



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

## Notice of Decision

Decision Date: December 6, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000021578

[REDACTED]

[REDACTED]

On October 31, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's February 14, 2017 eligibility determination notice, February 19, 2017 enrollment confirmation notice, June 3, 2017 disenrollment notice, June 7, 2017 eligibility determination notice, June 30, 2017 eligibility determination notice, and August 1, 2017 disenrollment notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:

NY State of Health Appeals  
P.O. Box 11729  
Albany, NY 12211

- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the Account ID at the top of this notice.

### Legal Authority

We are sending you this notice in accordance with 45 Code of Federal Regulations (CFR) § 155.545.

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: December 6, 2017

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000021578

[REDACTED]

## Issues

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

Did NY State of Health (NYSOH) properly terminate your children's Child Health Plus plan for non-payment of premium, effective May 31, 2017 and July 1, 2017?

Did NYSOH properly determine that your children were eligible for Child Health Plus with a \$15.00 monthly premium, effective March 1, 2017?

Did NYSOH properly determine that your children were eligible for Child Health Plus with a \$30.00 premium, effective July 1, 2017?

## Procedural History

On January 7, 2016, NYSOH issued a notice of eligibility determination stating that your children were eligible for Child Health Plus with a \$9.00 premium, effective February 1, 2016.

Also on January 7, 2016, NYSOH issued an enrollment confirmation notice stating that your children were enrolled in a Child Health Plus plan with a \$9.00 premium per child, effective February 1, 2016.

On January 5, 2017, NYSOH issued a notice that it was time to renew your children'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 children would qualify for financial help

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paying for your health coverage, and that you needed to update your account by February 15, 2017 or your children might lose the financial assistance they were currently receiving.

On February 13, 2017, you updated your household's application for financial assistance.

On February 14, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible for Child Health Plus with a \$15.00 per month premium for a limited time, effective March 1, 2017. This notice directed you to submit documentation of your household's income by April 14, 2017 in order to confirm your children's eligibility for financial assistance.

On February 19, 2017, NYSOH issued a notice of enrollment confirmation stating that your children were enrolled in a Child Health Plus plan with a \$15.00 premium per child for a limited time, effective March 1, 2017.

No documentation was received by April 14, 2017.

On April 21, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible for Child Health Plus with a \$45.00 premium, effective June 1, 2017.

Also on April 21, 2017, NYSOH issued a notice of enrollment confirmation stating that your children were enrolled in a Child Health Plus plan with a \$45.00 premium per child, effective March 1, 2017.

On April 27, 2017, you updated your household's application for financial assistance.

On April 28, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible for Child Health Plus with a \$9.00 per monthly premium for a limited time, effective June 1, 2017. This notice directed you to submit documentation of your household's income by June 26, 2017 in order to confirm your children's eligibility for financial assistance.

Also on April 28, 2017, NYSOH issued a notice of enrollment confirmation stating that your children were enrolled in a Child Health Plus plan with a \$9.00 premium per child, effective March 1, 2017.

On April 29, 2017, income documentation was uploaded to your NYSOH account.

Also on April 29, 2017, NYSOH redetermined your household's eligibility for financial assistance.

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On April 30, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible for Child Health Plus with a \$9.00 monthly premium for a limited time, effective June 1, 2017. This notice directed you to submit documentation of your household's income by June 26, 2017 in order to confirm your children's eligibility for financial assistance.

Also on April 30, 2017, NYSOH issued a notice of eligibility determination stating that your children were enrolled in a Child Health Plus plan with a \$9.00 premium per child, effective March 1, 2017.

On May 1, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account.

On May 2, 2017, NYSOH issued a notice stating that the income documentation you submitted did not confirm the information in your application and that you needed to submit additional proof of income by June 26, 2017 in order to confirm your children's eligibility for financial assistance.

On May 13, 2017, NYSOH redetermined your household's eligibility for financial assistance.

On May 14, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible for Child Health Plus with a \$9.00 monthly premium for a limited time, effective June 1, 2017. This notice directed you to submit documentation of your household's income by June 26, 2017 in order to confirm your children's eligibility for financial assistance.

