



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

Notice of Decision

Decision Date: March 20, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025604

[REDACTED]

Dear [REDACTED]

On February 16, 2018, your spouse appeared by telephone at a hearing on your appeal of NY State of Health's November 6, 2017, November 9, 2017, November 14, 2017, and December 11, 2017 eligibility determination notices, and the February 7, 2017 eligibility determination and disenrollment notices.

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

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

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

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification number and the NY State of Health 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
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Albany, NY 12211

Decision

Decision Date: March 20, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000025604



Issues

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

Did NY State of Health (NYSOH) properly determine your newborn child was eligible for Medicaid, and not Child Health Plus, from the date of her birth?

Did NYSOH properly determined your two children were no longer eligible for Child Health Plus, effective March 1, 2018?

Procedural History

On November 5, 2017, NYSOH received an application for financial assistance with health insurance submitted on behalf of your newborn child.

On November 6, 2017, NYSOH issued an eligibility determination notice stating your newborn child was eligible for Medicaid, effective October 1, 2017, "because your mother had Medicaid when you were born."

On November 8, 2017 and November 13, 2017, NYSOH received additional updated applications for financial assistance with health insurance submitted on behalf of your newborn child.

On November 9, 2017 and November 14, 2017, NYSOH issued eligibility determination notices stating your newborn child remained eligible for Medicaid, "because your mother had Medicaid when you were born."

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On November 14, 2017, NYSOH issued an enrollment notice, based on your November 13, 2017 plan selection, confirming your newborn child was enrolled in a Medicaid Managed Care plan, effective December 1, 2017.

On December 11, 2017, NYSOH received another updated application submitted on behalf of your newborn child. That day a preliminary determination was prepared stating your newborn child remained eligible for Medicaid.

Also on December 11, 2017, a request for appeal was submitted on your behalf insofar as your newborn child was not eligible for Child Health Plus.

On December 12, 2017, NYSOH issued an eligibility determination notice stating your newborn child remained eligible for Medicaid, "because your mother had Medicaid when you were born."

On January 26, 2018, NYSOH systematically redetermined the eligibility of your newborn child.

On January 27, 2018, NYSOH issued an eligibility determination notice stating your newborn child was eligible for Child Health Plus with a \$60.00 monthly premium, effective February 1, 2018, because her "original eligibility was determined by an eligibility specialist at NYSOH."

Also on January 27, 2018, NYSOH issued an enrollment notice confirming your newborn child was enrolled in a Child Health Plus plan, effective February 1, 2018.

Additionally, on January 27, 2018, NYSOH issued a disenrollment notice stating your newborn child's Medicaid Managed Care plan coverage was terminated, effective January 31, 2018, because she was no longer eligible to enroll in the plan.

On February 6, 2018, NYSOH systematically redetermined the eligibility of both of your children.

On February 7, 2018, NYSOH issued an eligibility determination notice stating your newborn child was eligible for Medicaid, effective February 1, 2018, "because your mother had Medicaid when you were born (or within the three months prior)."

Also on February 7, 2018, NYSOH issued a notice stating your oldest child was not eligible to enroll in health coverage through NYSOH, effective March 1, 2018, because NYSOH sent you notices about your eligibility by US mail to the mailing address you provided and notices had been returned as undeliverable. The notice directed you to update the mailing address on your account, so your child's eligibility for health coverage through NYSOH could be redetermined.

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Additionally, on February 7, 2018, NYSOH issued a disenrollment notice stating both your children's Child Health Plus plan enrollments would end, effective February 28, 2018, because they were no longer eligible to enroll in the plans.

On February 16, 2018, your spouse had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed thereafter.

Also on February 16, 2018, NYSOH received an updated application submitted on behalf of your children.

On February 17, 2017, NYSOH issued an eligibility determination notice stating your oldest child was eligible to enroll in a full cost Child Health Plus plan, effective April 1, 2018, and your newborn child remained eligible for Medicaid, effective February 1, 2018. The notice stated that your newborn child was eligible for Medicaid "because your mother had Medicaid when you were born (or within the three months prior)."

