



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: AP000000020004

[REDACTED]

Dear [REDACTED],

On September 29, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 27, 2017 eligibility determination and enrollment confirmation notices.

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.

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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: AP000000020004



## Issues

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

Did NY State of Health properly determine that you were eligible for the Essential Plan for \$20.00 per month, effective August 1, 2017?

Did NY State of Health properly determine you were ineligible for Medicaid?

Did NY State of Health properly determine your child was eligible for Child Health Plus for a cost of \$9.00 per month, effective August 1, 2017?

Did NY State of Health properly determine your child was ineligible for Medicaid?

Did NY State of Health properly determine that your enrollment in your Essential Plan was effective August 1, 2017?

Did NY State of Health properly determine that your child's enrollment in a Child Health Plus plan was effective August 1, 2017?

## Procedural History

On May 25, 2016, NY State of Health (NYSOH) issued a notice of eligibility determination stating that you and your child were eligible for Medicaid effective July 1, 2016.

On May 4, 2017, NYSOH issued a notice that it was time to renew your and your child's health insurance for 2017. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you would qualify for financial help paying for your health coverage, and that you needed to update your account by June 15, 2017 or you might lose the financial assistance you were currently receiving.

No updates were made to your account by June 15, 2017.

On June 18, 2017, NYSOH issued an eligibility determination notice stating that you and your child are not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You also could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. Your and your child's eligibility ended July 1, 2017.

On June 18, 2017, NYSOH issued a disenrollment notice stating your and your child's coverage in your Medicaid Managed Care plan ended June 30, 2017.

On June 26, 2017, NYSOH received your and your child's updated application for health insurance. That day a preliminary eligibility determination was made based on the last application. The determination stated you were eligible for the Essential Plan with a \$20.00 per month premium responsibility, and your child was eligible for a Child Health Plus plan for a cost of \$9.00 per month, effective August 1, 2017. You then enrolled yourself and your child into plans that day.

On June 26, 2017, you spoke to NYSOH's Account Review Unit and appealed the level of financial assistance you and your child were found eligible for requesting to be found eligible for Medicaid, as well as the start date of the enrollment in your plans, requesting a backdate to July 1, 2017.

On June 27, 2017, NYSOH issued an eligibility redetermination notice stating you were eligible for the Essential Plan with a \$20.00 per month premium responsibility, and your child was eligible for a Child Health Plus plan for a cost of \$9.00 per month, effective August 1, 2017.

Also on June 27, 2017, an enrollment confirmation notice was issued that stated that you had selected an Essential Plan and a Child Health Plus plan for yourself and your child and the effective date of those plans were August 1, 2017.

Finally, on June 27, 2017, NYSOH issued a notice that you changed your mailing address.

On June 28, 2017, NYSOH issued a notice stating you and your child were eligible for Medicaid for a limited time, effective July 1, 2017. The notice stated

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this was because you both were granted Aid to Continue until a decision was made on your appeal.

On June 28, 2017, NYSOH issued an enrollment notice confirming you and your child's enrollment in a Medicaid Managed Care plan starting July 1, 2017.

On September 21, 2017, a Hearing Officer from NYSOH's Appeals Unit called you and placed you under oath. You requested adjourn your hearing to a different date and time and your request was granted.

On September 29, 2017, you had an adjourned telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open until October 16, 2017.

On October 3, 2017, NYSOH's Appeals Unit received your supporting documentation in a two-page document which has been incorporated into the record as Appellant's Exhibit 1, See Document [REDACTED]. The record was closed that day.

## **Findings of Fact**

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

- 1) You testified, and the record reflects, that you receive all of your notices from NYSOH by regular mail.
- 2) You testified that you did not receive any notices telling you that you needed to update your application in order to renew your and your child's Medicaid Managed Care coverage.
- 3) You testified that you did not know that you needed to update your account until you received the June 18, 2017 disenrollment notice.
- 4) The record reflects that on June 26, 2017 NYSOH received your and your child's updated application for health insurance.
- 5) You testified, and the record reflects, that you selected your Essential Plan and your child's Child Health Plus plan on June 26, 2017.
- 6) No notices sent to you at the address listed on your NYSOH account have been returned as undeliverable.
- 7) Your June 26, 2017 application states you plan on filing your 2017 tax return as Head of Household and plan on claiming your child as a dependent on that return.

- 8) Your child was [REDACTED] at the time of your June 26, 2017 application.
- 9) Your June 26, 2017 application states your expected annual household income for 2017 would be \$28,080.00. You testified this was correct.
- 10) You are paid bi-weekly.
- 11) You provided a copy of your paystubs with check dates of June 9, and June 23, 2017 in the gross amounts of \$1,080.00 each.
- 12) You testified that you are seeking to be found eligible for Medicaid and want your Medicaid Managed Care plan to begin on July 1, 2017.
- 13) You and your child reside in [REDACTED], NY.

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

## **Applicable Law and Regulations**

### Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every twelve 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 provided by the individual (45 CFR §155.335(h)).

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b)).

