



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

Notice of Decision

Decision Date: December 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022304

[REDACTED]

On November 16, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's September 12, 2017 eligibility determination and plan enrollment notices regarding your children.

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

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

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

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

Legal Authority

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

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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

Decision

Decision Date: December 11, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000022304

[REDACTED]

Issues

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

Did NY State of Health (NYSOH) properly determine that your children's eligibility for and enrollment in their Child Health Plus plan ended effective May 1, 2017?

Did NYSOH properly determine that your children's eligibility for and enrollment in their Child Health Plus plan terminated June 1, 2017 for nonpayment of premium?

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

Procedural History

On January 27, 2017, NYSOH issued an eligibility determination notice, based on your January 26, 2017 application, stating in part that your two children were eligible for Child Health Plus with a \$30.00 monthly premium each for a limited time, effective March 1, 2017. The notice directed you to submit proof of income for your children by March 27, 2017, to confirm their eligibility.

Also on January 27, 2017, NYSOH issued a plan enrollment notice confirming your children were enrolled in a Child Health Plus plan, effective March 1, 2017, with United Healthcare Community Plan and a total monthly premium of \$60.00.

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The notice directed you to submit proof of income for your children by March 27, 2017, to confirm their eligibility.

On March 18, 2017, NYSOH issued a disenrollment notice stating that your children's coverage in their Child Health Plus plan was to end March 31, 2017, because you asked to end their coverage on March 17, 2017, such that they would no longer be enrolled with that plan.

On April 4, 2017, NYSOH issued an eligibility determination notice stating in part that, effective May 1, 2017, your children may be eligible to purchase a qualified health plan at full cost through NYSOH if they qualified for a special enrollment period. The notice further stated that your children no longer qualified for Child Health Plus because NYSOH could not verify the income listed in your application.

Also on April 4, 2017, NYSOH issued a disenrollment notice stating that your children's enrollment in their Child Health Plus plan would end May 1, 2017, because they were no longer eligible to be enrolled in Child Health Plus.

On April 21, 2017, NYSOH issued an eligibility determination notice stating in part that your children were eligible for Child Health Plus with a \$9.00 monthly premium each for a limited time, effective June 1, 2017. The notice directed you to submit proof of income for your children by July 19, 2017, to confirm their eligibility.

Also on April 21, 2017, NYSOH issued a plan enrollment notice stating in part that your children were enrolled in a Child Health Plus plan with an \$18.00 total monthly premium and an enrollment start date of June 1, 2017. The notice informed you that you must pay the monthly premium to start and keep your children's coverage.

On May 25, 2017, NYSOH issued an eligibility determination notice stating that your children were eligible for Child Health Plus without condition, and with a \$9.00 monthly premium each, effective July 1, 2017. This determination was based on a household income of \$46,309.00.

Also on May 25, 2017, NYSOH issued a plan enrollment notice confirming in part that your children were enrolled in a Child Health Plus plan with United Healthcare Community Plan, effective June 1, 2017, with a monthly premium each of \$9.00. The notice informed you that you must pay the monthly premium to start and keep your children's coverage.

On June 16, 2017, NYSOH issued a disenrollment notice terminating your children's coverage in Child Health Plus, effective June 1, 2017, because you did not pay your insurance bill by the payment deadline.

On August 17, 2017, NYSOH issued an eligibility determination notice stating in part that your children were eligible to enroll in Child Health Plus with a \$9.00 monthly premium each, effective October 1, 2017.

Also on August 17, 2017, based on your August 16, 2017 plan selection, your children were enrolled in a Child Health Plus Plan with United Healthcare Community Plan and a \$9.00 monthly premium each and an enrollment start date of October 1, 2017.

On September 11, 2017, you spoke with NYSOH's Account Review Unit and appealed a preliminary eligibility determination made that date relative to your children's eligibility for and enrollment in Child Health Plus being effective October 1, 2017, and not May 1, 2017.

