



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

## Notice of Decision

Decision Date: March 15, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025469

[REDACTED]

Dear [REDACTED],

On February 23, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 1, 2017 eligibility determination notice, November 2, 2017 disenrollment notice, November 28, 2017 eligibility determination notice and December 6, 2017 enrollment confirmation notice.

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

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

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

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

### Legal Authority

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

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DEPARTMENT OF HEALTH  
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## Decision

Decision Date: March 15, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000025469



## Issues

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

Did NY State of Health properly determine that your newborn child's eligibility for and enrollment in Child Health Plus terminated effective October 31, 2017?

Did NY State of Health properly determine that your newborn child was eligible for a full-pay Child Health plus plan, effective January 1, 2018?

Did NY State of Health properly determine that your newborn child's enrollment in her Child Health Plus plan was effective January 1, 2018?

## Procedural History

On July 28, 2017, your newborn child was added to your NY State of Health (NYSOH) account and an application was submitted on her behalf.

On July 29, 2017, NYSOH issued a notice of eligibility determination stating that your newborn child was eligible to enroll in Child Health Plus with a \$45.00 per month premium for a limited time, effective July 1, 2017. The notice requested that you provide documentation confirming her citizenship status and Social Security number before October 26, 2017.

Also on July 29, 2017, NYSOH issued a notice confirming your newborn child's enrollment in a Child Health Plus plan, effective July 1, 2017.

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On August 8, 2017, you updated your household's application for financial assistance.

On August 9, 2017, NYSOH issued a notice of eligibility determination stating that your newborn child was eligible to enroll in Child Health Plus with a \$45.00 per month premium for a limited time, effective July 1, 2017. The notice requested that you provide documentation confirming her citizenship status and Social Security number before October 26, 2017.

On November 1, 2017, NYSOH issued an eligibility determination notice stating that your newborn child was no longer eligible for health insurance through NYSOH. This was because you had not confirmed her citizenship status and Social Security number within the required timeframe.

On November 2, 2017, NYSOH issued a disenrollment notice stating that your newborn child's coverage in her Child Health Plus plan would end effective October 31, 2017 because she is no longer eligible to enroll in health insurance through NYSOH.

On November 16, 2017, you added your child's Social Security number to your NYSOH account.

On November 17, 2017, NYSOH issued an eligibility determination notice stating that your newborn child was eligible for a full-pay Child Health Plus plan, effective January 1, 2018.

On November 27, 2017, you updated your household's application for financial assistance, specifically, you updated your household's annual expected income.

On November 28, 2017, NYSOH issued an eligibility determination notice stating that your newborn child was eligible for a full-pay Child Health Plus plan, effective January 1, 2018.

On December 6, 2017, NYSOH issued an enrollment confirmation notice stating that your newborn child was enrolled in a Child Health Plus plan at full cost, effective January 1, 2018.

On December 7, 2017, NYSOH received your written request for an appeal of your newborn child's disenrollment from her Child Health Plus plan as well as her eligibility for a full-pay Child Health Plus plan.

On December 21, 2017, NYSOH issued a notice of eligibility determination stating that your newborn child was eligible for Child Health Plus for a limited time, effective November 1, 2017. This was because you had been granted Aid to Continue until a decision was made on your appeal.

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Also on December 21, 2017, NYSOH issued a notice of enrollment confirmation stating that your newborn child was enrolled in a Child Health Plus plan with a \$45.00 per month premium.

On February 23, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and held open until March 9, 2018, to allow you time to submit supporting documents.

On March 5, 2018, NYSOH received supporting documents consisting of a copy of your newborn child's Social Security card and a letter requesting an extension for you to submit additional documentation. On March 5, 2018, your request for an extension was reviewed by the Hearing Officer and denied. The documents you submitted were incorporated into the record as Appellant's Exhibit #1.

No additional documents were submitted prior to March 10, 2018 and the record was closed.

## **Findings of Fact**

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

- 1) You testified that you are only appealing insofar as your newborn was disenrolled from her Child Health Plus plan as of October 31, 2017 and subsequently found eligible for a full-play Child Health Plus plan as of January 1, 2018. You are seeking for your newborn child to be reinstated into her Child Health Plus plan with a \$45.00 premium as of November 1, 2017 and for your newborn child to continue to have a \$45.00 premium for one year.
- 2) You testified that your newborn child was born on [REDACTED].
- 3) The record indicates that your child was added to your NYSOH account on July 28, 2017. The application that was submitted that day indicates that she was a US Citizen but she did not have a Social Security number because you were in the process of applying for one.
- 4) You testified, and the record reflects, that you receive all of your notices from NYSOH by regular mail.
- 5) You testified that you did not receive the July 29, 2017 eligibility determination notice or the August 9, 2017 eligibility determination notice advising you that your newborn child's eligibility was only limited and that you needed to submit proof of her citizenship and Social Security number by October 26, 2017.