Medicaid Managed Care (MMC) plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H(6)(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019, N.Y. Soc. Serv. Law §364-j(1)(c); 18 NYCRR § 360-10.3(h)).

### Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable federal poverty level (FPL) or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

In an analysis of Essential Plan eligibility, the determination is based on the FPL in effect on the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). On the date of your application, that was the 2016 FPL, which is \$16,020.00 for a two-person household (81 Fed. Reg. 4036).

A person who has a household income that is at or below 150% of the FPL has a \$0.00 premium contribution (New York's Basic Health Plan Blueprint, p. 21, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

A person who has a household income greater than 150% of the FPL or below 200% of the FPL has a \$20.00 per month premium contribution (New York's Basic Health Plan Blueprint, as approved January 2016).

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

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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)).

### Child Health Plus

Child Health Plus (CHP) is a sliding-scale-premium program for children who are in a household that is over income for regular Medicaid (*see* New York Public Health Law (NY PHL) § 2510 et seq. and 42 USC § 1397aa). Eligibility rules are set out in NY PHL § 2511(2), as well as in the NYS Department of Health 2008-2012 Contract and Plan Manual.

A child who meets the eligibility requirements for CHP may be eligible to receive a subsidy payment if the child resides in a household with a household income at or below 400% of the FPL (NY PHL § 2511(2)(a)(iii)). To be eligible to enroll in CHP with subsidy payments, a child must not be “eligible for medical assistance”; that is, must not be eligible for Medicaid (NY PHL § 2511(2)(b)).

The amount of the premium payment, if any, that must be made on behalf of a child who enrolls in a CHP plan depends upon the child’s family household income (NY PHL § 2510(9)(d)). No payments are required for eligible children whose family household income is less than 160% of the FPL (NY PHL § 2510(9)(d)(1)). If the family household income is 160% or higher, premiums range from \$9.00 per month to \$60.00 per month (NY PHL § 2510(9)(d)).

The CHP premium is \$9.00 per month for a child whose family household income is between 160% and 222% of the FPL, but no more than \$27.00 per month per family (NY PHL § 2510(9)(d)(ii)).

In an analysis of Child Health Plus eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application, that was the 2017 FPL, which is \$16,240.00 for a two-person household (82 Fed. Reg. 8831).

“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)).

In New York State, Child Health Plus benefits are furnished “By the first day of the month after the application is received if prior to the 15th of the month or the first day after the subsequent month if after the 15th of the month” (Selection made on Form CS 18, Separate Child Health Insurance Program Non-Financial

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Eligibility – Citizenship. Sections: 2105(c)(9) and 2107(e)(1)(J) of the SSA and 42 CFR 457.320(b)(6), (c) and (d)).

### Medicaid

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

A child who is at least one year of age but younger than nineteen is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 154% of the FPL for the applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4).

On the date of your application, that was the 2017 FPL, which is \$16,240.00 for a two-person household (82 Fed. Reg. 8831).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

In the case of an individual who expects to file a tax return and does not expect to be claimed by another taxpayer, the household consists of the taxpayer and all persons whom such individual expects to claim as a tax dependent (42 CFR § 435.603(f)(1)).

### **Legal Analysis**

The first issue under review is whether NYSOH properly determined that you were eligible for the Essential Plan for \$20.00 per month, effective August 1, 2017.

The application that was submitted on June 26, 2017 listed an annual household income of \$28,080.00 and the eligibility determination relied upon that information. You testified this amount was correct. You further provided income

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documentation showing for the dates of June 9, and June 23, 2017 you received paychecks in the gross amounts of \$1,080.00 each. After averaging these two paystubs over four weeks and carried for a full 52 weeks you would have an annual household income of \$28,080.00.

You are in a two-person household. You expect to file your 2017 income taxes as Head of Household and will claim one dependent on that tax return.

The Essential Plan is provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income that is between 138% and 200% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$16,020.00 for a two-person household. Since an annual household income of \$28,080.00 is 175.28% of the 2016 FPL, NYSOH properly found you to be eligible for the Essential Plan based on your application submitted on June 26, 2017.

The second issue is whether NYSOH properly determined that you were ineligible for Medicaid.

Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 138% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$16,240.00 for a two-person household. Since \$28,080.00 is 172.90% of the 2017 FPL, NYSOH properly found you to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

You provided income documentation showing for the dates of June 9, and June 23, 2017 you received paychecks in the gross amounts of \$1,080.00 each for a bi-weekly pay period for the month of June 2017.

To be eligible for Medicaid, you would need to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,868.00 per month. Since the documentation you provided shows that you earned \$2,160.00 in June 2017 you do not qualify for Medicaid on the basis of monthly income as of the date of your application.

The third issue is whether NYSOH properly determined your child was eligible for Child Health Plus for a cost of \$9.00 per month, effective August 1, 2017.

According to the record, you expect to file a tax return for the 2017 tax year as Head of Household and claim your one child as a dependent. Therefore, your child is in a two-person household.

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In your June 26, 2017 application, you attested to an expected household income of \$28,080.00. The application also stated that your child is [REDACTED]. NYSOH relied upon this information.