Also on May 14, 2017, NYSOH issued a notice of enrollment confirmation stating that your children were enrolled in a Child Health Plus plan with a \$9.00 premium per child, effective March 1, 2017.

On June 3, 2017, NYSOH issued a disenrollment notice stating that your children's coverage with their Child Health Plus plan would end on May 31, 2017. This was because you did not pay your premium bill by the payment deadline.

On June 6, 2017, income documentation was uploaded to your NYSOH account.

Also on June 6, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account.

Additionally, on June 6, 2017, NYSOH redetermined your household's eligibility for financial assistance.

On June 7, 2017, income documentation was uploaded to your NYSOH account.

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Also on June 7, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible for Child Health Plus with a \$30.00 premium for a limited time, effective July 1, 2017. This notice directed you to submit documentation of your household's income by June 26, 2017 in order to confirm your children's eligibility for financial assistance.

Also on June 7, 2017, NYSOH issued a notice of enrollment confirmation stating that your children were enrolled in a Child Health Plus plan with a \$30.00 premium per child, effective July 1, 2017.

On June 8, 2017, NYSOH reviewed the income documentation you submitted and determined that this was insufficient to resolve the inconsistency in your account.

On June 9, 2017, NYSOH issued a notice stating that the income documentation you submitted did not confirm the information in your application and that you needed to submit additional proof of income by June 26, 2017 in order to confirm your children's eligibility for financial assistance.

On June 29, 2017, income documentation was uploaded to your NYSOH account.

Also on June 29, 2017, NYSOH reviewed the income documentation you submitted and determined that this was sufficient proof of your household's income.

Additionally, on June 29, 2017, NYSOH redetermined your household's eligibility for financial assistance.

On June 30, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible for Child Health Plus with a \$30.00 premium for a limited time, effective August 1, 2017. This notice directed you to submit documentation of your household's income by June 26, 2016 in order to confirm your children's eligibility for financial assistance.

Also on June 30, 2017, NYSOH issued a notice of enrollment confirmation stating that your children were enrolled in a Child Health Plus plan with a \$30.00 premium per child, effective July 1, 2017.

On July 2, 2017, NYSOH redetermined your household's eligibility for financial assistance.

On July 3, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible for Child Health Plus with a \$9.00 premium, effective August 1, 2017.

Also on July 3, 2017, NYSOH issued an enrollment confirmation notice stating that your children were enrolled in a Child Health Plus plan with a \$9.00 premium per child, effective July 1, 2017.

On August 1, 2017, NYSOH issued a disenrollment notice stating that your children's coverage with their Child Health Plus plan would end on July 1, 2017. This was because you did not pay your premium bill by the payment deadline.

On August 17, 2017, you spoke to NYSOH's Account Review Unit and appealed insofar as your children were not found eligible for Child Health Plus with a \$9.00 monthly premium per child as of March 1, 2017.

On September 4, 2017, NYSOH redetermined your household's eligibility for financial assistance.

On September 5, 2017, NYSOH issued a notice of eligibility determination stating that your children were eligible for Child Health Plus and would remain eligible for Child Health Plus with a \$9.00 monthly premium until May 31, 2018, effective October 1, 2017.

Also on September 5, 2017, NYSOH issued a notice of enrollment confirmation stating that your children were enrolled in a Child Health Plus plan with a \$9.00 premium per child, effective July 1, 2017.

On October 31, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

## **Findings of Fact**

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

- 1) You testified that you are seeking to have your children enrolled in their Child Health Plus plan with a \$9.00 premium as of March 1, 2017.
- 2) You testified that you are not sure if your children were without coverage for any months, although you believe their coverage may have been cancelled for the month of June 2017.
- 3) You testified that you were advised that your children's premium had been adjusted to \$9.00 per month as of March 1, 2017, however, you are not sure if this was ever put in place. You testified that you have received a letter from your children's plan that you do have a payment credit on the account.