- 6) No notices sent to you at the address on your account have been returned as undeliverable.
- 7) You testified that you received her Social Security number on [REDACTED].
- 8) You testified that you called NYSOH to provide your newborn child's Social Security number on August 21, 2017.
- 9) During the hearing, you granted the Hearing Officer permission to listen to recordings of phone calls you had with NYSOH.
- 10) The record reflects that on August 21, 2017, you placed one phone call to NYSOH. A review of the recording of that phone call reflects that you were calling to add your newborn child's Social Security number to your account. The NYSOH representative informed you that the authorized representative form you had submitted had not yet been processed, and therefore, she would need to speak to the account holder, your spouse, before she could take any information from you. You indicated that your spouse was unavailable. You then inquired if you could add your newborn child's Social Security number on-line. The NYSOH representative then advised you that you could add your newborn child's Social Security number by accessing your on-line account. You continued the phone call while adding your newborn child's Social Security number to your account while the NYSOH representative gave you general information regarding updating your on-line account. You indicated that you had added your newborn child's Social Security number under her information, and then inquired if you could just hit save, or if there was anything else you needed to do. The NYSOH representative indicated that you would need to go through the rest of the application in order to make sure the changes were saved. You then terminated the call. You did not complete the application while on the phone with the NYSOH representative.
- 11) No application for financial assistance was submitted on August 21, 2017.
- 12) You testified that you faxed a copy of your newborn child's Social Security card to NYSOH.
- 13) The record reflects that you next contacted NYSOH on November 16, 2017. A review of the recording of that phone call reveals that you were calling to inquire as to why you had received a disenrollment notice for your newborn child.

- 14) Your NYSOH account reflects that on November 16, 2017, you added your newborn child's Social Security number, updated your household income, and submitted an application. No enrollment was submitted for your newborn child at that time.
- 15) You testified that you and your spouse will file your 2018 tax return as married filing jointly and will claim your two children as dependents on that return.
- 16) On November 27, 2017, you updated your household's application for financial assistance. In this application, you indicated that your annual expected income is \$108,500.00 consisting of \$41,500.00 wages you expect to earn and \$67,000.00 in wages your spouse expects to earn. You testified that this currently correct.
- 17) You testified that when you first applied for health insurance for your newborn child, your household's annual income was lower because you were out of work, however, you have since returned to work.
- 18) On March 5, 2018, you faxed a letter to NYSOH indicating that you did not save the fax confirmation you received when you submitted a copy of your newborn child's Social Security card. In this letter, you also requested additional time to submit proof that you had placed a phone call to NYSOH on August 21, 2017. Additionally, you submitted a copy of your newborn child's Social Security card with notes, which you purport to have previously faxed to NYSOH.

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

## **Applicable Law and Regulations**

### **Child Health Plus – Social Security Number**

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) (New York Public Health Law (NY PHL) § 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

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(NY PHL § 2511(2)(a)-(e)).

As a condition of eligibility for Child Health Plus, an individual, including children, must furnish their Social Security Number and evidence of their citizenship or status as a qualified immigrant or PRUCOL alien to NY State of Health for verification purposes (42 CFR § 435.910(a) and (b)(3); 42 CFR § 457.340(b); 18 NYCRR § 360-3.2(j)(2) and (3); see *generally* 18 NYCRR § 360-3.2(j)).

NYSOH must require an applicant who has a Social Security Number to provide the number but does not require an applicant's Social Security Number as a condition of enrollment for Child Health Plus if the applicant is not eligible to receive one or his or her number is not yet available (42 CFR § 457.340(b), 42 CFR § 435.910(h)(1); Model State Children's Health Insurance Program Plan, Section 4.1.9).

If an applicant attests to citizenship, status as a national, or lawful presence, and NYSOH is unable to verify such attestation, NY State of Health must then provide the applicant with 90 days to provide satisfactory documentary evidence. Notice is considered received 5 days after the date on the notice, unless the applicant demonstrates that he or she did not receive the notice within the 5-day period (45 CFR § 155.315(c)(3), (f)(2)(i)).

If NYSOH remains unable to verify the citizenship attestation after the 90-day period ends, it must determine the applicant's eligibility based on the information available (45 CFR § 155.315(f)(5)).

NYSOH is required to provide proper written notice to an applicant of any decision effecting an enrollee's Child Health Plus eligibility (42 CFR § 457.340(e)). When Child Health Plus coverage is denied, suspended or terminated NYSOH must provide sufficient notice to enable the child's parent or caretaker relative to take appropriate actions in order to allow Child Health Plus coverage to continue without interruption (42 CFR § 457.340(e)(2); 42 CFR § 457.1130(a)(3)).

