED]

On May 1, 2018, your Authorized Representative appeared on your behalf by telephone at a hearing on your appeal of NY State of Health's February 27, 2018 eligibility determination.

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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NY State of Health Account ID: [REDACTED]
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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 not eligible for the Medicaid Premium Assistance Program?

Procedural History

On February 22, 2018, NYSOH issued an eligibility determination notice stating that you were no longer eligible for Medicaid; however, your Medicaid coverage would continue until November 30, 2018. This was because certain individuals determined eligible for Medicaid remain eligible for benefits for 12 continuous months from the date that they were determined eligible. This eligibility was effective as of February 1, 2018.

On February 27, 2018, NYSOH issued a notice stating that Medicaid would not reimburse you for your monthly health insurance premiums because it was not cost-effective (see Document [REDACTED]).

On March 9, 2018, you contacted NYSOH's Account Review Unit and requested an appeal because you were not eligible for premium reimbursement assistance.

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).

On April 24, 2018, NYS Department of Health's Third-party Liability Unit evidence packet was uploaded to your NYSOH account (see Documents [REDACTED] through [REDACTED]). This packet has been made part of the record as "NYSDOH Exhibit 1."

On May 1, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, your Authorized Representative appeared on your behalf. 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) According to your NYSOH account and your Authorized Representative's testimony, you have been enrolled in employer-sponsored health insurance since 2015.
- 2) You provided a letter from your employer which reflects that your monthly premiums for 2018 are \$507.49, beginning January 1, 2018.
- 3) According to the HIPPP calculator, the total monthly Managed Care Cost is \$516.001, with administrative fees of \$10.00, and a total cost of "Wrap Around Benefit + Cost of Employee Health Insurance" equaling \$542.14, resulting in a negative balance (-\$26.13) (see [REDACTED]).
- 4) Your Authorized Representative testified that you believe you are eligible for reimbursement for your employer-sponsored health insurance premiums because you are Medicaid eligible and received this benefit in the past.

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

Applicable Law and Regulations

Medicaid Premium Reimbursement

When a Medicaid eligible individual has third-party health insurance in force, the Medicaid program may determine to pay part all cost of the premiums when payment of the premium is determined to be cost-effective. By paying the premium, the Medicaid program may cost avoid claims that would otherwise be covered by Medicaid (see NYS Social Services Law § 367-a(1)(b), 18 NYCRR § 360-7.5(g)).

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In New York, payment of the premiums for third-party health insurance is made by the Medicaid program for services of health care providers (18 NYCRR § 360-7.5; GIS 15 MA/04 (March 25, 2015); 10 OHIP/ ADM-9 (November 22, 2010)). The Medicaid assistance program will pay premiums for third-party health insurance if it is determined that the savings in Medicaid expenditures are likely to exceed the amount of premium payments for third-party health insurance (*id.*).

The cost-benefit analysis for third-party health insurance premiums that is to be relied upon by NY State of Health is performed by NYS 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).

Eligibility for reimbursement of cost-effective third-party health insurance is determined for the month of application and subsequent months (GIS 15 MA/04 (March 25, 2015)).

Legal Analysis

The issue under appeal is whether NYSOH properly determined that you were not eligible for the Medicaid Premium Assistance Program.

Your Authorized Representative testified that you believe you are eligible for reimbursement of your employer-sponsored health insurance premiums because you are Medicaid eligible and received this benefit in the past.

The record reflects that you were determined eligible for Medicaid, effective February 1, 2018, and that you are enrolled in employer-sponsored health insurance with a \$507.49 monthly premium in 2018.

When an individual is eligible for Medicaid and has third-party health insurance, Medicaid may pay for some or the entire premium when payment of the premium is determined to be cost-effective by reducing the cost of providing Medicaid services. Eligibility for reimbursement of cost-effective third-party health insurance is determined for the month of the application and subsequent months based on an individual's current monthly premium. Previous eligibility for premium reimbursement has no bearing on a person's current eligibility for this program.

According to the Health Insurance Premium Payment (HIPP) calculator, the average cost of insurance for a Medicaid Managed Care plan is \$516.01 per month, with administrative fees of \$10.00, and a total cost of "Wrap Around Benefit + Cost of Employee Health Insurance" equaling \$542.14, resulting in a negative balance (-\$26.13) (see [REDACTED]).

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Since the average cost of insurance for a Medicaid Managed Care plan, including administrative fees and wrap around costs, totals \$542.14 and is greater than the cost of your employer-sponsored insurance premium of \$507.49, it is not cost-effective for Medicaid to pay the premiums for your employer-sponsored health insurance.

Therefore, the February 27, 2018 notice stating that Medicaid would not reimburse you for your monthly health insurance premiums because it was not cost-effective is **AFFIRMED**.

Decision

The February 27, 2018 eligibility determination notice is **AFFIRMED**.

Effective Date of this Decision: May 8, 2018

How this Decision Affects Your Eligibility

NYSOH properly determined that you are not eligible for reimbursements of your employer-sponsored health insurance in 2018, 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 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

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).

- 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

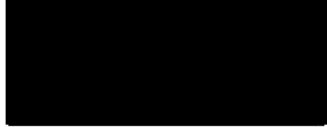
The February 27, 2018 eligibility determination notice is AFFIRMED.

NYSOH properly determined that you are not eligible for reimbursements of your employer-sponsored health insurance in 2018, because it is not cost-effective.

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 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 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. y&b&tumi ama wo obi a okyer& 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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