



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

## Notice of Decision

Decision Date: June 15, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015521



Dear [REDACTED],

On June 9, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 3, 2017 eligibility determination notice and February 4, 2017 enrollment confirmation 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).

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STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
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## Decision

Decision Date: June 15, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000015521



## Issues

The issues presented for review by the Appeals Unit of NY State of Health are:

Did NY State of Health provide a timely determination of your children's Child Health Plus eligibility as of February 3, 2017?

Did NY State of Health properly determine that your children's eligibility for and enrollment in their Child Health Plus plans was effective March 1, 2017?

Did NY State of Health provide a timely determination of your and your spouse's Essential Plan eligibility as of February 3, 2017?

Did NY State of Health properly determine that your and your spouse's eligibility for and enrollment in your Essential Plans was effective March 1, 2017?

## Procedural History

On December 9, 2016, NY State of Health (NYSOH) received your updated application for financial assistance with health insurance.

On December 10, 2016, NYSOH issued a notice stating more information was needed to make a determination with regard to your family's eligibility. The notice explained that additional information was required to confirm eligibility for

members of your household. You were asked to submit income documentation for your household by December 24, 2016.

On December 12, 2016, NYSOH received your updated application for financial assistance with health insurance.

On December 13, 2016, NYSOH issued a notice stating more information was needed to make a determination with regard to your family's eligibility. The notice explained that additional information was required to confirm eligibility for members of your household. You were asked to submit income documentation for your household by December 24, 2016, and income documentation for yourself by December 27, 2016.

On December 14, 2016, NYSOH received your updated application for financial assistance with health insurance.

Also on December 14, 2016, you uploaded two documents to your NYSOH account.

On December 15, 2016, NYSOH issued a notice stating more information was needed to make a determination with regard to your family's eligibility. The notice explained that additional information was required to confirm eligibility for members of your household. You were asked to submit income documentation for your household by December 24, 2016, and income documentation for yourself by December 29, 2016.

On January 3, 2017, NYSOH invalidated the documents that were uploaded on December 14, 2016.

On January 5, 2017, you uploaded one document to your NYSOH account.

On January 11, 2017, you uploaded one document to your NYSOH account.

On January 13, 2017, NYSOH invalidated the documents you uploaded to your NYSOH account.

On January 14, 2017, you uploaded one document to your NYSOH account.

On January 24, 2017, NYSOH invalidated the documents you uploaded to your NYSOH account.

Also on January 24, 2017, NYSOH received your updated application for financial assistance with health insurance.

On January 25, 2017, NYSOH issued a notice stating that the income documentation that you had submitted to your NYSOH did not confirm the information in your application. This notice further stated that additional income

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documentation was needed for your spouse by February 22, 2017, additional income documentation was needed for you by February 8, 2017, and additional income documentation for the rest of your family was needed by February 7, 2017.

Also on January 25, 2017, you uploaded three documents to your NYSOH account.

On February 2, 2017, NYSOH partially invalidated some of the documents that were uploaded to your NYSOH account and partially validated some of the documents that were uploaded to your NYSOH account.

Also on February 2, 2017, NYSOH ran an updated application for financial assistance with health insurance on your family's behalf.

On February 3, 2017, you uploaded one document to your NYSOH account.

On February 3, 2017, NYSOH issued an eligibility determination, based on your February 2, 2017 application, stating that you and your spouse were eligible for the Essential Plan with a \$20.00 monthly premium, for a limited time, and your children were eligible for a Child Health Plus plan with a \$0.00 monthly premium, for a limited time, effective March 1, 2017. This notice directed you to submit additional income documentation for you and your spouse by May 3, 2017.

Also on February 3, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your and your spouse's Essential Plan, and your children's Child Health Plus plan insofar as it started on March 1, 2017, and not January 1, 2017.

On February 4, 2017, NYSOH issued a plan enrollment confirmation notice confirming your and your spouse's enrollment in an Essential Plan with a \$20.00 monthly premium, and your children's enrollment in a Child Health Plus plan with a \$0.00 monthly premium, effective March 1, 2017.

Also on February 4, 2017, NYSOH issued a notice stating the documentation you submitted did not confirm the information contained in your application. This notice further directed you to submit additional income documentation by May 3, 2017.