### Child Health Plus Premium

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 federal poverty level (FPL) (NY PHL § 2511(2)(a)(iii)). To

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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)).

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 \$24,600.00 for a five-person household (82 Fed. Reg. 8831).

#### Child Health Plus – Period of Eligibility

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)).

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If a household reports an increase in income within the twelve-month period of coverage, the required family contribution shall not be redetermined, as the children are eligible for twelve months of coverage at the level the children were found eligible for at initial application or recertification. If a household reports a decrease in income within the twelve-month period of coverage, the child's eligibility and family contribution shall be redetermined (CHPlus ADM 50).

“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 determined that your newborn child's eligibility for and enrollment in Child Health Plus terminated effective October 31, 2017.

NYSOH is required to determine whether individuals are eligible to enroll in coverage through NYSOH, and must confirm, among other things, their Social Security number and citizenship status.

If NYSOH cannot verify an individual's citizenship status or Social Security number, it must provide the individual with notice of the inconsistency. NYSOH must then provide the individual with a period of 90 days from the date notice is received to resolve the inconsistency.

The record indicates that your youngest child was added to your NYSOH account on July 28, 2017. The application that was submitted that day indicates that she was a U.S Citizen but she did not have a Social Security number because you were in the process of applying for one.

In the eligibility determinations issued on July 29, 2017 and August 9, 2017 you were advised that your child's eligibility for Child Health Plus was only

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conditional, and that you needed to confirm her Social Security number and citizenship status before October 26, 2017.

You testified, and the record reflects, that you receive all of your notices from NYSOH via regular mail. You testified that you did not receive any notices stating that your newborn child's eligibility was only limited and that you needed to provide documentation of her citizenship status and Social Security number. No notices that were sent to the address listed on your NYSOH account have been returned as undeliverable. Therefore, NYSOH issued proper notice that your newborn child's eligibility was only limited and that additional documentation was needed to confirm her eligibility.

You testified that you received your child's Social Security number on [REDACTED]. You testified that you contacted NYSOH and provided your newborn child's Social Security number on August 21, 2017. A review of that recordings reflects that although you did contact NYSOH on August 21, 2017, you did not provide your newborn child's Social Security number to the NYSOH representative. Instead, you requested directions for updating your newborn child's Social Security number yourself on-line. There is no evidence in the record that you confirmed any changes made to your NYSOH account that day.

Additionally, you testified that you faxed a copy of your newborn child's Social Security card to NYSOH prior to the October 26, 2017 deadline. However, there is no evidence in the record that this was ever sent to NYSOH.

Therefore, the record reflects that NYSOH properly notified you of an inconsistency in your account and that NYSOH did not have your newborn child's Social Security number before the October 26, 2017 deadline.

On November 2, 2017 NYSOH issued a disenrollment notice stating that your newborn child's coverage in her Child Health Plus plan would end effective October 31, 2017 because she was no longer eligible to enroll in health insurance through NYSOH. According to the eligibility determination issued on November 1, 2017, this was because NYSOH did not receive documentation of her citizenship status and Social Security number.

When NYSOH denies, terminates, or suspends a child's Child Health Plus coverage, they are required to provide sufficient notice so that a child's parent is able to take action to prevent a gap in coverage for the child. Notice is considered received five days after the date on the notice. In this case, the notice formally disenrolling your child from her Child Health Plus plan was dated November 2, 2017. Therefore, the notice terminating your child's enrollment would be considered received as of November 7, 2017.

When changes are made to an individual's application between the first and the 15<sup>th</sup> day of any month, NYSOH must make the redetermination that results from

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a change effective the first day of the following month. Since you would have received NYSOH's notice terminating your child's Child Health Plus eligibility between the first and the 15<sup>th</sup> of the month, any changes you would have made to your account to prevent a gap in coverage would not have been effective until December 1, 2017.

NYSOH failed to provide you with sufficient notice that would have allowed you to take action in order to prevent a gap in Child Health Plus coverage for your child for the month of November 2017. However, NYSOH did provide you with sufficient notice to prevent a gap in Child Health Plus coverage for your newborn child for the month of December 2017.

Therefore, the November 1, 2017 eligibility determination notice and the November 2, 2017 disenrollment notice are MODIFIED to state that your newborn child's eligibility for and enrollment in her Child Health Plus plan with a \$45.00 monthly premium ended effective November 30, 2017.

Your case is RETURNED to NYSOH to reinstate your newborn child into her Child Health Plus plan with a \$45.00 monthly premium for the month of November 2017.