- 4) Your children were enrolled in a Child Health Plus plan, effective March 1, 2017.
- 5) On April 27, 2017, you contacted NYSOH regarding your children's Child Health Plus plan premiums. As a result, [REDACTED] was created.
- 6) Your children were disenrolled from their Child Health Plus plan, effective May 31, 2017.
- 7) On June 5, 2017, you contacted NYSOH regarding your children's disenrollment from their Child Health Plus plan as you had been making payments since March 2017. As a result, incident [REDACTED] was created.
- 8) On June 6, 2017, you again contacted NYSOH regarding your children's disenrollment from their Child Health Plus plan as of May 31, 2017.
- 9) Your children were reenrolled into a Child Health Plus plan, effective July 1, 2017.
- 10) Your children were disenrolled from their Child Health Plus plan, effective July 1, 2017.
- 11) On August 17, 2017, you contacted an NYSOH and filed an appeal regarding your Child Health Plus premiums as well as your children's disenrollment from their Child Health Plus plan.
- 12) On September 7, 2017, a note was entered into your NYSOH account stating "CDO for both children per plan request, Fidelis CHP [Child Health Plus] to 6/01/2017".
- 13) The enrollment tab within your NYSOH account indicates that your children were enrolled in Child Health Plus from March 1, 2017 to May 31, 2017 with a \$9.00 monthly premium per child and as of June 1, 2017 with a \$9.00 monthly premium per child.

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

## **Applicable Law and Regulations**

### Appealable Issues

An applicant has the right to appeal to NYSOH's Appeals Unit: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (2) a redetermination of eligibility,

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including the amount of advance payments of the premium tax credit and level of cost-sharing reductions; (3) an eligibility determination for an exemption; (4) a failure by NYSOH to provide timely notice of an eligibility determination 45 CFR § 155.505; and (5) a denial of a request for a special enrollment period (45 CFR § 155.505(b)(1)(iii), 45 CFR § 155.305(b), and 45 CFR § 155.420(d)).

### Child Health Plus

A child who meets the eligibility requirements for Child Health Plus 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 federal poverty level (FPL) (NY Public Health Law § 2511(2)(a)(iii)).

To be eligible for Child Health Plus, the child:

- Must be under 19 years of age;
- Must be a New York State Resident;
- Must not have other health insurance coverage; and
- Must not be eligible for, or enrolled in, Medicaid

(NY Public Health Law § 2511(2)(a)-(e)).

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)).

The CHP premium is \$15.00 per month for a child whose family household income is between 223% and 250% of the FPL, but no more than \$54.00 per month per family (NY PHL § 2510(9)(d)(iii)).

The CHP premium is \$30.00 per month for a child whose family household income is between 251% and 300% of the FPL, but no more than \$90.00 per month per family (NY PHL § 2510(9)(d)(iv)).

The CHP premium is \$45.00 per month for a child whose family household income is between 301% and 350% of the FPL, but no more than \$135.00 per month per family (NY PHL § 2510(9)(d)(v)).

The CHP premium is \$60.00 per month for a child whose family household income is between 351% and 400% of the FPL, but no more than \$180.00 per child (NY PHL § 2510(9)(d)(vi)).

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 \$20,420.00 for a three-person household (82 Fed. Reg. 8831).

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 Child Health Plus 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).

## **Legal Analysis**

The first issue under review is whether NYSOH properly terminated your children's Child Health Plus plan for non-payment of premium, effective May 31, 2017 and July 1, 2017.

On February 13, 2017, your children were enrolled in a Child Health Plus plan, effective March 1, 2017.

On June 3, 2017 NYSOH issued a notice stating that your children were disenrolled from their Child Health Plus plan for non-payment of premiums, effective May 31, 2017.

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On June 7, 2017, your children were reenrolled in a Child Health Plus plan, effective July 1, 2017.

On August 1, 2017, NYSOH issued a notice stating that your children were disenrolled from their Child Health Plus plan for non-payment of premiums, effective July 1, 2017.

You testified that you paid your premiums to your children's Child Health plus plan for each month in 2017. However, your children's premium amount changed multiple times, which resulted in some of your payments being considered an underpayment.

NYSOH Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure to provide timely notice of an eligibility determination and (5) a denial of a special enrollment period.