Also on February 17, 2018, NYSOH issued an enrollment notice, based on your February 16, 2018 plan selections, confirming your oldest child was enrolled in a Child Health Plus plan and your newborn child was enrolled in a Medicaid Managed Care plan, both effective April 1, 2018.

Findings of Fact

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

- 1) According to your account, your newborn child was born on [REDACTED], [REDACTED]
- 2) Your spouse testified that at the time of your newborn child's birth, she was enrolled in third party health coverage through her father's employer.
- 3) According to your account, your oldest child was enrolled in a Child Health Plus plan at the time of your newborn child's birth.
- 4) Your spouse testified that she had Medicaid coverage through NYSOH a couple years ago, but that she subsequently updated the income information in the account and was no longer Medicaid eligible.
- 5) Your spouse testified that she was enrolled in Medicaid through a different account in her own name.

- 6) NYSOH records confirm the existence of an inactive account in your spouse's name, [REDACTED]
- 7) According to account [REDACTED], on March 17, 2015, your spouse was determined conditionally eligible for Medicaid through that account, effective March 1, 2015. According to that account, data sources indicated your spouse was enrolled in a third-party health insurance at that time and she was not permitted to enroll in a Medicaid Managed Care plan.
- 8) On July 14, 2015, account [REDACTED] was marked inactive, but there was no application update submitted at that time to indicate your spouse was no longer applying for health coverage under that account.
- 9) On July 17, 2015, your current account, [REDACTED] was created and an application for health insurance for your oldest child was submitted.
- 10) Your spouse has never been enrolled in health coverage under your current account.
- 11) On November 5, 2017, your newborn child was added to your account and an application for health coverage was submitted on her behalf. That application indicated you would file your 2017 tax return with a tax filing status of married filing jointly and you would claim your two children as dependents on that tax return. The application listed your annual household income as \$79,460.00.
- 12) Your newborn child was determined eligible for Medicaid, effective October 1, 2017, based on NYSOH records showing your spouse was still enrolled in fee-for-service Medicaid coverage under her inactive account.
- 13) Multiple updated applications were submitted on behalf of your newborn child in November and December 2017 all indicating you would file your tax return with a tax filing status of married filing jointly and you would claim your two children as dependents. The applications listed annual household income in amounts ranging from \$79,460.00 to \$95,666.00.
- 14) Following each application, NYSOH found your newborn child remained eligible for Medicaid due to your spouse's purported Medicaid enrollment at the time of the child's birth.
- 15) A Medicaid Managed Care plan was selected on behalf of your newborn child on November 13, 2017 and coverage through that plan became effective on December 1, 2017.
- 16) You appealed insofar as your newborn child was not eligible for Child Health Plus from the date of her birth.

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- 17) According to your account, an updated application was submitted over the phone on behalf of your children on December 11, 2017. Your account confirms that your mailing address was changed at that time from [REDACTED]
[REDACTED]
- 18) Your spouse testified that she handles all the business associated with your NYSOH account and that she never requested that your mailing address be updated to remove the [REDACTED] designation from the address.
- 19) Your spouse testified that you live in a complex and that you may not receive your mail if the apartment is not specified on the mailing.
- 20) Your spouse testified that you have lived at your current address for two years.
- 21) According to NYSOH records, on January 26, 2018, an application update was submitted on your spouse's inactive account, [REDACTED] to indicate that she was no longer applying for coverage under that account.
- 22) According to NYS records, your spouse had active Medicaid fee-for-service coverage from March 1, 2015 until January 26, 2018 when her account was updated to indicate she was no longer applying for coverage.
- 23) According to your account, on January 26, 2018, NYSOH manually overrode your newborn child's Medicaid eligibility acknowledging she was "incorrectly deemed MA newborn," found her Child Health Plus eligible, and enrolled her in a Child Health Plus plan, effective February 1, 2017.
- 24) Your spouse testified you are seeking to backdate your newborn child's Child Health Plus coverage to her date of birth, because she has outstanding medical bills from the months of October and November 2017 due to the child's medical provider did not accepting her Medicaid fee-for-service coverage.
- 25) According to your account, on February 5, 2017 a letter dated January 25, 2017 issued to you by NYSOH regarding the date of your telephone hearing was returned to NYSOH as undeliverable.
- 26) According to your account, on February 6, 2017, NYSOH systematically marked your mailing address "invalid".
- 27) Both your children were disenrolled from their Child Health Plus plans, effective February 28, 2018.

