



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

Notice of Decision

Decision Date: May 4, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027854



Dear [REDACTED]

On April 4, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's November 28, 2017 eligibility determination, January 17, 2018 eligibility determination, and January 22, 2018 plan enrollment 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 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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Decision

Decision Date: May 4, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027854



Issues

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

Does NY State of Health have jurisdiction regarding reimbursement of premiums made to your and your child's health plan?

Did NY State of Health properly determine that your enrollment in your Medicaid Managed Care plan was effective March 1, 2018?

Did NY State of Health properly determine that your child's enrollment in her Child Health Plus plan with a \$30.00 monthly premium was effective no earlier than March 1, 2018?

Procedural History

On November 28, 2017, NY State of Health (NYSOH) issued an eligibility determination notice, based on your November 27, 2018 updated application, stating that you were eligible to purchase a qualified health plan (QHP) and your child was eligible for a Child Health Plus (CHP), both at full cost, effective January 1, 2018.

Also on November 28, 2017, a plan enrollment notice was issued confirming your child's enrollment in a CHP plan with a monthly premium of \$183.63, effective November 1, 2017.

On December 9, 2017, a plan enrollment notice was issued confirming your enrollment in a silver-level QHP, with a monthly premium of \$598.90, effective January 1, 2018.

On January 3, 2018, you submitted proof of income (see Document [REDACTED]). This document was invalidated by NYSOH on January 4, 2018.

On January 4, 2018, NYSOH issued a notice, based on your January 3, 2018 updated application, stating that the income information in your application did not match what NYSOH received from state and federal data sources. The notice further stated that proof of current income was needed by January 18, 2018, to confirm your and your child's eligibility.

Also on January 5, 2018, NYSOH issued another notice stating that the documentation you submitted did not confirm the information in your application. You were directed to provide additional proof of income before January 18, 2018.

On January 12, 2018, you submitted additional proof of income (see Document [REDACTED]). This document was invalidated as insufficient by NYSOH on January 12, 2018.

On January 13, 2018, NYSOH issued another notice stating that the documentation you submitted did not confirm the information in your application. You were again directed to provide additional proof of income before January 18, 2018.

On January 14, 2018 and January 16, 2018, you submitted additional proof of income (see Documents [REDACTED] and [REDACTED]). These documents were validated by NYSOH on January 16, 2018.

On January 17, 2018, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective January 1, 2018, and that your child was eligible for CHP with a premium of \$30.00 per month, effective March 1, 2018.

On January 22, 2018, a plan enrollment notice was issued confirming your enrollment in a Medicaid Managed Care plan and your child's enrollment in a CHP plan with a \$30.00 monthly month, both effective March 1, 2018.

On January 26, 2018, you spoke to NYSOH's Account Review Unit and appealed the eligibility determination insofar as it began your Medicaid Managed Care plan and your child's updated monthly CHP premium as of March 1, 2018, and not as

of January 1, 2018. You also appealed because you want to be reimbursed for the insurance premiums you paid for the month of January 2018.

On April 4, 2018, 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 seeking to be reimbursed for the QHP and CHP plan premiums you paid for the month of January 2018.
- 2) You testified you believe that you would have been granted Medicaid and the reduced CHP premium beginning January 1, 2018, but for NYSOH's representative advising you to utilize your 2017 income in your application instead of your current income information.
- 3) According to a telephone call recording, dated November 27, 2017, you began your application for health insurance online and called NYSOH to complete it. During your conversation with a NYSOH representative, you advised them that your annual income had not changed for the 2017 income tax year and to keep it at \$84,000.00. You also advised the NYSOH representative that you currently are no longer working and have no income.
- 4) In that same recording, you stated you thought you had to re-enroll now for 2018 and inquired whether you could call back in January 2018 to change your salary. The NYSOH representative responded affirmatively.
- 5) You testified that you do not want your eligibility for November 2017 and December 2017 redetermined. You are only seeking reimbursement of your and your child's health insurance premiums for the month of January 2018, and to have your Medicaid Managed Care plan and your child's updated CHP premium to be effective January 1, 2018.
- 6) According to your NYSOH account, you updated your account on January 3, 2018, and you and your child were placed in pending Medicaid Status
- 7) According to your NYSOH account, between January 3, 2018 and January 16, 2018, you submitted various documents, including two letters from your employer, dated September 27, 2017 and January 10, 2018, stating that you took unpaid leave from [REDACTED] through [REDACTED]. You also uploaded a lease agreement showing that you received \$1,300.00 per

month in rental income, and two of your spouse's bi-weekly paystubs, dated December 8, 2017 and December 22, 2017. These documents were validated by NYSOH on January 16, 2018, because NYSOH had received the last required document, the lease agreement as proof of rental income, on January 16, 2018 (see Documents [REDACTED] and [REDACTED] and [REDACTED] and [REDACTED]).