The second issue is whether NYSOH properly determined that your newborn child was eligible for a full-pay Child Health plus plan, effective January 1, 2018

According to the record, you expect to file your 2018 tax return as married filing jointly and will claim your two children as dependents on that tax return. Therefore, your newborn child is in a four-person household.

In your November 27, 2017 application, you attested to an expected household income of \$108,500.00. The record reflects that your newborn child was less than [REDACTED].

A child is eligible to enroll in Child Health Plus with a subsidy if they meet the non-financial requirements, are not eligible for Medicaid, and have a household income below 400% of the FPL. On the date of your application, the relevant FPL was \$24,600.00 for a four-person household. Households with an income above 400% of the FPL are not eligible to receive a subsidy payment. Since \$108,500.00 is 441.06% of the 2017 FPL, your newborn child was not eligible for a premium subsidy.

In households that experience an increase in income, children are guaranteed their lower premium for twelve months before their premium is redetermined.

However, as your newborn child was only found eligible for Child Health Plus for a limited time and subsequently disenrolled from her Child Health Plus plan for failure to submit documentation confirming her eligibility within the required time

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period, your newborn child is not eligible for twelve months of coverage with a \$45.00 premium.

Therefore, based on the information you provided, NYSOH properly determined that your newborn child was eligible for a full-pay qualified health plan, effective January 1, 2018.

The November 28, 2017 eligibility determination notice is AFFIRMED.

The third issue is whether NYSOH properly determined that your newborn child's enrollment in her Child Health Plus plan was effective January 1, 2018

The record reflects that you added your newborn child's Social Security number to your NYSOH account on November 16, 2017. You subsequently selected a full-pay Child Health Plus plan for enrollment for your newborn child on [REDACTED].

The date on which a Child Health Plus plan can take effect depends on the day a person selects the plan for enrollment. 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.

As you selected a plan for reenrollment on [REDACTED], your newborn child's enrollment in her Child Health Plus plan properly began on the first day of the first month following after [REDACTED]; that is, on January 1, 2018.

Therefore, the December 6, 2017 enrollment confirmation notice is AFFIRMED.

## **Decision**

The November 1, 2017 eligibility determination notice and the November 2, 2017 disenrollment notice are MODIFIED to state that your newborn child's eligibility for and enrollment in her Child Health Plus plan with a \$45.00 monthly premium ended effective November 30, 2017.

Your case is RETURNED to NYSOH to reinstate your newborn child into her Child Health Plus plan with a \$45.00 monthly premium for the month of November 2017.

The November 28, 2017 eligibility determination notice is AFFIRMED.

The December 6, 2017 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** March 15, 2018

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

Your child should not have been terminated from her Child Health Plus plan in November 2017 as NYSOH gave you insufficient notice. However, NYSOH properly disenrolled your newborn child from her Child Health Plus plan for the month of December 2017.

Your case is being sent back to NYSOH to reinstate your child into her Child Health Plus for the month of November 2017.

NYSOH properly determined that your newborn child was eligible for and enrolled in a full-pay Child Health Plus plan, effective January 1, 2018.

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

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:  
Health Insurance Marketplace  
Attn: Appeals  
465 Industrial Blvd.  
London, KY 40750-0061
- By fax: 1-877-369-0129

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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:  
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Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The November 1, 2017 eligibility determination notice and the November 2, 2017 disenrollment notice are MODIFIED to state that your newborn child's eligibility for and enrollment in her Child Health Plus plan with a \$45.00 monthly premium ended effective November 30, 2017.

Your child should not have been terminated from her Child Health Plus plan in November 2017 as NYSOH gave you insufficient notice. However, NYSOH properly disenrolled your newborn child from her Child Health Plus plan for the month of December 2017.

Your case is RETURNED to NYSOH to reinstate your newborn child into her Child Health Plus plan with a \$45.00 monthly premium for the month of November 2017.

Your case is being sent back to NYSOH to reinstate your child into her Child Health Plus for the month of November 2017.

The November 28, 2017 eligibility determination notice is AFFIRMED.

The December 6, 2017 enrollment confirmation notice is AFFIRMED.

NYSOH properly determined that your newborn child was eligible for and enrolled in a full-pay Child Health Plus plan, effective January 1, 2018.

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## **Legal Authority**

We are issuing this determination in accordance with 45 CFR § 155.545.



**A Copy of this Decision Has Been Provided To:**



## **Getting Help in a Language Other than English**

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

### **Español (Spanish)**

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

### **中文 (Traditional Chinese)**

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

### **Kreyòl Ayisyen (Haitian Creole)**

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

### **中文 (Simplified Chinese)**

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您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)**

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।

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).

## **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.

## **אידיש (Yiddish)**

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

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