



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

Notice of Decision

Decision Date: April 27, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027933

[REDACTED]

[REDACTED]

On March 29, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 13, 2018 eligibility determination and disenrollment notices and the January 30, 2018 plan enrollment 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.

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DEPARTMENT OF HEALTH
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Decision

Decision Date: April 27, 2018

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000027933

[REDACTED]

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 were eligible to receive up to \$338.00 per month in advance payments of the premium tax credit, effective February 1, 2018?

Did NY State of Health properly determine that you were eligible for cost-sharing reductions?

Did NY State of Health properly determine that you were not eligible for the Essential Plan?

Did NY State of Health properly determine that you were not eligible for Medicaid?

Did NYSOH properly determine that your eligibility for and enrollment in the Essential Plan was effective no earlier than March 1, 2018?

Procedural History

On January 13, 2018, NY State of Health (NYSOH) issued an eligibility determination notice, based on your January 12, 2018 updated application, stating that you were eligible to receive up to \$338.00 in advance payments of the premium tax credit (APTC) as well as cost-sharing reductions if you enrolled in a silver-level qualified health plan, both effective February 1, 2018. The notice stated that you were not eligible for the Essential Plan or Medicaid because your

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annual household income was over the allowable income limit for those programs.

Also on January 13, 2018, a plan enrollment notice was issued stating that you were enrolled in a silver-level qualified health plan with a monthly premium of \$166.32, effective February 1, 2018.

Also on January 13, 2018, NYSOH issued a disenrollment notice stating that your enrollment in your Essential Plan was terminated, effective January 31, 2018.

On January 29, 2018, NYSOH received your updated application for health insurance. That day, a preliminary eligibility determination was prepared stating that you were eligible for the Essential Plan and had selected a plan for enrollment to be effective as of March 1, 2018.

Also on January 29, 2018, you spoke to NYSOH's Account Review Unit and appealed the start date of your Essential Plan, insofar as it started effective on March 1, 2018, and not February 1, 2018.

On January 30, 2018, NYSOH issued an eligibility determination notice, based on your January 29, 2018 updated application, stating that you were eligible to enroll in the Essential Plan, effective March 1, 2018.

Also on January 30, 2018, a plan enrollment notice was issued confirming your selection of an Essential Plan, with an enrollment start date of March 1, 2018.

On March 29, 2018, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. Your request to amend your appeal to include an appeal of your January 13, 2018 eligibility determination notice was granted and testimony was received. The record was developed during the hearing and held open to April 13, 2018, to allow you time to submit supporting documents.

As of April 13, 2018, the Appeals Unit did not receive any documents from you and none were viewable in your NYSOH account. However, on April 16, 2018, NYSOH received your supporting documents by mail. Therefore, in the interest of justice, the documents were incorporated into the record as Appellant's Exhibit #A and the record was closed on April 16, 2018.

Findings of Fact

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

- 1) According to your NYSOH account, you receive all your notices from NYSOH via email.

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- 2) According to your NYSOH account and testimony, you were originally found eligible and enrolled in the Essential Plan for a limited time, effective December 1, 2017. You needed to provide proof of income before January 22, 2017, to confirm your eligibility for that plan.
- 3) You testified that you were advised by a NYSOH representative in December 2017, that you needed to supply proof of income.
- 4) According to your NYSOH account and testimony, on January 12, 2018, you updated your application for health insurance with a certified application counselor and you were found eligible for APTC of up to \$338.00 per month, effective February 1, 2018. You were disenrolled from your Essential Plan and simultaneously enrolled in a silver-level qualified health plan that day, based on your health plan selection.
- 5) You testified that you believe you were disenrolled due to NYSOH's failure to provide you with notification that you needed to supply proof of income and that you did not received the notice advising you that you were disenrolled from your Essential Plan.
- 6) According to your NYSOH account and testimony, on January 12, 2018, you selected a silver-level qualified health plan for enrollment to be effective February 1, 2018.
- 7) According to your NYSOH account and testimony, you expect to file your tax return for 2018 with a tax filing status of head of household. You will claim one dependent on that tax return.
- 8) You are seeking health insurance for yourself.
- 9) The application that was submitted on January 12, 2017, listed annual household income of \$32,485.00, consisting of \$9,485.00 you earn from your self-employment and \$23,000.00 you receive in rental income. You testified that although this was the prospective expected 2018 annual income you gave to the certified application counselor at the time, this amount was incorrect in that it did not include a business income loss. You testified you believe your income to be approximately \$22,000.00 total, consisting of \$11,000.00 in employment income and \$11,000.00 in rental income.
- 10) You submitted your 2017 personal income tax return, which shows that in 2017, you did not include your child as a dependent and that you received \$8,790.00 in adjusted gross household income, consisting of \$6,113.00 in income you earn from self-employment, \$26,497.000 in rental income, and \$1.00 in taxable pension income less \$23,981.00 in a capital gains loss and \$432.00 from the deductible part of self-employment tax.