- 28) According to your account, your newborn child was again determined eligible for Medicaid, effective February 1, 2018 based on your spouse's purported Medicaid enrollment at the time of her birth.
- 29) The issue under appeal was amended to the February 7, 2017 eligibility determination and disenrollment notices.
- 30) On February 16, 2018, an updated application was submitted on behalf of your children indicating you would file your 2018 tax return with a tax filing status of married filing jointly and you would claim your two children as dependents. The application listed annual household income of \$100,900.00.
- 31) According to your account, on February 16, 2018 your mailing address was updated to [REDACTED].
- 32) NYSOH determined your oldest child eligible to enroll in a full cost Child Health Plus plan, effective April 1, 2018 and your newborn child remained eligible for Medicaid, effective February 1, 2018.
- 33) According to your account, health plans were selected on behalf of your children on February 16, 2018 and your oldest child was enrolled into a Child Health Plus plan and your newborn child was enrolled into a Medicaid Managed Care plan, both effective April 1, 2018.

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

Applicable Law and Regulations

Medicaid for Infants

A child who is under one year of age is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 223% of the federal poverty level (FPL) for the applicable family size (42 CFR § 435.118(c); New York State Department of Social Services Administrative Directive 13 OHIP/ADM-03).

In an analysis of Medicaid eligibility, the determination is based on the FPL "for the applicable budget period used to determine an individual's eligibility" (42 CFR § 435.4). On the date of your application, that was the 2017 FPL, which is \$24,600.00 for a four-person household (82 Fed. Reg. 8831).

Newborn Child – Effective Date of Coverage for Medicaid

Medicaid coverage must be provided to a child born to a woman who has been determined eligible and is receiving Medicaid on the date of the child's birth (42 CFR § 435.117(a), N.Y. Soc. Serv. Law § 366-g(3)). Additionally, Medicaid MMCs are contractually obligated to provide coverage to eligible newborns; provided, however, that the mother herself must have been enrolled in the MMC at the time of birth (Medicaid Managed Care Model Contract (Appendix H-3, effective 3/1/2014 – 2/28/2019)).

Child Health Plus - Eligibility

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) (New York Public Health Law (NY PHL) § 2511(2)(a)(iii)).

To be eligible for CHP, 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 PHL § 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)).

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 was \$24,600.00 for a four-person household (80 Federal Register 3236, 3237).

Child Health Plus – Effective Dates

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).

On December 22, 2015, the Governor of New York signed into law an amendment to NY Public Health Law § 2511(2)(g) stating that in the case of a newborn enrolled into CHP, the date of enrollment shall be the date of the child’s birth if the parent applied for insurance prior to the child’s birth or within 60 days after the child’s birth. This amendment was scheduled to take effect as of January 1, 2016 (S04745B, Chap 577, Laws of New York, 2015). However, on April 8, 2016, the Governor of New York signed an amendment to chapter 577 of the Laws of 2015, which delayed the effective date to January 1, 2017. (S06421A, Chap 27, Laws of New York, 2016; NY Public Health Law § 2511(2)(i)).

Legal Analysis

The first issue is whether NYSOH properly determined your newborn child was eligible for Medicaid and not Child Health Plus from her date of her birth.

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).

