



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

Notice of Decision

Decision Date: April 07, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012644

[REDACTED]

Dear [REDACTED],

On February 9, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's June 17, 2016 eligibility determination and October 13, 2016 eligibility determination.

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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DEPARTMENT OF HEALTH
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Decision

Decision Date: April 07, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000012644



Issues

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

Did NY State of Health properly determine that you, your spouse, and your children were ineligible for Medicaid as of July 1, 2016?

Did NY State of Health provide a timely determination of your, your spouse's, and your children's Medicaid eligibility as of October 1, 2016?

Did NY State of Health properly determine that your, your spouse's, and your children's Medicaid began October 1, 2016?

Procedural History

On May 15, 2015, NY State of Health (NYSOH) issued a renewal notice stating that you, your spouse, and your children were eligible for Medicaid effective July 1, 2015.

On May 2, 2016, NYSOH issued a renewal notice, stating that it was time to renew your, your spouse's, and your children's health insurance for the upcoming coverage year. That notice stated that, based on information from federal and state sources, NYSOH could not make a decision about whether you, your spouse, and your children would qualify for financial help paying for health coverage, and that you needed to update your account by June 15, 2016 or you, your spouse, and your children might lose the financial assistance you were currently receiving.

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No updates were made to your account by June 15, 2016.

On June 17, 2016, NYSOH issued an eligibility determination notice stating that you, your spouse, and your children were not eligible for Medicaid, Child Health Plus, the Essential Plan, or to receive tax credits or cost-sharing reductions to help pay for the cost of insurance. You, your spouse, and your children also could not enroll in a qualified health plan at full cost. This was because you had not responded to the renewal notice and had not completed your renewal within the required time frame. Your, your spouse's, and your children's eligibility ended effective June 30, 2016.

On July 8, 2016, NYSOH received your application for financial assistance with your health insurance.

On July 9, 2016, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income information you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by July 23, 2016.

On July 26, 2016 income documentation was uploaded to your NYSOH account.

On August 18, 2016 and August 19, 2016 NYSOH reviewed this documentation and determined insufficient as a detailed three-month breakdown of income and expenses was required for all members of your household.

On August 19, 2016 and August 20, 2016, NYSOH issued notices stating that the documentation you submitted did not confirm the information in your application and that additional proof of income was due by September 6, 2016.

On September 5, 2016 additional income documentation was uploaded to your NYSOH account.

On September 21, 2016, NYSOH reviewed this additional income documentation and determined it insufficient as your children's 2015 1040s or detailed records of their earnings and expenses from the last 3 months were required.

On September 22, 2016, NYSOH issued a notice stating more information was needed to make an eligibility determination. The notice explained the income information you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by September 21, 2016.

Also on September 22, 2016, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application and that additional proof of income was due by October 21, 2016.

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On September 23, 2016 additional income documentation was uploaded to your NYSOH account.

On September 28, 2016, NYSOH issued a notice stating more information was needed to make an eligibility determination. The notice explained the income information you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by October 21, 2016.

On October 12, 2016, NYSOH reviewed the income documentation submission from September 23, 2016 and updated the income in your application based on the income documentation you submitted. That day, an application was submitted on your behalf containing the updated income information.

On October 13, 2016, NYSOH issued an eligibility determination notice was issued finding you, your spouse, and your children eligible for Medicaid effective October 1, 2016.

On October 19, 2016, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your, your spouse's, and your children's Medicaid, requesting that it begin July 1, 2016.

On October 22, 2016, you selected a Medicaid Managed Care plan for yourself, your spouse, and your children.

On October 23, 2016, an enrollment confirmation notice was issued confirming your selection of a Medicaid Managed Care plan on October 22, 2016. The notice confirmed your enrollment in a plan starting December 1, 2016.

On February 9, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

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

- 1) You testified, that you are appealing the start date of your, your spouse's, and your children's Medicaid.
- 2) You testified, and the record reflects, that you receive all of your notices from NYSOH via electronic mail.