- 8) According to your NYSOH account, based upon your January 16, 2018 updated application, you were found eligible for Medicaid, effective January 1, 2018 and your child was found eligible for CHP with a premium of \$30.00 per month, effective March 1, 2018. You selected a Medicaid Managed Care plan for yourself and a CHP plan for your child on January 21, 2018, and you and your child were enrolled into your respective plans effective March 1, 2018.
- 9) You testified that you want your Medicaid Managed Care plan and your child's \$30.00 monthly CHP premium to begin on January 1, 2018, and you want to be reimbursed your health plan premiums for that month.

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

Applicable Law and Regulations

Appealable Issues

An applicant has the right to appeal to the Appeals Unit of NYSOH: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, and (4) a failure by NYSOH to provide timely notice of an eligibility determination (45 CFR § 155.505).

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).

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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 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).

Medicaid

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, 13ADM-03(III)(F)). Medicaid Managed Care 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; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13ADM-03(III)(F)).)(c); 18 NYCRR § 360-10.3(h)).

Child Health Plus Change in Premium Amount

Effective January 1, 2014, the State must apply the financial methodologies used to determine Medicaid when determining financial eligibility of all individuals for CHP (45 CFR § 457.315). The State may elect in its State Plan to base financial eligibility either on current monthly household income and family size or income based on projected annual income and family size for the remainder of the calendar year (42 CFR § 435.603). In circumstances where there is a change in income, New York State has elected to base financial eligibility on income prospectively, that is, for the remainder of the calendar year.

Families are required to report to NYSOH changes in New York State residency or health care coverage through insurance that may make a child ineligible for subsidy payments. They are also required to report changes which affect their subsidy level or make them appear eligible for Medicaid. NYSOH would act

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accordingly based upon the new information. If a family submits revised eligibility information to a plan that affects their eligibility status, NYSOH implements this information prospectively. A family may incur a lower or higher family contribution or be referred to Medicaid based on this new information (42 CFR § 457.570 and 457.505(c); Model State Child Health Plan OMB #: 0938-0707; §§ 4.1.8 and 4.3).

When a redetermination is issued as a result of a change in an applicant's information, NYSOH must generally make that redetermination effective on the first day of the month following the date the NYSOH is notified of the change (45 CFR § 155.330 (f)(1)(ii)). However, NYSOH may determine that any change made after the 15th of any month will not be effective until the first of the next following month (45 CFR § 155.330 (f)(2)), and it has chosen to do so.

Legal Analysis

The first issue under review is whether NYSOH has jurisdiction regarding reimbursement of premiums made to your health plan.

You testified that you are seeking to be reimbursed for the January 2018 monthly premium payments you made to your QHP and your child's CHP plans.

The New York State of Health Appeals Unit only has the authority to review issues related to the following: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, and (4) a failure by the Exchange to provide timely notice of an eligibility determination.

Since the Appeals Unit is not given the authority to review contractual issues between you and the health plan, we cannot reach the merits as to whether you should have been reimbursed you're and your child's health plan premiums by your respective health plans. Therefore, your appeal regarding reimbursement of your January 2018 monthly health plan premium payments is DISMISSED as a non-appealable issue.

The second issue under review is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan and your child's enrollment in her reduced premium CHP plan was effective March 1, 2018.

According to your NYSOH account, you updated your and your child's account and requested financial assistance for 2018 on November 27, 2017. That day you were found eligible to purchase a QHP and your child was eligible for a CHP, both at full cost, effective January 1, 2018.

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You testified you believe that you would have been granted Medicaid and the reduced CHP premium beginning January 1, 2018, but for NYSOH's representative advising you to utilize your 2017 income in your application instead of your current income information.

However, a telephone call recording, dated November 27, 2017, indicates that you advised the NYSOH representative that your annual income had not changed for the 2017 income tax year and to keep it at \$84,000.00.

Although a NYSOH representative affirmed that you could call back in January 2018 and change the salary information in your application, you also advised him to utilize your 2017 gross annual household income. Further, you testified that you did not want your eligibility for November 2017 and December 2017 redetermined.

For these reasons and because your household income could have changed as of January 1, 2018, it is reasonable to conclude that NYSOH did not err in utilizing your 2017 gross annual household income when determining your and your child's eligibility on November 27, 2017. Therefore, based on the totality of the evidence of record, the November 28, 2017 eligibility determination was correct at the time and must be AFFIRMED.