According to your account, your newborn child was born on [REDACTED]. On November 5, 2017, your newborn child was added to your account and an application for health coverage was submitted on her behalf. Subsequently, several additional applications were submitted on behalf of your newborn child in November and December 2017, all indicating you would file your tax return with a tax filing status of married filing jointly and you would claim your two children as dependents. The applications listed annual household income in amounts ranging from \$79,460.00 to \$95,666.00. Following each application, NYSOH determined your newborn child eligible for Medicaid due to your spouse's purported Medicaid enrollment at the time of the child's birth. You appealed those determinations insofar as your newborn child was not eligible for Child Health Plus.

Pursuant to the above cited regulations, Medicaid coverage must be provided to a child born to a woman who has been determined eligible and is receiving Medicaid on the date of the child's birth.

Although all applications submitted under your account indicated your spouse was not applying for health coverage, and your spouse testified that, at the time of your newborn child's birth, she was enrolled in third-party health coverage through her father's employer, NYS records confirm your spouse was enrolled in fee-for-service Medicaid coverage from March 1, 2015 until January 26, 2018.

Your spouse testified that she was previously enrolled in Medicaid through an account under her own name. NYSOH records confirm the existence of account [REDACTED], wherein your spouse was determined conditionally eligible for Medicaid, effective March 1, 2015. According to that account, data sources indicated your spouse was enrolled in third-party health insurance at that time and she was not permitted to enroll in a Medicaid Managed Care plan.

Although that account was marked inactive on July 14, 2015, there is no evidence that the application was updated to indicate your spouse was no longer applying for health coverage under that account. Thus, your spouse's fee-for-service Medicaid coverage continued under that account, despite marking the account "inactive." It is concluded that this was the result of an administrative error on the part of NYSOH.

Your spouse credibly testified that she did not know she was enrolled in Medicaid at the time of your newborn child's birth, because she was enrolled in third-party health coverage and had closed her account and updated the income information in your current account. This testimony is corroborated by the record. Your spouse's inactive account was not updated by NYSOH to indicate that she was not applying for coverage under that account until January 27, 2018. Following that update, your newborn child was determined eligible for Child Health Plus and enrolled into a plan, effective February 1, 2018. However, your spouse testified that she is seeking to backdate your newborn child's Child Health Plus

coverage to the date of her birth, because she has outstanding medical bills from October and November 2017 due to her medical provider not accepting fee for service Medicaid coverage.

Based on the foregoing it is concluded that your spouse's Medicaid coverage at the time of your newborn child's birth was the result of NYSOH not properly updating her account [REDACTED], to indicate she was not longer applying for insurance on July 14, 2015 through that account, when it was marked "inactive." It is further concluded that your newborn child's Medicaid eligibility was the direct result of that error, as your spouse should not have been enrolled in Medicaid at the time of newborn child's birth in October 2017.

Therefore, the eligibility determination notices issued by NYSOH on November 6, 2017, November 9, 2017, November 14, 2017, and December 11, 2017 stating your newborn child was eligible for Medicaid based on your spouse's Medicaid enrollment are no longer supported by the record and must be RESCINDED.

Your case is RETURNED to NYSOH to redetermine the eligibility of your newborn child as of the date of her initial November 5, 2017 application, based on the information in that application, and the record establishing that your spouse should not have been enrolled in Medicaid at the time of her birth.

Furthermore, based on the record establishing that you applied for health insurance through NYSOH for your newborn within 60 days after her birth, in accordance with the regulations, if your child is determined eligible for Child Health Plus because of the redetermination so ordered, her coverage should begin as of the date of her birth.

The second issue under review is whether NYSOH properly determined your two children were no longer eligible for Child Health Plus, effective March 1, 2018.

According to your account, on December 11, 2017 an updated application was submitted over the phone on behalf of your children. Your account confirms that your mailing address was changed at that time from [REDACTED] [REDACTED]. Your spouse testified that she handles all the business associated with your NYSOH account and that she never requested that your mailing address be updated to remove the [REDACTED] designation from the address. Your spouse testified that you have lived at your current address for two years and that since you live in a complex you may not receive your mail if the apartment is not specified on the mailing.