- 3) You testified that you believe you did receive an electronic alert regarding a notice in your NYSOH account telling you that you needed to update your application in order to renew your eligibility at some point. However, you travel for your business and do not always have reliable internet access, so you are not sure when you were actually able to view the e-mail and the associated notice in your NYSOH account.
- 4) You testified that you did not know that you needed to update your account until sometime in June 2016 when you finally saw the disenrollment notice.
- 5) On June 16, 2016, NYSOH redetermined your, your spouse's, and your children's eligibility for financial assistance with health insurance.
- 6) The record reflects that on July 8, 2016 NYSOH received your updated application for health insurance. You testified that when you updated your account, you were asked to submit income documentation.
- 7) On July 26, 2016 you submitted a letter wherein you indicated that you and your spouse's 2015 tax return had not yet been filed but your expected income for 2016 was similar to your income in 2014, a statement of your income from April through June 2016, an expense sheet from April through June 2016, a sales and use tax statement, an invoice, an application for an extension on your 2015 tax return, a letter from your son indicating that he had no income from April through June 2016, a letter from your daughter indicating that she had no income from April through June 2016, and an application for an extension on your daughter's 2015 tax return.
- 8) On August 18, 2016 and August 19, 2016, the July 26, 2016 submission was determined insufficient to resolve the inconsistency in your account as the three-month expense and income statement for yourself and your spouse was not broken down into monthly income amounts for each of the three months covered. NYSOH extended the due date for submission of your documentation at that time.
- 9) On September 5, 2016, you submitted your and your spouse's 2015 joint tax return wherein you claim your son as a dependent.
- 10) On September 21, 2016, the September 5, 2016 submission was determined insufficient to resolve the inconsistency in your account as your son and daughter were attesting to self-employment and their 2015 tax return or three months of detailed earnings and expense records were required. NYSOH extended the due date for submission of your documentation at that time.

- 11) On September 21, 2016 NYSOH re-ran your household's application for financial assistance, but could not determine your household's eligibility without additional income documentation.
- 12) On September 23, 2016, you submitted your daughter's 2015 tax return.
- 13) On September 27, 2016 NYSOH re-ran your household's application for financial assistance, but could not determine your household's eligibility without additional income documentation.
- 14) On October 12, 2016, your, your spouse's, and your daughter's tax returns were verified as acceptable proof of income.
- 15) On October 12, 2016, NYSOH updated the income in your household's application based on the income documentation you submitted, and submitted an application for financial assistance on your behalf. As a result of that application, you, your spouse, and your children were found eligible for Medicaid as of October 1, 2016.

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

Applicable Law and Regulations

Medicaid Renewal

In general, NYSOH must review Medicaid eligibility once every 12 months or "whenever it receives information about a change in a beneficiary's circumstances that may affect eligibility" (42 CFR § 435.916(a)(1), (d)). NYSOH must make its "redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including but not limited to information accessed through any data bases accessed by the agency" (42 CFR § 435.916(a)(2)).

NYSOH must provide an individual with the annual redetermination notice, including the projected eligibility for coverage and financial assistance, and must require the qualified individual to report any changes within 30 days (45 CFR § 155.335(c), (e)). Once the 30-day period has lapsed, NYSOH must issue a redetermination as provided by the notice, with consideration given to any updates that may have been provided by the individual (45 CFR § 155.335(h)).

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

435.915(b); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13 ADM-03(III)(F)).

Medicaid Managed Care (MMC) plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the second following month (Medicaid Managed Care Model Contract (Appendix H(6)(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; NY Social Services Law § 364-j(1)(c); 18 NYCRR § 360-10.3(h); Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13 ADM-03(III)(F)).

Electronic Notices

Applicants may choose to receive notices and information from NYSOH either by electronic alerts or by regular mail. If the applicant elects to receive electronic notices, NYSOH must send an email or other electronic communication alerting the individual that a notice has been posted to the applicant's account (45 CFR § 155.230(d); 42 CFR § 435.918(b)(4)).

Additionally, if an electronic alert regarding a notice in an individual's NYSOH account fails, NYSOH must send out the notice by regular mail within three days of the failed alert (42 CFR § 435.918(b)(5)).

Verification Process

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income (45 CFR § 155.320(c)(1)(i), 42 CFR § 435.945).

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence (45 CFR § 155.315(f) 42 CFR § 435.952).

Timely Notice of Medicaid Eligibility

When an individual applies for insurance through NYSOH, NYSOH must determine that person's eligibility promptly and without undue delay (45 CFR § 155.310(e)(1); 42 CFR § 435.1200(b)(3)(iii)).

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that

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applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the application (42 CFR § 435.912).

Legal Analysis

The first issue is whether NYSOH properly determined that you, your spouse, and your children were ineligible for Medicaid as of July 1, 2016.

You, your spouse, and your children were found eligible for Medicaid effective July 1, 2015.

Generally, NYSOH must redetermine a qualified individual's eligibility for Medicaid once every 12 months without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency. NYSOH's May 2, 2016 renewal notice stated that there was not enough information to determine whether you, your spouse, and your children were eligible to continue your financial assistance for health insurance, and that you needed to supply additional information by June 15, 2016, or your, your spouse's, and your children's financial assistance might end.

Because there was no timely response to this notice, you, your spouse, and your children were terminated from your Medicaid effective June 30, 2016.

You testified and the record reflects that you elected to receive alerts regarding notices from NYSOH electronically. You testified that you did receive an electronic notice from NYSOH directing you to a renewal notice telling you that you needed to update the information in your NYSOH account.

