



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

Notice of Decision

Decision Date: September 29, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020049

[REDACTED]

Dear [REDACTED],

On September 25, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's May 2, 2017 eligibility determination notice and May 3, 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.

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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Decision

Decision Date: September 29, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000020049

[REDACTED]

Issues

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

Did NY State of Health provide a timely determination of your oldest child's Essential Plan eligibility as of June 1, 2017?

Did NY State of Health properly determine that your oldest child's enrollment in her Essential Plan was effective June 1, 2017?

Procedural History

On February 27, 2017, you updated your household's application for financial assistance. Specifically, you indicated that you and your spouse would no longer be claiming your oldest child as a dependent.

On February 28, 2017, NY State of Health (NYSOH) issued a notice advising you that the income information you provided did not match what NYSOH had obtained from state and federal data sources, and NYSOH could not make an eligibility determination for your oldest child until you provided additional documentation. This same notice requested that you submit income documentation by March 14, 2017.

Also on February 28, 2017, NYSOH issued a disenrollment notice stating that your oldest child's coverage with her Essential Plan would end on March 31, 2017. This was because she was no longer eligible to enroll in the Essential Plan.

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On March 9, 2017, you updated your household's application for financial assistance.

On March 10, 2017, NYSOH issued a notice advising you that the income information you provided did not match what NYSOH had obtained from state and federal data sources, and NYSOH could not make an eligibility determination for your oldest child until you provided additional documentation. This same notice requested that you submit income documentation by March 29, 2017.

On March 15, 2017 and March 18, 2017, you uploaded income documentation to your NYSOH account.

On March 23, 2017, NYSOH reviewed the income documentation you uploaded to your account and determined that this was insufficient to resolve the inconsistency in your account.

On March 24, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application and that additional income documentation was due by April 13, 2017.

On April 11, 2017, you uploaded income documentation to your NYSOH account.

On April 17, 2017, NYSOH reviewed the income documentation you uploaded to your account and determined that this was insufficient to resolve the inconsistency in your account.

On April 18, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application and that additional income documentation was due by April 28, 2017.

On April 19, 2017, you updated your household's application for financial assistance and uploaded income documentation to your NYSOH account.

On April 21, 2017, NYSOH reviewed the income documentation you uploaded to your account and determined that this was insufficient to resolve the inconsistency in your account.

Also on April 21, 2017, NYSOH issued a notice advising you that the income information you provided did not match what NYSOH had obtained from state and federal data sources, and NYSOH could not make an eligibility determination for your oldest child until you provided additional documentation. This same notice requested that you submit income documentation by May 13, 2017.

On April 22, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application and that additional income documentation was due by May 13, 2017.

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On April 27, 2017, you uploaded income documentation to your NYSOH account.

On April 28, 2017, NYSOH reviewed the income documentation you uploaded to your account and determined that this was insufficient to resolve the inconsistency in your account.

On April 29, 2017, NYSOH issued a notice stating that the documentation you submitted did not confirm the information in your application and that additional income documentation was due by May 28, 2017.

On May 1, 2017, NYSOH verified the income documentation you uploaded. NYSOH recalculated your oldest child's income based on the documentation you submitted, updated the application to reflect this recalculated income, and submitted a new application on your oldest child's behalf.

On May 2, 2017, NYSOH issued an eligibility determination notice stating that your oldest child was eligible to enroll in the Essential Plan, effective June 1, 2017.

Also on May 2, 2017, you selected an Essential Plan for enrollment for your oldest child.

On May 3, 2017, an enrollment confirmation notice was issued confirming your selection of an Essential Plan for your oldest child on May 2, 2017. The notice confirmed your oldest child's enrollment in a plan starting June 1, 2017.

On June 27, 2017, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your oldest child's Essential Plan, requesting that her enrollment begin April 1, 2017.

On September 25, 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) Your NYSOH account reflects that on February 28, 2017, you updated your NYSOH account to indicate that you and your spouse were no longer claiming your oldest child as a dependent.
- 2) You testified that you could not recall updating your application on February 28, 2017, and that you believe that you first updated your

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household's application on March 9, 2017. You further testified that you were asked to submit income documentation at that time.