On June 9, 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:

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- 1) You testified that you are appealing your and your spouse's Essential Plan start date, as well as your children's Child Health Plus plan start date.
- 2) Your December 9, 2016 application stated that your spouse's expected yearly income was \$0.00 and your expected yearly income was \$22,800.00, consisting of income you receive from three different employers.
- 3) Your December 12, 2016 application stated that your spouse's expected yearly income was \$0.00 and your expected yearly income was \$30,600.00, consisting of income you receive from four different employers.
- 4) Your December 14, 2016 application stated that your spouse's expected yearly income was \$0.00 and your expected yearly income was \$25,800.00, consisting of income you receive from three different employers.
- 5) On December 14, 2016, you uploaded a letter, dated December 9, 2016, from your spouse's employer stating that your spouse's last day of employment was December 31, 2016, and a letter, dated December 12, 2016, from one of your employers stating that you completed twenty sessions during August 2016, September 2016 and October 2016. This letter further stated that you receive \$52.00 per session, and that all invoices are still outstanding.
- 6) On January 3, 2017, NYSOH invalidated your income documentation because you only submitted a letter from one of your employers, and you needed to submit four consecutive weekly pay stubs or a letter from your employers stating wages and frequency dated no later than November 14, 2016 from the other two employers that you had listed on your December 14, 2016 application.
- 7) On January 5, 2017, you uploaded a letter, dated January 3, 2017, from your spouse's former employer stating that your spouse's last day of work was December 31, 2016, and that he is no longer on the payroll.
- 8) On January 11, 2017, you uploaded a letter, dated January 10, 2017, from another one of your employers stating that you did not earn any income during the months of November 2016 and December 2016.
- 9) On January 13, 2017, NYSOH invalidated your income documentation because you had submitted letters from employers with no gross income information listed.

- 10) On January 14, 2017, you uploaded a letter, dated January 10, 2017, from another employer stating that you made \$1,400.00 in the month of November 2016 and \$1,100.00 for the month of December 2016.
- 11) On January 24, 2017, NYSOH invalidated your income documentation because although you submitted letters from your employers, it was still unclear as to how much you get paid monthly.
- 12) On January 25, 2017, you uploaded two 2016 1099-Misc. forms, and one of your 2016 W-2's.
- 13) On January 30, 2017, you uploaded the two letters that you uploaded previously, a letter from your spouse's former employer, and the same 2016 1099-Misc. forms and one of your 2016 W-2's that was uploaded on January 25, 2017.
- 14) On February 2, 2017, NYSOH partially invalidated the submitted income documentation requesting that you submit documentation that states that your spouse's unemployment insurance benefits have been exhausted, and that you also submit income documentation from all three of your employers.
- 15) On February 2, 2017, NYSOH validated your two 2016 1099-Misc. forms and 2016 W-2. Subsequently, NYSOH ran a new application for your family's health insurance.
- 16) On February 3, 2017, you uploaded your spouse's Unemployment Insurance Monetary Benefit Determination letter from the NYS Department of Labor.
- 17) You testified that you are an [REDACTED]; therefore, your income varies depending on how many assignments you get. You further testified that you work for three different organizations.
- 18) You testified that your spouse lost his employment on December 31, 2016, and collects unemployment benefits.
- 19) You further testified that you started the process early because you knew that your spouse was losing his employment, and you wanted to ensure there wouldn't be a gap in health insurance coverage for your family.
- 20) The record reflects that you selected and enrolled yourself and your spouse into an Essential Plan on February 3, 2017, and that you enrolled your children into Child Health Plus plans on February 3, 2017.

21) You testified that you are seeking a start date of January 1, 2017 for your whole family's coverage because you feel that NYSOH did not timely determine your family's eligibility.

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

## **Applicable Law and Regulations**

### Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR §155.320(c)(1)(i), 42 CFR § 435.945).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR §155.315(f) 42 CFR § 435.952).

### Timely Notice of Child Health Plus Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Medicaid applicants notice of their eligibility determination within 30 days from the date of the application for a child who is at least 1 year of age but younger than 19 years of age (18 NYCRR 360-2.4(a)(3)(ii)). NYS has elected to use a common application for Medicaid and Child Health Plus, therefore the timeliness standards for Child Health Plus determinations are the same as those for Medicaid determinations (see State Plan Amendment NY-CSPA-19, approved March 22, 2012 and effective November 11, 2011).

### Child Health Plus Effective Date

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Child Health Plus is a sliding-scale-premium program for children who are in a household that is over-income for regular Medicaid (see NY Public Health Law § 2510 et seq.). Eligibility rules are set out in NY Public Health Law § 2511(2).

The “period of eligibility” for Child Health Plus is “that period commencing on the first day of the month during which a child is an eligible child and enrolled or recertified for enrollment on an annual basis based on all required information and documentation and ending on the last day of the twelfth month following such date,” unless the CHP premiums are not timely paid or the child no longer resides in New York State, gains access to or obtains other health insurance coverage, or becomes eligible for Medicaid (NY Public Health Law § 2510(6)).

