



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

Notice of Decision

Decision Date: November 29, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000021845

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

On October 30, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health’s August 19, 2017 eligibility determination and enrollment confirmation 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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NY State of Health Account ID: [REDACTED]
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[REDACTED]
[REDACTED]
[REDACTED]

Issues

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

Did NY State of Health (NYSOH) properly determine that you and your spouse's eligibility for, and enrollment in, your Essential Plan coverage was effective October 1, 2017?

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

Procedural History

On April 29, 2017, you updated your NYSOH application for financial assistance with health insurance.

On April 30, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to enroll in the Essential Plan with a \$20.00 monthly premium each, for a limited time, effective June 1, 2017. The notice also stated that your three children were eligible to enroll in CHP with a \$9.00 monthly premium each, effective June 1, 2017. The notice directed you to submit documentation of your household income by July 28, 2017.

On May 10, 2017, NYSOH issued a notice of enrollment confirmation, confirming that you and your spouse were enrolled in an Essential Plan, and your children were enrolled in a CHP plan, beginning June 1, 2017.

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On June 19, 2017, you uploaded documentation to your NYSOH account and updated your NYSOH application.

On June 20, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to enroll in a qualified health plan at full cost, effective August 1, 2017. The notice stated that you were not eligible to receive a tax credit or enroll in the Essential Plan because you and your spouse were enrolled, or eligible to enroll, in employer-sponsored health insurance. The notice further stated that your children were eligible for CHP with a \$9.00 monthly premium effective August 1, 2017.

Also on June 20, 2017, NYSOH issued a disenrollment notice stating that you and your spouse were disenrolled from your Essential Plan, effective July 31, 2017, because you were no longer eligible to enroll in Essential Plan coverage.

On July 11, 2017, you updated your NYSOH account.

On July 12, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to enroll in the Essential Plan with a \$20.00 monthly premium, for a limited time, effective August 1, 2017. The notice directed you to submit income documentation by October 9, 2017.

Also on July 12, 2017, NYSOH issued a notice of enrollment confirmation, confirming that you and your spouse were enrolled in an Essential Plan, beginning August 1, 2017.

That same day, NYSOH issued a notice stating that the income documentation you submitted did not confirm the information in your application. The notice directed you to submit documentation of your income by October 9, 2017.

On July 22, 2017, you uploaded documentation to your NYSOH account.

On July 24, 2017, NYSOH redetermined your eligibility.

On July 25, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to receive up to \$378.00 per month in advance payments of the premium tax credit (APTC), and eligible to receive cost-sharing reductions if you enrolled in a silver level qualified health plan, effective September 1, 2017. The notice also stated that your children were eligible for CHP with a \$9.00 monthly premium, and that they would remain in their plan and pay \$9.00 per month until July 31, 2018.

Also on July 25, 2017, NYSOH issued a notice of disenrollment, stating that you and your spouse were disenrolled from your Essential Plan coverage, effective August 31, 2017, because you were no longer eligible to remain enrolled in the Essential Plan.

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On July 26, 2017, you updated your NYSOH account.

On July 27, 2017, NYSOH issued a notice stating that your July 26, 2017 application had been reviewed, but that more information was needed to confirm the income information in your application. The notice directed you to submit documentation of your income by August 10, 2017.

Also on July 27, 2017, NYSOH issued a disenrollment notice stating that your children were disenrolled from their CHP plan, effective August 31, 2017, because they were no longer eligible to remain enrolled in their CHP coverage.

On July 31, 2017, you uploaded documentation to your NYSOH account.

On August 1, 2017, NYSOH issued a notice stating that the documentation you submitted was insufficient to confirm the income information in your application. The notice directed you to submit documentation of your income by August 10, 2017.

On August 18, 2017, you updated your NYSOH account.

On August 19, 2017, NYSOH issued a notice of eligibility determination stating that you and your spouse were eligible to enroll in the Essential Plan with a \$20.00 monthly premium each, for a limited time, effective October 1, 2017. The notice also stated that your children were eligible for CHP with a \$9.00 monthly premium each, effective October 1, 2017. The notice further directed you to submit income documentation by November 16, 2017.

Also on August 19, 2017, NYSOH issued a notice of enrollment confirmation, confirming your enrollment in an Essential Plan, and your children's enrollment in a CHP plan, beginning October 1, 2017.