- 3) You testified that in March 2017 and April 2017 your oldest child had three jobs, [REDACTED] for which she was a regular employee and paid weekly, [REDACTED] for which she worked on a per diem basis, and [REDACTED] for which she worked on a per diem basis.
- 4) On March 15, 2017, you uploaded income documentation for your oldest child consisting of four of your oldest child's paystubs from [REDACTED] and a letter from [REDACTED]. The four paystubs are for pay dates January 20, 2017, February 3, 2017, February 10, 2017, and February 17, 2017. The letter from [REDACTED] is dated March 3, 2017 and indicates that the [REDACTED], for which your oldest child has worked since May 9, 2016, now goes by the name [REDACTED]. The letter further states that your oldest child works on a part-time basis, that your oldest child earned a gross income of \$5,755.70 in 2016, that your oldest child is paid each Friday and earns \$7.50 per hour in addition to tips.
- 5) On March 18, 2017, you uploaded income documentation for your oldest child consisting of three paystubs from [REDACTED] dated September 15, 2016, October 6, 2016, and February 3, 2017, as well as four paystubs from [REDACTED] dated January 20, 2017, February 3, 2017, February 10, 2017, and February 17, 2017.
- 6) On March 23, 2017, NYSOH reviewed the documentation submitted on March 15, 2017 and March 18, 2017 and determined that this was insufficient proof of income as the letter from [REDACTED] indicated that your oldest child was working part-time but did not include how many hours per week your oldest child worked and the paystubs you submitted were outdated as the oldest paystub was from more than thirty days prior to the submission.
- 7) On April 11, 2017, you uploaded income documentation for your oldest child consisting of four paystubs from [REDACTED], a letter from the [REDACTED], and a boarding pass. The four paystubs are for pay dates February 17, 2017, February 24, 2017, March 3, 2017, and March 17, 2017. The letter from [REDACTED] is dated April 7, 2017 and indicates that your oldest child has worked there since September 15, 2016, earned a gross income of \$445.80 in 2016, that she is currently employed with the [REDACTED], and is paid on a weekly basis each Friday. The boarding pass indicates that someone took a flight from [REDACTED] on [REDACTED].

- 8) On April 17, 2017, NYSOH reviewed the documentation you submitted on April 11, 2017 and determined that this was insufficient proof of income as you had submitted outdated paystubs from the [REDACTED] and four full weeks of paystubs were required from [REDACTED].
- 9) On April 19, 2017, you uploaded income documentation for your oldest child consisting of four paystubs from [REDACTED] as well as a letter from [REDACTED]. The four paystubs are for pay dates March 24, 2017, March 31, 2017, April 7, 2017, and April 14, 2017. The letter from [REDACTED] is dated April 17, 2017 and indicates that the [REDACTED], for which your oldest child has worked since May 9, 2016, now goes by the name [REDACTED]. The letter further states that your oldest child works on a part-time basis, that your oldest child earned a gross income of \$5,755.70 in 2016, that your oldest child is paid each Friday and earns \$7.50 per hour in addition to tips. This is identical, save for the date, to the letter submitted on March 15, 2017.
- 10) On April 21, 2017, NYSOH reviewed the documentation you submitted on April 19, 2017 and determined that this was insufficient proof of income as the required proof was four current consecutive paystubs dated within thirty days or employer letters stating hours and gross wages.
- 11) On April 27, 2017, you uploaded income documentation for your oldest child consisting of four paystubs from [REDACTED]. The four paystubs are for pay dates March 31, 2017, April 7, 2017, April 14, 2017, and April 21, 2017.
- 12) On April 28, 2017, NYSOH reviewed the documentation you submitted on April 27, 2017 and determined that this was insufficient proof of income as you had not submitted income documentation for yourself or your spouse.
- 13) On May 1, 2017, NYSOH reviewed the documentation you submitted on April 27, 2017 and determined that this was sufficient proof of your oldest child's income.
- 14) You testified, and your NYSOH account reflects, that you selected an Essential Plan for enrollment for your oldest child on May 2, 2017.
- 15) You testified that you want your oldest child's enrollment in her Essential Plan to begin on April 1, 2017 because she had medical expenses in April 2017 and May 2017 for which she had to pay out of pocket.

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

Applicable Law and Regulations

Essential Plan Effective Date

For individuals seeking enrollment in an Essential Plan, New York State has elected to follow the same rules that NYSOH uses in determining effective dates for individuals seeking enrollment in qualified health plans (NY Social Services Law § 369-gg(4)(c); New York's Basic Health Plan Blueprint, p. 16, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/basic-health-program.html>).

The effective date of coverage by an Essential Plan is determined by the date on which an applicant selects a plan for enrollment. For individuals who are eligible for enrollment, NYSOH must generally ensure that coverage is effective the first day of the following month for selections received by NYSOH from the first to the fifteenth of any month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(i); see *also* 42 CFR § 600.320). For selections received by NYSOH from the sixteenth to the last day of any month, NYSOH must ensure coverage is effective the first day of the second following month (45 CFR §§ 155.410(f)(2), 155.420(b)(1)(ii)).