“A State must specify a method for determining the effective date of eligibility for [Child Health Plus], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [Child Health Plus] and other insurance affordability programs as family circumstances change and avoids gaps or overlaps in coverage” (42 CFR § 457.340(f)).

The State of New York has provided that a child’s period of eligibility for Child Health Plus begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if the application is received by the 15th of the month; applications received after the 15th day of the month will be processed for the first day of the second following month (see e.g. State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

#### Timely Notice of Eligibility Determination, Essential Plan

The terms of 42 CFR § 435.912 (timely determination of eligibility under the Medicaid program) applies to eligibility determinations for enrollment in the state’s standard health plan (42 CFR § 600.320)

When an individual applies for insurance through NYSOH, NYSOH must determine that person’s eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Essential Plan applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

### Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); see also 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

## **Legal Analysis**

The first issue is whether NYSOH provided you with a timely determination of your children's Child Health Plus eligibility as of February 3, 2017.

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income.

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

You updated your NYSOH account on December 9, 2016. Your December 9, 2016 application listed an expected annual income for yourself of \$22,800.00, consisting of income you receive from three different employers, and an expected annual income for your spouse of \$0.00.

The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your household income.

You updated your NYSOH account, again, on December 12, 2016. Your December 12, 2016 application listed an expected annual income for yourself of

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\$30,600.00 from four different employers; which was changed from \$22,800.00 you had listed in your December 9, 2016 application, and an annual expected income for your spouse of \$0.00.

The income amount that was entered into this application also did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your household income.

On December 14, 2016, you submitted an updated application. This application listed an expected annual income for yourself of \$25,800.00 from three different employers; which was changed from the \$30,600.00 you had listed on your December 12, 2016 application, and an expected annual income for your spouse of \$0.00.

The income amount that was entered into this application also did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your household income.

Also on December 14, 2016, you uploaded a letter, dated December 9, 2016, from your spouse's employer stating that your spouse's last day of employment was December 31, 2016, and a letter, dated December 12, 2016, from one of your employers stating that you completed twenty sessions during August 2016, September 2016 and October 2016. This letter further stated that you receive \$52.00 per session, and that all invoices are still outstanding.

On January 3, 2017, NYSOH invalidated your income documentation because you had only submitted income documentation for one employer while your application indicates that you had three employers.

On January 5, 2017, you uploaded a letter, dated January 3, 2017, from your spouse's former employer stating that your spouse is no longer employed as of December 31, 2016 and is no longer on payroll with the company.

On January 11, 2017, you uploaded a letter dated, January 10, 2017, from one of your employers stating that you had not provided any services for them for the months of November 2016 and December 2016; therefore, you did not receive any income for those months.

On January 13, 2017, NYSOH invalidated the income documentation you had submitted on January 11, 2017 because you had submitted letters from your employers but there was no indication of your gross pay.

On January 14, 2017, you uploaded a letter dated, January 10, 2017, from another employer stating that you had received \$1,400.00 for the month of November, and \$1,100.00 for the month of December, but the December invoice was still outstanding.

On January 24, 2017, NYSOH invalidated your income documentation because although you had submitted letters from your employers, it was not clear how much you made monthly.

On January 24, 2017, NYSOH received your updated application for your family's health insurance. This application listed your expected annual income of \$25,800.00; which consisted of income from three employers, and your spouse's expected annual income of \$0.00.

The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your household income.

On January 25, 2017, you uploaded your two 2016 1099-Misc forms, and your 2016 W-2 from one of your employers.

On January 30, 2017, you uploaded three letters that were previously uploaded onto your account, and the same documents that were uploaded on January 25, 2017.

On February 2, 2017, NYSOH invalidated your spouse's income documentation because data sources indicated that your spouse was receiving unemployment insurance benefits; therefore, NYSOH requested that you submit a letter stating that he had exhausted those benefits because you indicated that your spouse's income was \$0.00.

Also on February 2, 2017, NYSOH partially validated your income documentation. As a result, the record reflects, that NYSOH updated your expected household income to \$57,680.00 and an updated application was run on your family's behalf.

Therefore, your application was considered complete as of February 2, 2017 for purposes of issue an eligibility determination.

Subsequently, your children were found eligible for Child Health Plus with a \$0.00 monthly premium, for a limited time, effective March 1, 2017.

NYSOH must provide applicants notice of their eligibility determination within 30 days from the date of the application for a child who is at least 1 year of age but younger than 19 years of age. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

Prior to February 2, 2017, NYSOH could not verify the household income amount entered into your application against state and federal data sources. Therefore, NYSOH required that additional documentation be submitted in order to confirm the information listed in your account.

