



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

Notice of Decision

Decision Date: October 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018873

[REDACTED]

Dear [REDACTED]

On September 11, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's April 26, 2017 eligibility determination notice and the April 27, 2017 plan enrollment 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.

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

Decision

Decision Date: October 20, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000018873

[REDACTED]

Issues

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

Did NYSOH properly determine that your youngest child's enrollment in her Child Health Plus plan was effective June 1, 2017?

Did NYSOH properly determine that your two older children's eligibility for and enrollment in their Child Health Plus plan was effective June 1, 2017?

Did NY State of Health (NYSOH) properly determine that you and your spouse's eligibility for and enrollment in your Essential Plan was effective June 1, 2017?

Procedural History

On March 16, 2016, NYSOH issued an eligibility determination notice, based on your March 15, 2016 updated application, stating in part, that you and your spouse were eligible to enroll in the Essential Plan, effective April 1, 2016. You and your spouse were subsequently enrolled in Essential Plan 2 with a plan enrollment start date of April 1, 2016.

On April 14, 2016, NYSOH issued an eligibility determination notice, based on your April 13, 2016 updated application, stating that you and your spouse were eligible for the Essential Plan, effective May 1, 2016 and that your two older children (Marketplace IDs [REDACTED] and [REDACTED] were eligible for Child Health Plus (CHP) effective May 1, 2016 and your youngest child (Marketplace ID [REDACTED] remained eligible for Medicaid, effective April 1,

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).

2016 and was enrolled in a Medicaid Managed Care (MMC) plan starting December 1, 2015.

On April 22, 2016, NYSOH issued a plan enrollment notice confirming your and your spouse's Essential Plan enrollment with a plan start date of April 1, 2016; your two children's enrollment in a CHP plan with a plan start date of June 1, 2016 and your youngest child's enrollment in a MMC plan with a plan enrollment start date of December 1, 2015.

On February 3, 2017, NYSOH issued a notice that it was time to renew your youngest child's health insurance for the upcoming coverage year. That notice stated that based on information from federal and state sources, NYSOH could not make a decision about whether your youngest child would qualify for financial help paying for your health coverage, and that you needed to update your account by March 15, 2017 or she might lose the financial assistance she was currently receiving.

The notice also stated that no action was needed for you, your spouse's and your two older children and that the current coverage for these family members would end on April 30, 2017. The notice stated that you would get a notice about renewing these family member's coverage around March 16, 2017.

On March 17, 2017, NYSOH issued a renewal notice, based on a system update of March 16, 2017, which contained an eligibility determination stating that: (1) you and your spouse were eligible to enroll in the Essential Plan with a \$20.00 monthly premium each for a limited time, effective April 1, 2017; (2) your two older children were eligible for CHP, effective April 1, 2017; and, (3) your youngest child was newly eligible to purchase a qualified health plan at full cost, effective April 1, 2017. The notice stated the reason your youngest child's eligibility changed was because you did not respond to the renewal notice, issued on February 3, 2017, within the required timeframe.

The notice also stated that you needed to update your application by April 16, 2017 to renew your, your spouse's and your two oldest children's coverage. The notice stated if you missed this deadline, the financial assistance you were receiving may end for these family members.

Also on March 17, 2017, NYSOH issued a disenrollment notice stating that your youngest child's MMC plan would end on March 31, 2017.

Also on March 17, 2017, NYSOH issued a plan enrollment notice confirming that you and your spouse were enrolled in Essential Plan 1 with a plan start date of April 1, 2017, and your two older children were enrolled in a CHP plan with a plan start date of April 1, 2017. The notice also stated that you needed to pick a plan for your youngest child.

No updates were received by April 16, 2017 and NYSOH redetermined your family's eligibility for financial assistance with health insurance.

On April 17, 2017, NYSOH issued an eligibility determination notice stating that: (1) you and your spouse were newly eligible to purchase a qualified health plan at full cost through NYSOH, effective May 1, 2017, and were not eligible for financial assistance because you did not respond to the renewal notice; and, (2) your youngest child was eligible to purchase a qualified health plan at full cost, effective May 1, 2017.

Also on April 17, 2017, NYSOH issued an eligibility determination notice stating that your two older children were not eligible for Medicaid, Child Health Plus, the Essential Plan, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance, and could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice, issued March 17, 2017, and had not completed the renewal within the required time frame. Your two older children's eligibility ended effective May 1, 2017.

Also on April 17, 2017, NYSOH issued a disenrollment notice stating that your and your spouse's enrollment in your Essential Plan and your two older children's enrollment in their CHP plan would all terminate, effective April 30, 2017.