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

As the record reflects that NYSOH properly notified you of your annual renewal and you failed to respond by the June 15, 2016 deadline, NYSOH properly redetermined your eligibility on June 16, 2016. Therefore, the June 17, 2016 eligibility determination notice finding you, your spouse, and your children no longer eligible to enroll in health insurance through NYSOH is **AFFIRMED**.

The second issue is whether NYSOH provided you, your spouse, and your children with a timely determination of your Medicaid eligibility as of October 1, 2016.

For all individuals whose income is needed to calculate the household's eligibility, NYSOH must request data that will allow NYSOH to verify the household's income.

If NYSOH cannot verify the income information required to determine eligibility they must attempt to resolve the inconsistency including giving the applicant the opportunity to submit satisfactory documentary evidence.

You updated your NYSOH account on July 8, 2016. The income amount that was entered into this application did not match federal and state data sources. As a result, NYSOH asked that you submit additional documentation to confirm your household's income.

On July 26, 2016 and September 5, 2016, you uploaded income documentation to your account. This documentation was insufficient for NYSOH to determine your household's eligibility.

On September 23, 2016, you uploaded a copy of your daughter's 2015 tax return.

Therefore, your application was considered complete as of September 23, 2016 for purposes of issuing an eligibility determination.

NYSOH must provide Medicaid applicants notice of their eligibility determination within 45 days from the date of the completed application. To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of the completed application to the date NYSOH notifies the applicant of its decision.

NYSOH issued an eligibility determination notice on October 12, 2016 that stated you, your spouse, and your children were eligible for Medicaid effective October 1, 2016. Since NYSOH issued an eligibility determination 19 days from the date your application was considered complete, the October 13, 2016 eligibility determination was timely.

The third issue is whether NY State of Health properly determined that your, your spouse's, and your children's Medicaid began October 1, 2016.

On July 9, 2016 NYSOH issued a notice requesting that you submit income documentation for your household by July 23, 2016. No documentation was submitted by this deadline.

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On July 26, 2016 you submitted income documentation, and on August 18, 2016 and August 19, 2016 this documentation was reviewed and found insufficient.

Thereafter in the August 19, 2016 and August 20, 2016 notices, NYSOH requested income documentation for your household by September 6, 2016. You complied with this deadline and submitted income documentation on September 5, 2016, however, this documentation was also found insufficient.

In the September 21, 2016 and September 22, 2016 notices, NYSOH requested income documentation for your household by October 21, 2016. You complied with this deadline and submitted income documentation On September 23, 2016.

When NYSOH invalidated the July 26, 2016 documentation submission on August 18, 2016 and August 19, 2016, your application should have been resubmitted for a redetermination of eligibility. However, you were instead given an extension which resulted in your application not being resubmitted until September 21, 2016.

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month.

Since your application should have been resubmitted on August 19, 2016 or August 20, 2016 and you complied with all subsequent documentation submission deadlines, you, your spouse, and your children should have been found eligible for fee for service Medicaid as of August 1, 2016.

Therefore, the October 13, 2016 eligibility determination notice is MODIFIED to reflect that you, your spouse, and your children were eligible for Medicaid as of August 1, 2016.

Decision

The June 17, 2016 eligibility determination notice is AFFIRMED.

The October 13, 2016 eligibility determination notice is MODIFIED to reflect that you, your spouse, and your children were eligible for Medicaid as of August 1, 2016.

Your case is RETURNED to NYSOH to enroll you, your spouse, and your children in fee for service Medicaid as of August 1, 2016.

Effective Date of this Decision: April 07, 2017

How this Decision Affects Your Eligibility

Your, your spouse's, and your children's eligibility for fee for service Medicaid began on August 1, 2016.

Your case is being sent back to NYSOH to enroll you, your spouse, and your children into fee for service Medicaid as of August 1, 2016.

This decision has no effect on the start date of your household's Medicaid Managed Care plans.

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

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

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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 June 17, 2016 eligibility determination notice is **AFFIRMED**.

The October 13, 2016 eligibility determination notice is **MODIFIED** to reflect that you, your spouse, and your children were eligible for Medicaid as of August 1, 2016.

Your case is **RETURNED** to NYSOH to enroll you, your spouse, and your children in Medicaid as of August 1, 2016.

Your, your spouse's, and your children's eligibility for fee for service Medicaid began on August 1, 2016.

Your case is being sent back to NYSOH to enroll you, your spouse, and your children into fee for service Medicaid as of August 1, 2016.

This decision has no effect on the start date of your household's Medicaid Managed Care plans.

Legal Authority

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

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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)

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।

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Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

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

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi 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 אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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