On September 12, 2017, NYSOH issued an eligibility determination notice stating that your children were eligible for Child Health Plus without condition, and with a \$9.00 monthly premium each, effective October 1, 2017. This determination was based on a household income of \$40,368.00.

Also on September 12, 2017, NYSOH issued a plane enrollment notice confirming your children's enrollment in a Child Health Plus plan with United Healthcare Community Plan with a \$9.00 monthly premium each and an enrollment start date of October 1, 2017.

A telephone hearings was scheduled for November 14, 2017 at 10:00 a.m., at which time a Hearing Officer contacted you to conduct the hearing. Since your witness could not be reached at that time, your request for an adjournment was granted and the hearing was rescheduled for November 16, 2017 at 9:00 a.m.

The rescheduled hearing was held on November 16, 2017. Through, sworn testimony, you agreed to waive formal notice of the hearing and you and your witness testified under oath. The record was developed during the hearing and held open to December 1, 2017, to allow you to submit supporting documentation.

On November 16, 2017, NYSOH Appeals Unit received a 16-page facsimile from you, which was made part of the record as "Appellant's Exhibit A." Since additional documentation was outstanding, the record remained open until December 1, 2017.

As of December 4, 2017, after the close of business on December 1, 2017, no documents were faxed to NYSOH Appeals Unit nor were any viewable in your NYSOH account. Therefore, the record was closed and this decision is based on the record as developed at hearing and Appellant's Exhibit A.

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's eligibility for and enrollment in Child Health Plus made effective May 1, 2017.
- 2) According to your NYSOH account, your children were found conditionally eligible for Child Health Plus, effective March 1, 2017, pending proof of household income by March 27, 2017, to confirm their eligibility. Your children were enrolled in a Child Health Plus plan with United Healthcare Community Plan, effective March 1, 2017.
- 3) According to your NYSOH account, your children's coverage in their Child Health Plus plan ended on March 31, 2017, at your request.
- 4) According to your NYSOH account, on April 3, 2017, your children were determined to be no longer eligible for Child Health Plus because proof of income was not provided by the March 27, 2017 deadline.
- 5) The corresponding April 4, 2017 notices stated that their eligibility for Child Health Plus and enrollment in a Child Health Plus plan would end May 1, 2017, because NYSOH could not verify the income listed in your application.
- 6) According to your NYSOH account, on April 21, 2017, your children were redetermined conditionally eligible for Child Health Plus and enrolled in a Child Health Plus plan, effective May 1, 2017, pending proof of household income by July 19, 2017, to confirm their eligibility. Your children were enrolled in a Child Health Plus plan with United Healthcare Community Plan, effective June 1, 2017, provided you timely paid the monthly premium of \$18.00.
- 7) According to your NYSOH account, on May 24, 2017, NYSOH verified your 2016 Form 1040. Your children were redetermined fully eligible for Child Health Plus, effective July 1, 2017.
- 8) According to your NYSOH account, your children were enrolled in a Child Health Plus plan, effective June 1, 2017.
- 9) According to your NYSOH account and your testimony, your children's enrollment in their Child Health Plus plan was also terminated as of June 1, 2017, because you did not make the monthly premium payment. You testified you did not make the premium payment because their health plan told you that your children could not be enrolled as of June 1, 2017.