A child is eligible to enroll in Child Health Plus if they meet the non-financial requirements, are not eligible for Medicaid, and have a household income below 400% of the FPL. Households with an income between 160% and 222% of the FPL are responsible for a \$9.00 per month Child Health Plus premium payment. On the date of your application, the relevant FPL was \$16,240.00 for a two-person household. Since \$28,080.00 is 172.90% of the 2017 FPL, NYSOH properly found your child to be eligible for Child Health Plus with a \$9.00 per month premium payment.

The fourth issue is whether NYSOH properly determined that your child was not eligible for Medicaid.

Medicaid can be provided through NYSOH to children between the ages of one and nineteen who meet the non-financial requirements and have a household modified adjusted gross income that is at or below 154% of the FPL for the applicable family size. Since \$28,080.00 is 172.90% of the 2017 FPL for a two-person household, NYSOH properly found your child to be not eligible for Medicaid.

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

You provided income documentation showing for the dates of June 9, and June 23, 2017 you received paychecks in the gross amounts of \$1,080.00 each for a bi-weekly pay period for the month of June 2017.

To be eligible for Medicaid, your child would need to meet the non-financial criteria and have an income no greater than 154% of the FPL, which is \$2,085.00 per month. Since the documentation you provided shows that you earned \$2,160.00 in June 2017 your child does not qualify for Medicaid on the basis of monthly income as of the date of your application.

Since the June 27, 2017 eligibility determination properly stated that, based on the information you provided, you were eligible for the Essential Plan for \$20.00 per month and your child was eligible for Child Health Plus with a \$9.00 per month premium and ineligible for Medicaid, it is correct and is AFFIRMED.

The fifth issue under review is whether NYSOH properly determined that your enrollment in your Essential Plan was effective August 1, 2017.

You were originally found eligible for Medicaid effective July 1, 2016.

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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 May 4, 2017 renewal notice stated that there was not enough information to determine whether you were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by June 15, 2017, or your financial assistance might end.

Because there was no timely response to this notice, you were terminated from your Medicaid Managed Care plan effective June 30, 2017.

You testified that you did not receive any notice from NYSOH telling you that you needed to update the information in your NYSOH account. You testified, and your NYSOH account confirms, that you elected to receive notifications by regular mail. However, there is no evidence in the record that any of the notices that were sent to your mailing address were returned as undeliverable.

Therefore, the record reflects that NYSOH properly notified you of your annual renewal and that information in your NYSOH account needed to be updated in order to ensure your enrollment in your health plan and eligibility for financial assistance would continue.

On June 26, 2017, you updated the information in your NYSOH account and submitted a request to enroll in an Essential Plan.

The date on which 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 after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you selected Essential Plan on June 26, 2017 it must take effect on the first day of the second month following June; that is, on August 1, 2017.

The sixth issue is whether NYSOH properly determined that your child's enrollment in his Child Health Plus plan was effective August 1, 2017.

You testified, and the record indicates, that you submitted your child's NYSOH application on June 26, 2017 after failing to respond to the 2017 renewal notice issued on May 4, 2017 as discussed above. As a result, your child was found eligible for the Child Health Plus as of June 26, 2017 and enrolled into a plan that day.

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The date on which enrollment in a Child Health Plus 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 June 26, 2017, you selected a Child Health Plus plan, so his enrollment properly took effect on the first day of the second month following June; that is, on August 1, 2017.

Therefore, NYSOH's June 27, 2017, enrollment confirmation notice is AFFIRMED because it properly began your enrollment in your Essential Plan and your child's enrollment in his Child Health Plus plan effective August 1, 2017.

## **Decision**

The June 27, 2017 eligibility determination notice is AFFIRMED.

The June 27, 2017 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** October 20, 2017

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

You are eligible for the Essential Plan effective August 1, 2017.

Your child is eligible for the Essential Plan, effective August 1, 2017.

You are ineligible for Medicaid.

Your child is ineligible for Medicaid.

The effective date of your Essential Plan is August 1, 2017.

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

## **If You Disagree with this Decision (Appeal Rights)**

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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
- By mail at:  
NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211

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- By fax: 1-855-900-5557

## **Summary**

The June 27, 2017 eligibility determination notice is AFFIRMED.

The June 27, 2017 enrollment confirmation notice is AFFIRMED.

You are eligible for the Essential Plan effective August 1, 2017.

Your child is eligible for the Essential Plan, effective August 1, 2017.

You are ineligible for Medicaid.

Your child is ineligible for Medicaid.

The effective date of your Essential Plan is August 1, 2017.

The effective date of your child's Child Health Plus plan is August 1, 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 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 महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

### **Polski (Polish)**

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

### **Twi (Twi)**

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye bɛtumi ama wo obi a okyerɛ kasa a woka no ase ama wo kwa a wontua hwee.

### **(Urdu) اردو**

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

### **Tiếng Việt (Vietnamese)**

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

### **אידיש (Yiddish)**

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמענטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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