On April 25, 2017 and on April 26, 2017, you updated your family's application for financial assistance with health insurance through NYSOH.

On April 27, 2017, NYSOH issued an eligibility determination notice based on your April 26, 2017 updated application, stating that you and your spouse were eligible to enroll in the Essential Plan with a \$20.00 monthly premium each for a limited time, and that your three children were eligible to enroll in CHP with a \$9.00 monthly premium each, all effective June 1, 2017. The notice directed you to submit proof of household income by July 25, 2017.

Also on April 27, 2017, NYSOH issued a plan enrollment notice confirming your April 26, 2017 selection of your and your spouse's Essential Plan with a \$20.00 monthly premium each, with a plan enrollment start date of June 1, 2017. That notice also stated that your three children were enrolled in a CHP plan with a \$9.00 monthly premium each with a plan enrollment start date of June 1, 2017.

On May 11, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your and your spouse's enrollment in the Essential Plan and your children's enrollment in their CHP plan insofar as all those plans did not begin on May 1, 2017.

On August 18, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The Hearing Officer called you at the scheduled time

and you requested and adjournment. The Hearing Office agreed to your request and the telephone hearing was rescheduled to September 11, 2017.

On September 11, 2017, you had the rescheduled telephone hearing with the Hearing Officer. The record was developed during the hearing and held open until September 26, 2017, to allow you to submit supporting documents.

On September 25, 2017, you uploaded to your NYSOH account your 2016 income tax return and various W-2 documents. Those documents were collectively made part of the record as "Appellant's Exhibit # 1," and the record was closed that day.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) According to your NYSOH account, you and your spouse were determined eligible for the Essential Plan and were enrolled in Essential Plan 2 with a plan start date of April 1, 2016.
- 2) According to your NYSOH account, your two older children were determined eligible for CHP and were enrolled in a CHP plan, effective May 1, 2016.
- 3) According to your NYSOH account, as of April 14, 2016, your youngest child remained eligible for Medicaid, effective April 1, 2016 and was enrolled in an MMC plan starting December 1, 2015.
- 4) According to your NYSOH account, on March 17, 2017, you and your spouse were determined eligible for the Essential Plan, for a limited period of time, effective April 1, 2017. You and your spouse were enrolled in Essential Plan 1 for the period of April 1, 2017 to April 30, 2017.
- 5) According to your NYSOH account and your testimony, you receive your notices from NYSOH by electronic alert.
- 6) You testified that you did not receive any electronic alerts regarding any notice in your NYSOH account telling you that you needed to update your application in order to renew your family's eligibility. You also did not receive any renewal notice by regular mail.
- 7) You testified that you did not know that you needed to update your account until April 25, 2017, when you received a call from an agent with your health plan who assisted you in updating your family's applications on April 25, 2017 and again on April 26, 2017.

- 8) You testified that the agent told you that your family's health plans would be effective May 1, 2017.
- 9) You testified that you did not know your family did not have health insurance coverage for the month of May 2017 until [REDACTED], when your spouse was admitted to the hospital to [REDACTED]. You testified the hospital advised you there was no coverage showing for your spouse.
- 10) You testified that you immediately called the health plan agent who had no answer for your inquiry as to why your family did not have health insurance for the month of May 2017.
- 11) You testified that you are seeking to have Essential Plan coverage for you and your spouse and CHP coverage for your three oldest children start May 1, 2017.

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

Applicable Law and Regulations

Annual Eligibility Redetermination

Generally, when NYSOH conducts annual eligibility redeterminations for qualified individuals who are seeking financial assistance through insurance affordability programs for the upcoming year, NYSOH is required to request that the qualified individual provide updated income and family size information for use in an eligibility redetermination for the upcoming year (see 45 Code of Federal Regulations (CFR) § 155.335(a), (b)).

NYSOH must send an annual renewal notice that contains the individual's projected eligibility for the upcoming year (45 CFR § 155.335(c)(3)). If a qualified individual does not respond to the notice after a 30-day period, NYSOH must redetermine that individual's eligibility using the information and projected eligibility provided in the annual renewal notice (45 CFR § 155.335(g), (h)). NYSOH must ensure this redetermination is effective on the first day of the coverage year or in accordance with the rules specified in 45 CFR § 155.330(f) regarding effective dates, whichever is later (45 CFR § 155.335(i)).

Medicaid Renewal

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).

In general, NYSOH must review Medicaid eligibility once every 12 months or “whenever it receives information about a change in a beneficiary’s circumstances that may affect eligibility” (42 CFR § 435.916(a)(1), (d)). NYSOH must make its “redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual’s account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency” (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates that may have been provided by the individual (45 CFR §155.335(h)).