- 10) According to your NYSOH account, your children were again redetermined eligible for Child Health Plus without condition and enrolled in a Child Health Plus plan, both effective October 1, 2017.
- 11) You testified that, after filing your initial application on January 26, 2017, you repeatedly submitted income documentation to NYSOH via facsimile, which documents were not verified by NYSOH.
- 12) According to your NYSOH account, no income documents were uploaded to your NYSOH from January 26, 2017 through May 21, 2017.
- 13) You further testified that you submitted income documents via email attachments to your navigator to upload on behalf of you children.
- 14) Your navigator, testifying as your witness, could not state with certainty on which dates she received income documents from you or submitted such documents to NYSOH on your children's behalf; nor if it was during the time frame of January 26, 2017 through May 21, 2017, because she is not permitted to retain emails.
- 15) You were directed by the Hearing Officer to submit proof of facsimile transmissions and emails with attachments to your navigator to show that your household income was successfully transmitted to NYSOH between January 27, 2017 and May 21, 2017. No proof was submitted.
- 16) According to your NYSOH account, your 2016 federal income tax return (Form 10140) was date-stamped received by NYSOH on May 22, 2017, and was uploaded to your NYSOH under your name only. Your 2016 Form 1040 showed adjusted gross income of \$46,309.00, and was signed by your CPA as your preparer on "05/16/17."
- 17) The facsimile cover sheet, also date-stamped as received by NYSOH on May 22, 2017, indicates this income documentation was submitted as proof of your children's household income.
- 18) According to your NYSOH account and your witness' testimony, your 2016 1040 form was not uploaded to your children's applications until September 8, 2017.
- 19) According to your NYSOH account, your children's household income was validated on August 16, 2017 and September 11, 2017.
- 20) Your income was adjusted in your September 11, 2017 updated application to \$40,368.00. You testified that this change in income was accurate because your income decreased this year. You further testified that your income fluctuates and depends on the hours you work in your occupation as [REDACTED].

- 21) You testified that your children were without health insurance since May 1, 2017, because the system would not allow nor accept their enrollments in and the health plan would not allow you to get coverage until you paid for three months before October 1, 2017, in advance.
- 22) Your witness testified that she understood the three-month advance premium payments to be for October 2017, November 2017, and December 2017. You testified that you paid \$76.00 for your children's coverage to resume.
- 23) You were directed by the Hearing Officer to submit billing invoices and proof of monthly premium payment for July 2017, August 2017, and September 2017, by December 1, 2017. No proof was submitted.
- 24) You testified and submitted copies of medical bills and payment receipts regarding the medical treatment and care your children received from May 2017 through September 2017 (see *in part*, Appellant's Exhibit A).
- 25) You want Child Health Plus to pay for or reimburse you for those bills

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, 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 – Income Verification

NYSOH is required to verify the eligibility of an applicant for CHP subsidy payments, which includes verifying the applicant's household income. If NYSOH is unable to verify the applicant's household income using available data sources, then NYSOH must request additional information from the applicant. NYSOH must provide the applicant with a reasonable period of time to furnish such information (42 CFR § 457.380; 42 CFR § 435.952(c)).

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

Legal Analysis

Initially, it is noted that your children were found conditionally eligible for Child Health Plus, effective March 1, 2017 and were first enrolled in Child Health Plus as of March 1, 2017. At your request, they were disenrolled as of March 31, 2017.

Thereafter, on April 4, 2017, NYSOH issued an eligibility determination notice stating that your children were no longer eligible for Child Health Plus because you did not submit income documentation by the deadline, which in turn resulted in them being disenrolled from their Child Health Plus plan effective May 1, 2017. These notices were based on the March 27, 2017 deadline, by which you were to submit income documents to confirm your children’s eligibility. Since you had already voluntarily requested that your children’s Child Health Plus coverage terminate as of March 31, 2017, the April 4, 2017 eligibility determination and disenrollment notices were unnecessary and, therefore, by this Decision are rendered MOOT.

The analysis turns to the first issue under review, which is whether your children's Child Health Plus plan was properly cancelled for non-payment of premiums, effective June 1, 2017.

The record reflects that your children were redetermined conditionally eligible for Child Health Plus and enrolled in a Child Health Plus plan, effective June 1, 2017, as stated respectively in the April 21, 2017 eligibility determination and enrollment notices and in the May 25, 2017 enrollment notice. The enrollment notices also informed you that you must pay the monthly premium to start and keep your children's coverage.

The record further reflects that your children's Child Health Plus plan initiated termination of their coverage on June 15, 2017. On June 16, 2017, NYSOH issued a disenrollment notice stating that your children's coverage would end June 1, 2017, because you did not pay the insurance bill by the payment deadline. You testified that you did not make the premium payment because your children's health plan told you that they could not be enrolled as of June 1, 2017.