Since the Appeals Unit is not given the authority to review termination of enrollment due to non-payment of premiums, we cannot reach the merits as to whether or not your children were properly terminated from their Child Health Plus plan for non-payment of premiums. Furthermore, the record reflects that NYSOH and your Child Health Plus plan reinstated your children into their Child Health Plus plan as of June 1, 2017, resulting in no gap in your children's coverage. Therefore, your appeal of the May 31, 2017 and July 1, 2017 disenrollment notices is DISMISSED as a non-appealable issue.

The second issued is whether NYSOH properly determined that your children were eligible for Child Health Plus with a \$15.00 monthly premium, effective March 1, 2017.

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 monthly premium per child.

On February 13, 2017, you updated your household's application for financial assistance with health insurance. As a result, your children were found eligible to enroll in Child Health Plus for a limited time with a \$15.00 per child monthly premium, effective March 1, 2017. On February 19, 2017, NYSOH issued a notice of enrollment confirmation stating that your children were enrolled in a Child Health Plus plan with a \$15.00 monthly premium per child as of March 1, 2017.

Thereafter, on April 19, 2017, NYSOH redetermined your household's eligibility for financial assistance. Your children were found eligible to enroll in a Child Health Plus plan with a \$45.00 monthly premium per child. On April 21, 2017, NYSOH issued a notice of enrollment confirmation stating that your children were enrolled in a Child Health Plus plan with a \$45.00 monthly premium per child as of March 1, 2017.

On April 27, 2017, you updated your household's application for financial assistance. As a result, your children were found eligible to enroll in a Child Health Plus plan for a limited time with a \$9.00 per child monthly premium, effective March 1, 2017. On April 28, 2017, NYSOH issued a notice of enrollment confirmation stating that your children were enrolled in a Child Health Plus plan with a \$9.00 monthly premium per child as of March 1, 2017.

Thereafter, on April 29, 2017 and May 13, 2017, NYSOH redetermined your household's eligibility for financial assistance. Your children were found eligible to enroll in a Child Health Plus plan with a \$9.00 monthly premium per child. On April 30, 2017 and May 14, 2017, NYSOH issued notices of enrollment confirmation stating that your children were enrolled in a Child Health Plus plan with a \$9.00 monthly premium per child as of March 1, 2017.

The enrollment tab within your NYSOH account indicates that your children were enrolled in a Child Health Plus plan with a \$9.00 monthly premium per child from March 1, 2017 through May 31, 2017.

Based on the credible evidence of record, including the enrollment tab in your NYSOH account as well as the April 28, 2017, April 30, 2017, and May 31, 2017 enrollment confirmation notices, NYSOH has conceded that your children's Child Health Plus plan monthly premium was \$9.00 per child.

Since NYSOH conceded that your children's Child Health Plus plan monthly premium per child was \$9.00 as of March 1, 2017, a discussion of the merits of your case is not necessary.

Therefore, the February 14, 2017 eligibility determination notice and the February 19, 2017 enrollment confirmation notice are MODIFIED to reflect that your children's Child Health Plus plan premium was \$9.00 per month, effective March 1, 2017.

The third issue is whether NYSOH properly determined that your children were eligible for Child Health Plus with a \$30.00 premium, effective July 1, 2017.

On June 6, 2017 and June 29, 2017, NYSOH redetermined your children's eligibility for financial assistance. Your children were found eligible to enroll in a Child Health Plus plan with a \$30.00 monthly premium per child for a limited time. On June 7, 2017 and June 30, 2017, NYSOH issued notices of enrollment

confirmation stating that your children were enrolled in a Child Health Plus plan with a \$30.00 monthly premium per child as of July 1, 2017.

On July 2, 2017 and September 4, 2017, NYSOH redetermined your children's eligibility for financial assistance. Your children were found eligible to enroll in a Child Health Plus plan with a \$9.00 monthly premium per child. On July 3, 2017 and September 5, 2017, NYSOH issued notice of enrollment confirmation stating that your children were enrolled in a Child Health Plus plan with a \$9.00 monthly premium per child as of July 1, 2017.

