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

Notice of Decision

Decision Date: July 7, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000015939

[redacted]

Dear [redacted],

On May 23, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's November 26, 2016 disenrollment 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 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).

This page intentionally left blank.

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).

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

Decision

Decision Date: July 7, 2017

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000015939

[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 no longer eligible to remain enrolled in your catastrophic plan, effective December 31, 2016?

Procedural History

On January 26, 2016, NYSOH received a letter issued to you by the Department of Health and Human Services (HHS), dated January 7, 2016, confirming that you had qualified for a hardship exemption for the period between October 2015 and December 2016. The exemption certificate number (ECN) was [redacted]

On February 10, 2016, NYSOH issue an eligibility determination notice stating that you were eligible to receive up to $96.00 per month in advance payments of the premium tax credit (APTC), effective March 1, 2016.

On February 23, 2016, NYSOH issued an enrollment notice confirming your selection of a catastrophic plan for a monthly premium of $32.47 per month, after applying the APTC of $96.00, for coverage beginning effective January 1, 2016.

On October 19, 2016, NYSOH issued a notice that it was time to renew your health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not determine whether you would qualify for financial help paying for your health coverage, and

that you needed to update your account by December 15, 2016 or you might lose the financial assistance you were currently receiving.

On November 21, 2016, NYSOH received an update to your application for health insurance.

On November 22, 2016, NYSOH issued an eligibility determination notice based on the information contained in the November 21, 2016 application. The notice stated that you were eligible for an APTC of up to $134.00 per month, effective January 1, 2017.

On November 26, 2016, NYSOH issued a disenrollment notice stating that your coverage under the catastrophic plan you had been enrolled in during the 2016 plan year would end, effective December 31, 2016, because this plan was only available to individuals who are 59 years of age or younger.

On February 16, 2017, you spoke to NYSOH's Account Review Unit and appealed the disenrollment notice insofar as you were not able to reenroll in the catastrophic plan you had been enrolled in during the 2016 plan year.

Also on February 16, 2017, NYSOH received a 15-page facsimile from you containing, among other things, a letter stating that you had provided to HHS an application for a hardship exemption on November 21, 2016, and that you had been granted this exemption on December 2, 2016.

On February 18, 2017, NYSOH received a 52-page facsimile from you containing, among other things, a copy of the November 21, 2016 application submitted to HHS for a hardship exemption.

On March 16, 2017, NYSOH received a one-page facsimile from you requesting reenrollment in the catastrophic plan that you had been enrolled in during the 2016 plan year.

On May 23, 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) As of the date of your November 21, 2016 application, you were [redacted].

2) You testified that you were enrolled in a catastrophic plan during the 2016 plan year due to having obtained a hardship exemption through HHS. The

ECN for this exemption, which extended from October 2015 through December 2016, was [redacted]

3) You testified that you contacted NYSOH during November 2016 to begin the process of reenrolling in your catastrophic plan, because you had encountered issues enrolling in such a plan during 2016.

4) You testified, and the documentation you provided reflects, that you submitted an online application to HHS on November 21, 2016 to request a hardship exemption in which to be able to reenroll in a catastrophic plan during 2017.

5) You testified that on December 6, 2016, you received a verbal confirmation from an HHS representative that your request for a hardship exemption had been approved as of December 2, 2016; however, you have not received a written determination from HHS formalizing the approval of your hardship exemption request. You further testified that you were provided an ECN for 2017 of [redacted]

6) You testified that you have repeatedly attempted to obtain the written determination from HHS formalizing the approval of your hardship exemption request, but have not been successful.

7) You testified that you were seeking to begin your enrollment in the catastrophic plan beginning February 1, 2017.

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

Applicable Law and Regulations

Eligibility for Enrollment in Catastrophic Health Plans

The exchange must determine an applicant eligible for enrollment in a catastrophic plan if he or she has met the requirements for enrollment in a qualified health plan, and either:

(1) has not attained the age of 30 before the beginning of the plan year; or

(2) has a certification in effect in effect for the plan year that he or she is exempt from the requirement to maintain minimum essential coverage due to having suffered a hardship with respect to the capability to obtain coverage under a qualified health plan.

(42 USC § 18022(e)(2), 26 USC § 5000A(e)(5), 45 CFR § 155.305(h)(1), (2)).

Legal Analysis

The issue under review is whether NYSOH properly determined that you were no longer eligible to remain enrolled in your catastrophic plan, effective December 31, 2016.

You were enrolled in a catastrophic health plan for the 2016 coverage year with coverage beginning effective January 1, 2016. You were 58 years old at the time of enrollment. Your account confirms that you turned 59 years old on [redacted]. NYSOH terminated your coverage through this plan, effective December 31, 2016.

The November 26, 2016 disenrollment notice stated that you could not reenroll in this plan since it was only available to individuals who are 59 years of age or younger.

Pursuant to the above cited regulations, individuals who have are over 30 years of age are permitted to enroll in a catastrophic plan, provided that they are eligible to enroll in a qualified health plan and have obtained a certification for a hardship exemption from HHS for the plan year in which they are seeking to enroll.

Based on the information contained in your November 21, 2016 application, you were found eligible to enroll in a qualified health plan and receive APTC in the amount of $134.00 per month, effective January 1, 2017.

You testified, and provided documentation reflecting, that you submitted your hardship exemption application to HHS on November 21, 2016. You further testified that an HHS representative that your request for a hardship exemption had been approved, and you were provided an ECN for 2017 of [redacted]. However, we find there is insufficient evidence that your application was approved since you were not unable to provide a letter from HHS confirming that you had been awarded a hardship exemption for the period between January 2017 and December 2017.

Accordingly, the November 26, 2016 disenrollment notice is MODIFIED to state that your coverage under the catastrophic plan was ending because you had not received certification for a hardship exemption for the 2017 plan year, but otherwise AFFIRMED.

Decision

The November 26, 2016 disenrollment notice is MODIFIED to state that your coverage under the catastrophic plan was ending because you had not received certification for a hardship exemption for the 2017 plan year, but otherwise AFFIRMED.

Effective Date of this Decision: July 7, 2017

How this Decision Affects Your Eligibility

Your eligibility has not changed.

You remain eligible to enroll in a qualified health plan and receive an APTC of up to $134.00 per month.

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 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 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 November 26, 2016 disenrollment notice is MODIFIED to state that your coverage under the catastrophic plan was ending because you had not received certification for a hardship exemption for the 2017 plan year, but otherwise AFFIRMED.

Your eligibility has not changed.

You remain eligible to enroll in a qualified health plan and receive an APTC of up to $134.00 per month.

Legal Authority

We are issuing this determination 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)

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).

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 महत्त्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई 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.

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 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).