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However, you never submitted sufficient income documentation that would allow NYSOH to confirm the information in your account because you had listed three employers on your application, but had not submitted sufficient income documentation to show how much you had earned from all three organizations. Your spouse also was reporting the loss of a job, but did not submit how much he made in December 2016. As a result, your application was not considered complete until NYSOH ran a new application on your behalf on February 2, 2017.

NYSOH issued an eligibility determination on February 3, 2017 that stated that your children were eligible for a Child Health Plus plan with a \$0.00 monthly premium, for a limited time, effective March 1, 2017. Since NYSOH issued an eligibility determination one day from the date that your application was considered complete, the February 3, 2017 eligibility determination was timely.

The second issue is whether NYSOH properly determined that your children's enrollment in their Child Health Plus plan was effective March 1, 2017.

The date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment. If an application for insurance coverage is received through NYSOH by the 15th of the month, benefits are provided on the first day of the next month. If an application is received after the 15th of the month, coverage begins the first day of the second following month.

Your application and Child Health Plus enrollment selection for your children was received by NYSOH on February 3, 2017, so the effective date of that plan would be the first day of the second month following February 2017, that is, on March 1, 2017.

Therefore, the February 3, 2017 eligibility determination notice and the February 4, 2017 enrollment confirmation notice stating that your children's eligibility for and enrollment in their Child Health Plus plan was effective March 1, 2017, are correct and must be AFFIRMED as it pertains to your children's eligibility and enrollment.

The third issue is whether NYSOH provided you and your spouse with a timely determination of your Essential Plan eligibility as of February 3, 2017.

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income.

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

As stated above, your application was considered complete as of February 2, 2017 for purposes of issue an eligibility determination.

Subsequently, you and your spouse were found eligible, for a limited time, for an Essential Plan with a \$20.00 monthly premium, effective March 1, 2017.

NYSOH must provide Essential Plan applicants notice of their eligibility determination within 45 days from the date of the completed application. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

Prior to February 2, 2017, NYSOH could not verify the household income amount entered into your application against state and federal data sources. Therefore, NYSOH required that additional documentation be submitted in order to confirm the information listed in your account.

However, you never submitted sufficient income documentation that would allow NYSOH to confirm the information in your account because you had listed three employers on your application, but had not submitted sufficient income documentation to show how much you had made from all three organizations. Your spouse also was reporting the loss of a job, but did not submit how much he made in December 2016. As a result, your application was not considered complete until NYSOH ran a new application on your behalf on February 2, 2017.

The fourth issue is whether NYSOH properly determined that your and your spouse's Essential Plan coverage would begin as of March 1, 2017.

The record indicates, that you and your spouse were found eligible for the Essential Plan as of February 3, 2017 and enrolled into a plan that day.

The date on which enrollment in an Essential Plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the fifteenth day of a month goes into effect on the first day of the following month. A plan that is selected from the sixteenth day of the month to the end of the month goes into effect on the first day of the second following month.

On February 3, 2017, you and your spouse selected an Essential Plan, so your and your spouse's enrollment properly took effect on the first day of the first month following February 2017; that is, on March 1, 2017.

Therefore, the February 3, 2017 eligibility determination notice and the February 4, 2017 plan enrollment confirmation notice stating that your and your spouse's eligibility and enrollment in the Essential Plan was effective March 1, 2017, is

correct and must be AFFIRMED as it pertains to your and your spouse's eligibility and enrollment.

## **Decision**

The February 3, 2017 eligibility determination notice is AFFIRMED.

The February 4, 2017 plan enrollment confirmation notice is AFFIRMED.

This Decision has no effect on any subsequent eligibility determinations made by NYSOH.

**Effective Date of this Decision:** June 15, 2017

## **How this Decision Affects Your Eligibility**

This decision does not change your family's eligibility.

The effective date of your children's Child Health Plus plan is March 1, 2017.

The effective date of your and your spouse's Essential Plan is March 1, 2017.

## **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:

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 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 February 3, 2017 eligibility determination notice is AFFIRMED.

The February 4, 2017 plan enrollment confirmation notice is AFFIRMED.

This decision does not change your family's eligibility.

The effective date of your children's Child Health Plus plan is March 1, 2017.

The effective date of your and your spouse's Essential Plan is March 1, 2017.

This Decision has no effect on any subsequent eligibility determinations made by NYSOH.

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## **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، يرجى 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).

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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. yEbEtumi ama wo obi a okyerE 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.

## **אײִדיש (Yiddish)**

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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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