The enrollment tab within your NYSOH account indicates that your children were reenrolled in a Child Health Plus plan with a \$9.00 monthly premium per child as of June 1, 2017. Furthermore, the September 7, 2017 note in your NYSOH account states "CDO for both children per plan request, Fidelis CHP [Child Health Plus] to 6/01/2017".

Since NYSOH conceded that your children's Child Health Plus plan monthly premium per child was \$9.00 as of June 1, 2017, a discussion of the merits of your case is not necessary.

Therefore, the June 7, 2017 eligibility determination notice and the June 7, 2017 enrollment confirmation notice are MODIFIED to reflect that your children's Child Health Plus plan premium was \$9.00 per month, effective June 1, 2017.

Your case is RETURNED to NYSOH to ensure that your children's Child Health Plus plan monthly premium was \$9.00 per child from March 31, 2017 to May 31, 2017 and as of June 1, 2017.

## **Decision**

Your appeal of the insurer's termination of your children's enrollment in their Child Health Plus plan for non-payment of premiums, effective May 31, 2017, is DISMISSED as a non-appealable issue.

Your appeal of the insurer's termination of your children's enrollment in their Child Health Plus plan for non-payment of premiums, effective July 1, 2017, is DISMISSED as a non-appealable issue.

The February 14, 2017 eligibility determination notice and the February 19, 2017 enrollment confirmation notice are MODIFIED to reflect that your children's Child Health Plus plan premium was \$9.00 per month, effective March 1, 2017.

The June 7, 2017 eligibility determination notice and the June 7, 2017 enrollment confirmation notice are MODIFIED to reflect that your children's Child Health Plus plan premium was \$9.00 per month, effective June 1, 2017.

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Your case is RETURNED to NYSOH to ensure that your children's Child Health Plus plan monthly premium was \$9.00 per child from March 31, 2017 to May 31, 2017 and as of June 1, 2017.

**Effective Date of this Decision:** December 6, 2017

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

Your children's monthly Child Health Plus premium was \$9.00 per child from March 1, 2017 through May 31, 2017.

Your children's monthly Child Health Plus premium was \$9.00 per child as of June 1, 2017.

Your case is being sent back to NYSOH to make sure that your children's Child Health Plus monthly premium was \$9.00 per child from March 1, 2017 through May 31, 2017 and as of June 1, 2017.

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

If applicable, if you think a portion of your appeal should not be dismissed, you can ask us to vacate, or cancel, this dismissal. You must ask us in writing within 30 days after the date on this notice, showing good cause as to why the dismissal should be vacated. NYSOH's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, NYSOH will tell you in writing. If you do not respond to the dismissed portion of your appeal within 30 days, your appeal will remain dismissed, and NYSOH will take no further action on your appeal.

Insofar as your case was decided, the 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)).

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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
- By fax: 1-855-900-5557

### **Summary**

Your appeal of the insurer's termination of your children's enrollment in their Child Health Plus plan for non-payment of premiums, effective May 31, 2017, is **DISMISSED** as a non-appealable issue.

Your appeal of the insurer's termination of your children's enrollment in their Child Health Plus plan for non-payment of premiums, effective July 1, 2017, is **DISMISSED** as a non-appealable issue.

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).

The February 14, 2017 eligibility determination notice and the February 19, 2017 enrollment confirmation notice are MODIFIED to reflect that your children's Child Health Plus plan premium was \$9.00 per month, effective March 1, 2017.

The June 7, 2017 eligibility determination notice and the June 7, 2017 enrollment confirmation notice are MODIFIED to reflect that your children's Child Health Plus plan premium was \$9.00 per month, effective June 1, 2017.

Your children's monthly Child Health Plus premium was \$9.00 per child from March 1, 2017 through May 31, 2017.

Your children's monthly Child Health Plus premium was \$9.00 per child as of June 1, 2017.

Your case is RETURNED to NYSOH to ensure that your children's Child Health Plus plan monthly premium was \$9.00 per child from March 31, 2017 to May 31, 2017 and as of June 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).

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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. ye&btumi 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.

### **אײַדיש (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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