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 health plan for non-payment of premiums. Therefore, your appeal as to whether your children's Child Health Plus plan was properly terminated for non-payment of premium as of June 1, 2017 is DISMISSED.

Your children's health plan may be able to help you with your request for coverage for your children as of June 1, 2017. If you have not already been assisted with your current coverage issue, please contact your children's health plan.

In addition, since your issue concerns a health insurer and/or payment, reimbursement, coverage, benefits, rates and premiums, you can contact NY Department of Financial Services at their Consumer Hotline at (800) 342-3736 (Monday through Friday, 8:30 AM to 4:30 PM); or locally to (212) 480-6400; or you can file a complaint at <http://www.dfs.ny.gov/consumer/fileacomplaint.htm>

The second issue under review is whether NYSOH properly redetermined that your children were fully eligible for Child Health Plus and were enrolled in a Child

Health Plus plan, effective October 1, 2017, as stated in the August 17, 2017 eligibility determination and enrollment notices.

You are seeking to have their Child Health Plus plan coverage made effective May 1, 2017, to cover expenses you incurred related to your children's medical treatment and care.

First, an individual requesting financial assistance to help pay for the cost of coverage provided through NYSOH is required to attest to his or her household's projected annual income. For individuals seeking enrollment in Child Health Plus, NYSOH must request income data from federal data sources in order to verify an individual's income attestation.

If NYSOH cannot verify an individual's income documentation, it must provide the individual with notice of the inconsistency. NYSOH must then provide the individual with a period of two months from the date notice is received to resolve the inconsistency.

You testified that, after filing your initial application on January 26, 2017 and your children being found conditionally eligible for Child Health Plus pending proof of income, you repeatedly submitted income documentation to NYSOH via facsimile, which were not verified by NYSOH. However, according to your NYSOH account, no income documents were uploaded to your NYSOH from January 26, 2017 through May 21, 2017. You further testified that you submitted income documents via email attachments to your navigator to upload on behalf of you children. Your navigator, testifying as your witness, could not state with certainty on which dates she received income documents from you or submitted such documents to NYSOH on your children's behalf; nor if it was during the time frame of January 26, 2017 through May 21, 2017, because she is not permitted to retain emails.

You were directed by the Hearing Officer to submit proof of facsimile transmissions to NYSOH and emails with attachments to your navigator to show that your household income was successfully transmitted to NYSOH and you navigator between January 27, 2017 and May 21, 2017. No such proof was submitted by the deadline of December 1, 2017, to support that you or your navigator submitted income documentation within this timeframe to NYSOH to confirm your children's eligibility. Therefore, it is reasonable to conclude that no income documents were submitted by May 21, 2017 to prove your household income.

Notwithstanding this finding, in the eligibility determination notice issued on April 21, 2017, you were advised that your child was eligible for Child Health Plus for a limited time, and that you needed to provide proof of your household's income before May 22, 2017.

According to your NYSOH account, your 2016 federal income tax return (Form 1040) was date-stamped received by NYSOH on May 22, 2017, and was uploaded to your NYSOH under your name only. Your 2016 Form 1040 showed adjusted gross income of \$46,309.00, and was signed by your CPA as your preparer on "05/16/17." The facsimile cover sheet, also date-stamped as received by NYSOH on May 22, 2017, indicates this income documentation was submitted as proof of your children's household income.

However, the record reflects that your 2016 Form 1040 was not uploaded to your children's applications until September 8, 2017. Actually, your NYSOH account shows that NYSOH validated your children's household income on August 16, 2017 and September 11, 2017. On August 17, 2017, NYSOH issued an eligibility determination notice stating that your children were eligible for Child Health Plus effective October 1, 2017. The corresponding August 17, 2017 enrollment notice stated they were enrolled in a Child Health Plus plan with an October 1, 2017 start date.