On August 26, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your children's CHP coverage, and you and your spouse's Essential Plan coverage, insofar as they did not begin on September 1, 2017.

On October 30, 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 support the following findings of fact:

- 1) You testified that you are appealing the start date of coverage for everyone in your household.

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- 2) You first submitted an application to NYSOH for financial assistance for 2017 on April 29, 2017. You and your spouse were enrolled into an Essential Plan, and your children were enrolled into a CHP plan. You and your spouse's eligibility was limited, insofar as you were required to submit income documentation to confirm your eligibility.
- 3) On July 11, 2017, you updated your application again. Again, you and your spouse were found eligible for the Essential Plan for a limited time, and your children were found eligible for CHP.
- 4) The application submitted on July 11, 2017 listed the following income for your household:

[REDACTED]

- 5) On July 22, 2017, you uploaded the following documentation to your NYSOH account:

- a. [REDACTED]

- 6) On July 24, 2017, a NYSOH agent reviewed the income documentation you submitted and updated your NYSOH application. The agent updated the income information in your application to include the following income:

- a. [REDACTED]

- 7) You testified during the hearing that you were asked to submit documentation of your household income, so you submitted paystubs from your current employer and a letter detailing your spouse's income.
- 8) You testified that, when you updated your application on July 11, 2017, you included income from "[REDACTED]." You testified that you then submitted paystubs to confirm this information, but realized later that the paystubs

said, [REDACTED] on them, and did not indicate that they were, in fact, for “[REDACTED].”

- 9) Your NYSOH account reflects that the income you listed on your July 11, 2017 application consisted of income you received from “[REDACTED]” [REDACTED] [REDACTED] for the period of June 1, 2017 through December 31, 2017.
- 10) Your NYSOH account also reflects that, when NYSOH reviewed the paystubs you uploaded on July 22, 2017, NYSOH added a separate income entry for “[REDACTED]” total income of \$13,264.03, and changed your total household income from \$55,423.00 to \$68,687.03.
- 11) You testified that, when you received the July 25, 2017 eligibility determination and saw that your income had been increased, you called NYSOH.
- 12) You testified that, in hindsight, you realize you should have indicated somehow that the income from [REDACTED] was the same as the income from “[REDACTED]” but that you fault NYSOH for adding income from a job you never mentioned in your application, without following up with you first.
- 13) You testified that, when you spoke with NYSOH to update the application again on July 26, 2017, you tried to fix the income issue, but somehow ended up with total household income that was lower than it should have been.
- 14) The July 26, 2017 application reflects that the NYSOH agent removed the excess income from [REDACTED] but also removed the income you received in the first part of 2017 from “[REDACTED]” This gave you a household income of \$37,170.00.
- 15) You testified that the person you spoke with on July 26, 2017 did not tell you that they were going to remove any income, other than the [REDACTED] [REDACTED], and did not provide you with a total household income amount for you to confirm.
- 16) You testified that you know your gross household income for 2017 is going to be about \$55,000.00, so if the agent had asked you to confirm a total of approximately \$36,000.00, you would not have agreed with that total.
- 17) You testified that the person you spoke with on July 26, 2017 did not tell you what your eligibility was, but told you that you needed to resubmit income documentation, and that you should submit a letter stating that [REDACTED]” and “[REDACTED]” “were the same employer.

18) You testified that you then found out that your household income had been changed such that your family would be Medicaid eligible, and you were not sure how that happened.

19) Your NYSOH account reflects that you uploaded the following documentation to your account on July 31, 2017:

[REDACTED]

20) You testified that, after you updated your application, you received a notice stating that your children's CHP coverage was going to end at the end of July. You testified that you called NYSOH when you received this letter and again updated your NYSOH account.

21) Your NYSOH account reflects that you updated your application on August 18, 2017, and that you and your spouse were found eligible for the Essential Plan, for a limited time, as of October 1, 2017, and your children were found eligible for CHP as of October 1, 2017.

22) You testified that you do not have any medical bills for the month of September 2017, which was the month in which your family was without coverage.

23) You testified that you are proceeding with this appeal because you want peace of mind and what to know why this happened.