Child Health Plus

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 State Plan Amendment (SPA) NY-14-0005, approved February 3, 2015 and effective January 1, 2014).

Essential Plan Renewal

In general, NYSOH will review Essential Plan eligibility no more frequently than once every 12 months from the effective date of eligibility as long as enrollees are under age 65, not enrolled in minimum essential coverage elsewhere, remain

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 residents, and do not have any changes in circumstances. An individual enrolled in the Essential Plan shall have his or her coverage continued until the end of the 12-month period, provided he or she does not lose eligibility by reason of citizenship status, lack of state residence, failure to provide a valid social security number, providing inaccurate information that would affect eligibility when requesting or renewing health coverage, failure to make the applicable premium payment, or changes in circumstances (42 CFR § 600.340(a); 42 CFR § 600.320(d); NY Social Services Law § 369-gg(3) and (4)(d)); New York's Basic Health Plan Blueprint, pp. 8 and 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (42 CFR § 600.340(e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates that may have been provided by the individual (42 CFR § 600.345; NY Social Services Law § 369-gg(4)(c); 45 CFR § 155.335(g); New York's Basic Health Plan Blueprint, p. 17, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

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)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (42 CFR § 600.330(e); 42 CFR § 435.918(b)(4)).

Additionally, if an electronic alert regarding a notice in an individual's NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

Legal Analysis

The overlying issues under review are whether NYSOH properly determined that you and your spouse's eligibility for and enrollment in your Essential Plan and your three children's eligibility for and enrollment in their CHP plan were all effective June 1, 2017.

The first issue under review is whether NYSOH properly determined that your youngest child's enrollment in her CHP plan was effective June 1, 2017.

Your youngest child remained eligible for Medicaid, effective April 1, 2016, having been enrolled in her MMC plan since December 1, 2015.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's February 3, 2017 renewal notice stated that there was not enough information to determine whether your youngest child was eligible to continue her financial assistance for health insurance, and that you needed to supply additional information by March 15, 2017, or your child's financial assistance might end.

Because there was no timely response to this notice, your child was terminated from her Medicaid and MMC plan coverage, effective March 31, 2017.

However, you testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You credibly testified that you did not receive any electronic alert regarding the notice that directed you to update the information in your NYSOH account. There is no evidence in your account showing that any email alert was sent to you regarding the need to renew your application, that any such electronic notice failed, or that the notice was later sent to you by regular mail.

Therefore, it is concluded that NYSOH did not give you the required notice to you that you needed to update your account as to your youngest child.

You testified that, on April 25, 2017, you received a call from your health plan agent and you updated your family's applications for health insurance on that date and again on April 26, 2017. Therefore, we must assume that the information you provided at that time is the information that would have been used had you been timely informed of the need to update your account, as stated in the February 3, 2017 renewal notice as it applies to your youngest child.

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).

Had the information been submitted at that time, your youngest child's enrollment in her CHP plan would have begun on April 1, 2017.

However, as the record is devoid of any evidence that your youngest child had any medical bills in the month of April 2017 and because you requested that your three children all have their CHP plan start May 1, 2017, the April 27, 2017 plan enrollment notice is MODIFIED to state that your youngest child's CHP plan with a \$9.00 monthly premium was effective May 1, 2017.

The second issue under review whether NYSOH properly determined that your two older children's enrollment in their CHP plan was effective June 1, 2017.

Your children were originally found eligible for CHP effective May 1, 2016.

Generally, NYSOH must redetermine a qualified child's eligibility for CHP once every 12 months without requiring information from the individual, if it is able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's March 17, 2017 renewal notice stated that your two older children were eligible for CHP, effective April 1, 2017. The notice also stated that you needed to update your application by April 16, 2017 to renew your two oldest children's coverage. The notice stated if you missed this deadline, the financial assistance they were receiving may end.

Because there was no timely response to this notice, your two older children were terminated from their CHP plan, effective April 30, 2017.

However, as noted above, you testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You credibly testified that you did not receive an electronic alert regarding the March 17, 2017 eligibility determination/renewal notice, which directed you to update the information in your NYSOH account on behalf of your children by April 16, 2017. There is no evidence in your account documenting that any email alert was sent to you regarding the need to renew your two older children's application.

Therefore, it is concluded that NYSOH did not give you the proper notice that you needed to update your account on your two oldest children's behalf.

As previously noted, you first renewed your two oldest children's eligibility for financial assistance through NYSOH for the new coverage year on April 25, 2017 and again on April 26, 2017, and therefore we must assume that this is the information that would have been used had you been timely informed of the need to update your account, as stated in the March 17, 2017 eligibility determination/renewal notice.