However, based on the foregoing timeline and your May 22, 2017 submission of proof of income, the credible evidence of record confirms that NYSOH did not timely utilize that income documentation to determine your children's eligibility. Had NYSOH properly associated the income documentation to your children, their eligibility could have been determined before June 1, 2017, for a July 1, 2017 eligibility effective date and enrollment start date.

Since the date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment, this analysis is refined to whether your children could have been determined eligible for and could have been enrolled in a Child Health Plus plan at a date earlier than October 1, 2017

Ordinarily, a plan that is selected between the first day and 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 and the end of the month goes into effect on the first day of the second following month.

Had NYSOH properly associated your income documentation to your children's applications and processed the information accordingly, your children's eligibility for Child Health Plus could have been determined before June 1, 2017, such that you would have been able to select a Child Health Plus plan for them before that date, too. Had that occurred, your children would have been enrolled in a Child Health Plus plan the first day of the second month following May 2017; that is, as of July 1, 2017.

Therefore, the August 17, 2017 eligibility determination and enrollment notices are MODIFIED to state respectively that your children were eligible for Child Health Plus and enrolled in a Child Health Plus plan as of July 1, 2017.

Your case is RETURNED to effectuate the change in your children's eligibility for and enrollment in Child Health Plus from October 1, 2017 to July 1, 2017, and to notify you accordingly.

Decision

By this Decision, the April 4, 2017 eligibility determination and disenrollment notices are rendered MOOT.

Your appeal as to whether your children's Child Health Plus plan was properly terminated for non-payment of premium as of June 1, 2017 is DISMISSED as a non-appealable issue.

The August 17, 2017 eligibility determination and enrollment notices are MODIFIED to state respectively that your children were eligible for Child Health Plus and enrolled in a Child Health Plus plan as of July 1, 2017.

Your case is RETURNED to effectuate the change in your children's eligibility for and enrollment in Child Health Plus from October 1, 2017 to July 1, 2017, and to notify you accordingly.

Effective Date of this Decision: December 11, 2017

How this Decision Affects Your Eligibility

Your children did not have health insurance coverage through NYSOH from April 1, 2017 through May 30, 2017, nor from June 1, 2017 through June 30, 2017.

Your case is being sent back to NYSOH to change the effective dates of your children's eligibility for Child Health Plus and enrollment in her Child Health Plus plan from October 1, 2017 to July 1, 2017. NYSOH will notify you once this change has been made.

You will be responsible to pay the monthly premiums directly to the health plan for your children's coverage in their Child Health Plus plan to resume as of July 1, 2017 through September 30, 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.

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 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
- By fax: 1-855-900-5557

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Summary

By this Decision, the April 4, 2017 eligibility determination and disenrollment notices are rendered MOOT.

Your appeal as to whether your children's Child Health Plus plan was properly terminated for non-payment of premium as of June 1, 2017 is DISMISSED as a non-appealable issue.

The August 17, 2017 eligibility determination and enrollment notices are MODIFIED to state respectively that your children were eligible for Child Health Plus and enrolled in a Child Health Plus plan as of July 1, 2017.

Your case is RETURNED to effectuate the change in your children's eligibility for and enrollment in Child Health Plus from October 1, 2017 to July 1, 2017, and to notify you accordingly.

Your children did not have health insurance coverage through NYSOH from April 1, 2017 through May 30, 2017, nor from June 1, 2017 through June 30, 2017.

Your case is being sent back to NYSOH to change the effective dates of your children's eligibility for Child Health Plus and enrollment in her Child Health Plus plan from October 1, 2017 to July 1, 2017. NYSOH will notify you once this change has been made.

You will be responsible to pay the monthly premiums directly to the health plan for your children's coverage in their Child Health Plus plan to resume as of July 1, 2017 through September 30, 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 مجاناً.

বাংলা (Bengali)

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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 bεtumi ama wo obi a okyerε 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 דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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