24) After the hearing, the Hearing Officer listened to the recording of your conversation with a NYSOH Customer Service agent on July 26, 2017. The following findings of fact are taken from that recording:

- a. You informed the NYSOH agent that you were calling because you submitted income documents and then received a notice that you would no longer be eligible for the Essential Plan;
- b. You informed the NYSOH agent that the gross income listed in the eligibility determination notice was too high, and that you did not know how NYSOH arrived at that figure;
- c. The NYSOH agent stated that she would update your application with you to try to address the problem;
- d. The agent asked you to verify your income, and went through the list of employers that appeared in your application;

- e. You informed the agent that you no longer worked for “[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] income, right?” and stated to her that you worked there from January through May;
 - i. The agent said she kept this income and removed “the other one;”
 - j. The agent advised you that there would be no determination of your eligibility until you submitted income documentation.

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

Applicable Law and Regulations

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).

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)).

Child Health Plus

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)).

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

The "period of eligibility" for CHP 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 [CHP], which can be determined based on the date of application or through any other reasonable method that ensures coordinated transition of children between [CHP] 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 CHP begins on the first day of the month during which a child is eligible. A child will become eligible on the first day of the next month, if the application is received by the 15th of the month; applications received after the 15th day of the month will be processed for the first day of the second following month (see e.g. State Plan

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

Legal Analysis

The first issue under review is whether NYSOH properly determined that you and your spouse's eligibility for, and enrollment in, the Essential Plan began on October 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 July 11, 2017. NYSOH found you eligible for the Essential Plan, but for a limited time. NYSOH asked you to submit documentation to confirm the income information in your application.

On July 22, 2017, you uploaded two paystubs from [REDACTED], and a letter stating what your spouse earns from [REDACTED] verified this documentation and modified the income information in your application. The NYSOH employee who updated your application listed three sources of income for you, including "[REDACTED] [REDACTED]." Because of the income modifications, you and your spouse were found eligible for a tax credit of up to \$378.00 per month, and no longer eligible for the Essential Plan.

You contacted NYSOH on July 26, 2017 about the new eligibility determination, and during the conversation with NYSOH, you realized that the paystubs you submitted for [REDACTED]" on them, and did not indicate that they were from [REDACTED]. As a result, the agent who updated your application on July 11, 2017 added the income from the paystubs to your application, but also kept the income information from [REDACTED] which resulted in an extra \$13,264.00 in income.

A review of your phone call with the agent on July 26, 2017 reveals that you notified the agent of this error, and the agent removed the income from [REDACTED] [REDACTED]. However, it appears the agent, perhaps out of confusion, also removed the income from [REDACTED]. While you did tell the agent that you did not work there any longer (and your application indicated that this employment ended on May 26, 2017), you never asked the agent to remove the income. In fact, at the end of the phone call, you tried to confirm with the agent

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that the income from [REDACTED] still included in the application, and the agent erroneously told you that it was.

In fact, the application from July 26, 2017 listed only one source of income for you [REDACTED] so it appears that the NYSOH agent deleted not only the [REDACTED], but also the [REDACTED]. As a result, your household income dropped to \$37,170.00, and your entire household was placed into a “pending Medicaid” status, based on this new income.

Had the NYSOH agent properly updated your income on July 26, 2017, your household income would have been \$55,797.00, which was close to the income amount you listed in your July 11, 2017 application, and which would have resulted in a finding that you and your spouse were eligible for the Essential Plan. You would also have been able to enroll in a plan on that day.

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. 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.

Had you and your spouse been properly found eligible for the Essential Plan on July 26, 2017, you would have been able to pick a plan by the fifteenth of August, for a September 1, 2017 start date of your eligibility and enrollment. Instead, because of the agent’s errors, you were not able to select a plan until August 18, 2017, which gave you an October 1, 2017 start date.

The second issue under review is whether NYSOH properly determined that your children’s eligibility for, and enrollment in, their CHP coverage began on October 1, 2017.

Your children were found eligible for CHP, and were enrolled in a plan, beginning June 1, 2017. However, as discussed above, the actions of the NYSOH agent you spoke with on July 26, 2017 resulted in changes to your household income that placed your entire family in a “pending Medicaid” status. Consequently, your children were disenrolled from their CHP coverage, effective August 31, 2017, because they were in a pending Medicaid status, and not considered eligible for CHP.