Therefore, the issue is further refined as to whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan and child's enrollment in her CHP plan with a decreased monthly premium of \$30.00 was effective March 1, 2018.

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 next updated your and your child's account on January 3, 2018. The income amount that was entered into this application did not match information from federal and state data sources. As such, NYSOH asked that you submit additional documentation to confirm your household income.

Although the record reflects that you submitted various documentation between January 3, 2018 and January 12, 2018, these documents were invalidated because none proved your rental income (see Documents [REDACTED] and [REDACTED] and [REDACTED]

According to your NYSOH account, you provided proof of rental income on January 16, 2018 and this document, along with the previously submitted documents, were validated that same day (see Document [REDACTED]).

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.

Although NYSOH originally invalidated your proof of income on January 4, 2018 and January 12, 2018, you submitted proof of income of rental income on January 16, 2018, and that day your application was considered complete.

NYSOH validated your proof of income on January 16, 2018 and you were found eligible for Medicaid and your child was found eligible for a CHP with a decrease in monthly premium. As a result, NYSOH issued an eligibility determination notice on January 17, 2018, stating that you were eligible for Medicaid, effective January 1, 2018, and that your child was eligible for CHP with a premium of \$30.00 per month, effective March 1, 2018.

Since NYSOH issued an eligibility determination notice one day after you completed your and your child's January 3, 2018 application, the January 17, 2018 eligibility determination notice was timely.

The issue now turns to whether your Medicaid Managed Care plan and your child's reduced CHP premium properly began as of March 1, 2018.

When an individual changes information in their application after the 15th of any month, NYSOH must make the redetermination that results from that change effective the first day of the next following month.

Although, the income information in your NYSOH account was updated on January 3, 2018, your application wasn't complete until January 16, 2018. As such, your account was updated on that day and you were found eligible for Medicaid and your child for an updated CHP premium that day, as is stated in the January 17, 2018 notice.

You selected a Medicaid Managed Care plan for yourself and a CHP plan for your child on January 21, 2018, and you and your child were enrolled into your respective plans effective March 1, 2018.

In cases of Medicaid eligibility, when a person is found eligible for Medicaid Fee-For Service it will be effective on the first day of that month in which that person's eligibility was determined. Here, you were determined Medicaid eligible as of

January 1, 2018, which coverage was secondary to your primary health insurance coverage in place that month through your QHP. However, Medicaid Managed Care plan enrollment and changes in CHP eligibility after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you were found eligible for Medicaid on January 16, 2018 and you selected your Medicaid Managed Care plan on and a CHP plan on January 21, 2018, your Medicaid Fee-For Service properly took place on January 1, 2018 and your Medicaid Managed Care plan and child's updated CHP premium properly took effect on March 1, 2018, which the first day of the second month following January 2018.

Therefore, NYSOH's January 17, 2018 eligibility determination and January 22, 2018 plan enrollment notices are correct and must be AFFIRMED.

Decision

Your appeal regarding reimbursement of your January 2018 monthly health plan premium payments is DISMISSED as a non-appealable issue.

The November 28, 2017 eligibility determination notice is AFFIRMED.

The January 17, 2018 eligibility determination and January 22, 2018 plan enrollment notices are AFFIRMED.

Effective Date of this Decision: May 4, 2018

How this Decision Affects Your Eligibility

This decision does not change your or your child's eligibility for health insurance and/or insurance affordability programs.

Your eligibility was correct as of your November 27, 2017 application, based on the information you provided at the time.

You were eligible for Medicaid as of January 1, 2018 and had coverage under Medicaid Fee-For-Service as of that date.

The effective date of your Medicaid Managed Care plan and your child's reduced CHP premium of \$30.00 is March 1, 2018.

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 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 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):

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- By mail at:
NY State of Health Appeals
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Albany, NY 12211

- By fax: 1-855-900-5557

Summary

Your appeal regarding reimbursement of your January 2018 monthly health plan premium payments is DISMISSED as a non-appealable issue.

The November 28, 2017 eligibility determination notice is AFFIRMED.

The January 17, 2018 eligibility determination and January 22, 2018 plan enrollment notices are AFFIRMED.

This decision does not change your or your child's eligibility for health insurance and/or insurance affordability programs.

Your eligibility was correct as of your November 27, 2017 application, based on the information you provided at the time.

You were eligible for Medicaid as of January 1, 2018 and had coverage under Medicaid Fee-For-Service as of that date.

The effective date of your Medicaid Managed Care plan and your child's reduced CHP premium of \$30.00 is March 1, 2018.

Legal Authority

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

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

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

Español (Spanish)

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

中文 (Traditional Chinese)

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

Kreyòl Ayisyen (Haitian Creole)

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

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您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 मदद 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 אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

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