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

NYSOH uses the same timeliness standards for eligibility determinations for the Essential Plan as for Medicaid (42 CFR §600.320(b)). 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's provided you with timely determination of your oldest child's Essential Plan eligibility as of June 1, 2017.

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 February 27, 2017. 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 oldest child's income.

On March 15, 2017, you uploaded four of your oldest child's paystubs from [REDACTED] dated January 20, 2017, February 3, 2017, February 10, 2017, and February 17, 2017 and a letter from [REDACTED] dated March 3, 2017. On March 18, 2017, you uploaded three paystubs from [REDACTED] dated September 15, 2016, October 6, 2016, and February 3, 2017, as well as four paystubs from [REDACTED] dated January 20, 2017, February 3, 2017, February 10, 2017, and February 17, 2017. On March 23, 2017, NYSOH found this documentation to be insufficient proof of your oldest child's income.

On April 11, 2017, you uploaded four paystubs from [REDACTED] dated February 17, 2017, February 24, 2017, March 3, 2017, and March 17, 2017, a letter from [REDACTED] dated April 7, 2017, and a boarding pass indicating that someone took a flight from [REDACTED] on [REDACTED]. On April 17, 2017, NYSOH found this documentation to be insufficient proof of your oldest child's income.

On April 19, 2017, you uploaded four paystubs from [REDACTED] dated March 24, 2017, March 31, 2017, April 7, 2017, and April 14, 2017 and a letter from [REDACTED] dated April 17, 2017. On April 21, 2017, NYSOH found this documentation to be insufficient proof of your oldest child's income.

On April 27, 2017, you uploaded four paystubs from [REDACTED] dated March 31, 2017, April 7, 2017, April 14, 2017, and April 21, 2017. On April 28, 2017, NYSOH found this documentation to be insufficient proof of your oldest child's income as paystubs for yourself and your spouse were required.

On May 1, 2017, NYSOH reviewed the April 27, 2017 submission again and found this to be sufficient proof of your oldest child's income.

You testified that in March 2017 and April 2017 your oldest child had one regular job with [REDACTED], where she was paid on a weekly basis. You went on to testify that your oldest child worked on a per diem basis for [REDACTED] and [REDACTED].

However, the letters from [REDACTED] and [REDACTED] identified your oldest child as a part-time employee, but failed to indicate how many hours per week your oldest child worked. Therefore, there was insufficient proof of income for your oldest child until the submission on April 27, 2017.

Therefore, your oldest child's application was considered complete as of April 27, 2017 for purposes of issuing an eligibility determination.

NYSOH must provide Medicaid and Essential Plan 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 May 2, 2017 that stated that your oldest child was eligible to enroll in the Essential Plan effective June 1, 2017. Since NYSOH issued an eligibility determination 5 days from the date your oldest child's application was considered complete, the May 2, 2017 eligibility determination was timely.

The second issue is whether NYSOH properly determined that your oldest child's enrollment in the Essential Plan was effective June 1, 2017.

The date on which enrollment in an Essential Plan can take effect depends on the day a person selects the plan for enrollment.

A plan that is selected from the first day to and including the 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 to the end of the month goes into effect on the first day of the second following month.

Since the May 2, 2017 eligibility determination notice was timely issued, you were able to select an Essential Plan for your oldest child as of May 2, 2017. On

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May 3, 2017, you selected an Essential Plan for your oldest child, so your oldest child's enrollment properly took effect on the first day of the first month following May 2017; that is, on June 1, 2017.

Therefore, the May 2, 2017 eligibility determination notice and the May 3, 2017 enrollment confirmation notice stating that your oldest child was eligible for and enrolled in the Essential plan effective June 1, 2017, are correct and must be AFFIRMED.

Decision

The May 2, 2017 eligibility determination notice is AFFIRMED.

The May 3, 2017 enrollment confirmation notice is AFFIRMED.

Effective Date of this Decision: September 29, 2017

How this Decision Affects Your Eligibility

This decision does not affect your oldest child's eligibility.

The effective date of your oldest child's Essential Plan is June 1, 2017.

If You Disagree with this Decision (Appeal Rights)

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

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:

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- 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:

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- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The May 2, 2017 eligibility determination notice is AFFIRMED.

The May 3, 2017 enrollment confirmation notice is AFFIRMED.

This decision does not affect your oldest child's eligibility.

The effective date of your oldest child's Essential Plan is June 1, 2017.

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 bεtumi ama wo obi a okyerε kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

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

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