Therefore, the April 27, 2017 eligibility determination notice is MODIFIED to state that, effective May 1, 2017, your two oldest children are eligible to enroll in CHP with a \$9.00 monthly premium each, and the April 27, 2017 plan enrollment notice is MODIFIED to state that your two oldest children's enrollment in their CHP plan is effective May 1, 2017.

The third issue under review whether NYSOH properly determined that you and your spouse's enrollment in your Essential Plan was effective June 1, 2017.

You and your spouse were originally found eligible for the Essential Plan effective April 1, 2016.

Generally, NYSOH will redetermine a qualified individual's eligibility for the Essential Plan once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's March 17, 2017 renewal notice stated that you and your spouse were eligible for the Essential Plan for a limited time. You were required to update the information in your application by April 16, 2017 and that you needed to supply additional household income information by June 14, 2017, or your financial assistance might end.

Because there was no timely response to this notice, you and your spouse were terminated from your Essential Plan effective April 30, 2017.

However, you testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You credibly testified that you did not receive any electronic alert regarding the notice that directed you to update the information in your NYSOH account. There is no evidence in your account showing that any email alert was sent to you regarding the need to renew your application, that any such electronic notice failed, or that the notice was later sent to you by regular mail.

Therefore, it is concluded that NYSOH did not give you the required notice that you needed to update your account.

As the record reflects, you first renewed your eligibility for financial assistance through NYSOH for the upcoming coverage year on April 25, 2017 and again on April 26, 2017. Therefore, we must assume that the information you provided at that time is the information that would have been used had you been timely informed of the need to update your account, as stated in the March 17, 2017 eligibility determination/renewal notice.

Had the information been submitted at that time, you and your spouse's eligibility for and enrollment in the Essential Plan would have begun on May 1, 2017.

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).

Therefore, the April 27, 2017 eligibility determination notice and April 27, 2017 plan enrollment notice are MODIFIED to state that you and your spouse's eligibility for and enrollment in the Essential Plan with a \$20.00 monthly premium each is effective May 1, 2017.

Your case is RETURNED to NYSOH to reenroll you and your spouse in your Essential Plan and your three children in their CHP plan as of May 1, 2017.

You will be responsible for any premium payments due for health insurance coverage for the month of May 2017 for all family members.

Decision

The April 27, 2017 eligibility determination notice is MODIFIED to state that you and your spouse's eligibility for the Essential Plan and your three children's eligibility for CHP was effective May 1, 2017.

The April 27, 2017 plan enrollment notice is MODIFIED to state that you and your spouse's enrollment in the Essential Plan with a \$20.00 monthly premium each and your three children's enrollment in their CHP plan with a \$9.00 monthly premium each were all effective May 1, 2017.

Your case is RETURNED to NYSOH to enroll you and your spouse in your Essential Plan and your three children in their CHP plan effective May 1, 2017.

You will be responsible for any health plan premiums due for you, your spouse and your three children for the month of May 2017.

Effective Date of this Decision: October 20, 2017

How this Decision Affects Your Eligibility

You and your spouse's eligibility for and enrollment in the Essential Plan should have been effective as of May 1, 2017.

Your three children's eligibility for and enrollment in their CHP plan should have been effective as of May 1, 2017.

Your case is being sent back to NYSOH to enroll you and your spouse in your Essential Plan and your three children in their CHP plan as of May 1, 2017.

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).

You will be responsible for any health plan premiums due for the month of May 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:

- 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

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:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The April 27, 2017 eligibility determination notice is MODIFIED to state that your and your spouse's eligibility for the Essential Plan and your three children's eligibility for CHP was effective May 1, 2017.

The April 27, 2017 plan enrollment notice is MODIFIED to state that your and your spouse's enrollment in the Essential Plan with a \$20.00 monthly premium each and your three children's enrollment in their CHP plan with a \$9.00 monthly premium each were all effective May 1, 2017.

Your case is RETURNED to NYSOH to enroll you and your spouse in your Essential Plan and your three children in their CHP plan effective May 1, 2017.

You will be responsible for any health plan premiums due for you, your spouse and your three children for the month of May 2017.

Your and your spouse's eligibility for and enrollment in the Essential Plan should have been effective as of May 1, 2017.

Your three children's eligibility for and enrollment in their CHP plan should have been effective as of May 1, 2017.

Your case is being sent back to NYSOH to enroll you and your spouse in your Essential Plan and your three children in their CHP plan as of May 1, 2017.

You will be responsible for any health plan premiums due for the month of May 2017.

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 مجاناً.

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 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.

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).