According to your account, on February 5, 2017 a letter dated January 25, 2017 issued to you by NYSOH regarding the date of your telephone hearing was returned to NYSOH as undeliverable. On February 6, 2017, NYSOH systematically marked your mailing address "invalid" and both your children were disenrolled from their Child Health Plus plans, effective February 28, 2018.

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According to the regulations, New York State residency is an eligibility requirement for Child Health Plus. Although, your account confirms that one letter was returned to NYSOH as undeliverable it also confirms that at least 10 additional notices issued to the same address were not. Moreover, your spouse credibly testified that you have lived at the same address for two years. Your mailing address was updated on February 16, 2018 to, again, include your apartment.

Given the totality of the evidence, it is concluded that there is insufficient evidence to support a finding that your children ceased to be New York State residents at any time in 2018. Thus, the February 7, 2018 eligibility determination and disenrollment notices indicating your children were no longer eligible to enroll in Child Health Plus, effective March 1, 2018 are not supported by the record and must be RESCINDED.

Your case is RETURNED to NYSOH to reinstate your children in their Child Health Plus plans, effective March 1, 2018.

Decision

The November 6, 2017, November 9, 2017, November 14, 2017, and December 11, 2017 eligibility determination notices, to the extent they indicate your newborn child was eligible for Medicaid based on your spouse's Medicaid enrollment, are RESCINDED.

Your case is RETURNED to NYSOH to redetermine the eligibility of your newborn child as of the date of her initial November 5, 2017 application, based on the information in that application, and the record establishing that your spouse should not have been enrolled in Medicaid at the time of your newborn child's her birth.

If your newborn child is determined eligible for Child Health Plus as a result of the redetermination so ordered, her coverage should begin as of the date of her birth.

The February 7, 2018 eligibility determination and disenrollment notices are RESCINDED.

Your case is RETURNED to NYSOH to reinstate your children in their Child Health Plus plans, effective March 1, 2018.

Effective Date of this Decision: March 20, 2018

How this Decision Affects Your Eligibility

Your spouse should not have been enrolled in Medicaid at the time of your newborn child's birth [REDACTED].

This is not a final determination of your newborn child's eligibility.

Your case is being sent back to NYSOH to redetermine your newborn child's eligibility in accordance with this decision.

You will receive an updated notice of your newborn child's eligibility determination.

Your two children should not have been disenrolled from their Child Health Plus plan on February 28, 2018.

Your case is being RETURNED to NYSOH to reinstate your two children in their Child Health Plus plans, effective March 1, 2018.

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)).

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

If you 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

The November 6, 2017, November 9, 2017, November 14, 2017, and December 11, 2017 eligibility determination notices, to the extent they indicate your newborn child was eligible for Medicaid based on your spouse's Medicaid enrollment, are RESCINDED.

Your case is RETURNED to NYSOH to redetermine the eligibility of your newborn child as of the date of her initial November 5, 2017 application, based on the information in that application, and the record establishing that your

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spouse should not have been enrolled in Medicaid at the time of your newborn child's her birth.

If your newborn child is determined eligible for Child Health Plus as a result of the redetermination so ordered, her coverage should begin as of the date of her birth.

The February 7, 2018 eligibility determination and disenrollment notices are **RESCINDED**.

Your case is **RETURNED** to NYSOH to reinstate your children in their Child Health Plus plans, effective March 1, 2018.

Your spouse should not have been enrolled in Medicaid at the time of your newborn child's birth [REDACTED].

This is not a final determination of your newborn child's eligibility.

Your case is being sent back to NYSOH to redetermine your newborn child's eligibility in accordance with this decision.

You will receive an updated notice of your newborn child's eligibility determination.

Your two children should not have been disenrolled from their Child Health Plus plan on February 28, 2018.

Legal Authority

We are sending you this notice in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

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

Español (Spanish)

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

中文 (Traditional Chinese)

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

Kreyòl Ayisyen (Haitian Creole)

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

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您免费提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

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. y&b&tumi ama wo obi a okyer& 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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