Had the NYSOH agent not entered incorrect income information on July 26, 2017, your family would not have been placed into a pending Medicaid status, and your children would have remained enrolled in their CHP coverage.

However, because of the agent's actions, you were compelled to once again update your application on August 18, 2017, and you selected a CHP plan for your children on that day.

Ordinarily, a child's period of eligibility for CHP 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. Therefore, since you updated your application on August 18, 2017, your children would ordinarily be found eligible for CHP as of October 1, 2017, and their plan would begin that day as well.

However, your children should never have been disenrolled from their CHP plan, in the first place. Therefore, the July 27, 2017 CHP disenrollment notice is **RESCINDED**.

The August 19, 2017 eligibility determination is **MODIFIED** to state that you and your spouse were eligible for the Essential Plan, for a limited time, effective September 1, 2017. It is also **MODIFIED** to state that your children were eligible for CHP with a \$9.00 monthly premium, effective September 1, 2017.

Likewise, the August 19, 2017 enrollment confirmation notice is **MODIFIED** to state that you and your spouse's enrollment in your Essential Plan, and your children's enrollment in their CHP plan, began on September 1, 2017.

Your case is **RETURNED** to NYSOH to reinstate you and your spouse in your Essential Plan for the month of September 2017, and to reinstate your children in their CHP plan for the month of September 2017.

You will be responsible for any premium payments for coverage provided in September 2017.

Decision

The July 27, 2017 disenrollment notice is **RESCINDED**.

The August 19, 2017 eligibility determination notice is **MODIFIED** to state that you and your spouse were eligible for the Essential Plan for a limited time, effective September 1, 2017, and your children were eligible for CHP, effective September 1, 2017.

The August 19, 2017 enrollment confirmation notice is **MODIFIED** to state that you and your spouse were enrolled in your Essential Plan coverage beginning September 1, 2017, and your children were enrolled in their CHP plan, beginning September 1, 2017.

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).

Your case is RETURNED to NYSOH to reinstate you and your spouse in your Essential Plan for the month of September 2017, and to reinstate your children in their CHP plan for the month of September 2017.

Effective Date of this Decision: November 29, 2017

How this Decision Affects Your Eligibility

Your children should not have been disenrolled from their CHP plan at the end of August 2017.

You and your spouse should have been found eligible for the Essential Plan, for a limited time, effective September 1, 2017.

Your children should have been found eligible for CHP, effective September 1, 2017.

Your Essential Plan and CHP plan enrollments should have started on September 1, 2017.

Your case is being sent back to NYSOH to reinstate you and your spouse in your Essential Plan for the month of September 2017, and to reinstate your children in their CHP plan for the month of September 2017.

You will be responsible for premium payments for your family's September 2017 coverage.

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)).

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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 July 27, 2017 disenrollment notice is RESCINDED.

The August 19, 2017 eligibility determination notice is MODIFIED to state that you and your spouse were eligible for the Essential Plan for a limited time, effective September 1, 2017, and your children were eligible for CHP, effective September 1, 2017.

The August 19, 2017 enrollment confirmation notice is MODIFIED to state that you and your spouse were enrolled in your Essential Plan coverage beginning

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September 1, 2017, and your children were enrolled in their CHP plan, beginning September 1, 2017.

Your case is RETURNED to NYSOH to reinstate you and your spouse in your Essential Plan for the month of September 2017, and to reinstate your children in their CHP plan for the month of September 2017.

Your children should not have been disenrolled from their CHP plan at the end of August 2017.

You and your spouse should have been found eligible for the Essential Plan, for a limited time, effective September 1, 2017.

Your children should have been found eligible for CHP, effective September 1, 2017.

Your Essential Plan and CHP plan enrollments should have started on September 1, 2017.

Your case is being sent back to NYSOH to reinstate you and your spouse in your Essential Plan for the month of September 2017, and to reinstate your children in their CHP plan for the month of September 2017.

You will be responsible for premium payments for your family's September 2017 coverage.

Legal Authority

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

A Copy of this Decision Has Been Provided To:

[REDACTED]
[REDACTED]
[REDACTED]

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)

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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. y&b&tumi 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.

אַײַדיש (Yiddish)

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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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