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- 11) Your application states that your income in January 2018 is \$2,707.08.
- 12) Your application states that you live in [REDACTED], NY.
- 13) On January 29, 2018, NYSOH received your updated application for health insurance. You were redetermined eligible for and enrolled in the Essential Plan that day, with an effective start date of March 1, 2018.
- 14) You testified that you are seeking coverage in the Essential Plan or Medicaid for the month of February 2018, because you paid the premium for that month and had some out of pocket medical expenses due to the high deductible.

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

Applicable Law and Regulations

Modified Adjusted Gross Income

NYSOH bases its eligibility determinations on modified adjusted gross income as defined in the federal tax code (45 CFR § 155.300(a)). The term “modified adjusted gross income” means adjusted gross income increased by (1) any income that was excluded under 26 USC § 911 for United States citizens or residents living abroad, (2) tax-exempt interest received or accrued, and (3) Social Security benefits that were excluded from gross income under 26 USC § 86 (see 26 USC § 36B(d)(2)(B), 26 CFR § 1.36B-1(e)(2)).

“Adjusted gross income” means, in the case of an individual taxpayer, gross federal taxable income minus certain specific deductions, such as expenses reimbursed by an employer, losses from sale or exchange of property, losses from premature withdrawal of funds from time savings accounts, deductions attributable to royalties, and certain retirement savings (26 USC § 62(a)). Living expenses, such as rent and utilities are not an allowable deduction in computing adjusted gross income (*id.*).

Business Expenses Deduction

“Adjusted gross income” is the gross income of the taxpayer minus the deductions permitted (26 USC § 62). Subject to some limitations, deductions that are attributable to a trade or business may be deductions from a taxpayer’s adjusted gross income (26 USC § 62 (a)(1)).

Advance Payments of Premium Tax Credit

APTC are generally available to a person who is eligible to enroll in a qualified health plan and (1) expects to have a household income between 138% and 400% of the applicable federal poverty level (FPL), (2) expects to file a tax return and claim a personal exemption deduction for a person who meets the eligibility requirements to enroll in a qualified health plan, and (3) is not otherwise eligible for minimum essential coverage except through the individual market (see 45 CFR § 155.305(f), 26 CFR § 1.36B-2, 42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)).

The maximum amount of APTC that can be authorized equals:

- 1) the cost of the health insurance premium for the taxpayer's coverage family in the second lowest cost silver plan offered through NY State of Health in the county where the taxpayer resides

minus

- 2) the taxpayer's expected contribution amount

(see 26 USC § 36B, 26 CFR § 1.36B-3).

The taxpayer's expected contribution amount is the amount that the taxpayer is expected to spend on health insurance premiums. The expected contribution for 2018 is set by federal law at 2.01% to 9.56% of household income (26 USC § 36B(b)(3)(A), 26 CFR § 1.36B-3, IRS Rev. Proc. 2017-36).

In an analysis of APTC eligibility, the determination is based on the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested (45 CFR §§ 155.300(a), 155.305(f)(1)(i)). On the date of your application, that was the 2017 FPL, which is \$16,240.00 for a two-person household (82 Federal Register 8831).

For annual household income in the range of at least 200% but less than 250% of the 2017 FPL, the expected contribution is between 6.34% and 8.10% of the household income (26 CFR § 1.36B-3(g)(1), 45 CFR § 155.300(a), IRS Rev. Proc. 2017-36).

People who use the APTC to help pay health insurance premiums must file a federal tax return and reconcile their expected income (stated on NYSOH application) with their actual income (stated on their federal income tax return). Those who take less tax credit in advance than they claim on the tax return may get the rest of it as an income tax refund or have their tax bill reduced. Those who take more tax credit in advance than they can claim on their tax return will owe the difference as additional income taxes (26 CFR § 1.36B-4).

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Cost-Sharing Reductions

Cost-sharing reductions are available to a person who (1) is eligible to enroll in a qualified health plan through NYSOH, (2) meets the requirements to receive APTC, (3) is expected to have an annual household income that does not exceed 250% of the FPL for the first day of the open enrollment period of the benefit year for which coverage is requested, and (4) is enrolled in a silver-level qualified health plan (45 CFR § 155.300(a), 45 CFR § 155.305(g)(1)).

Essential Plan

NYSOH must generally determine an applicant eligible for the Essential Plan, a basic health plan, if the person is (1) a resident of New York State, (2) expects to have a household income between 138% and 200% of the applicable FPL or, in the case of an individual who is a lawfully present non-citizen who is ineligible for Medicaid or Child Health Plus as a result of their immigration status, has a household income that is between 0% and 200% of the FPL, (3) is not otherwise eligible for minimum essential coverage except through the individual market, (4) is 64 years old or younger, (5) is a citizen or a lawfully present non-citizen, and (6) is not incarcerated (see 42 CFR § 600.305, 42 CFR § 435.603(d)(4), 45 CFR § 155.305(e), NY Social Services Law § 369-gg(3), 42 USC § 18051).

In an analysis of Essential Plan eligibility, the determination is based on the FPL in effect on the first day of the benefit year for which coverage is requested (45 CFR § 155.300(a)). On the date of your application, that was the 2017 FPL, which is \$16,240.00 for a two-person household (82 Federal Register 8831).

A person who has a household income that is at or below 150% of the FPL has a \$0.00 premium contribution (New York's Basic Health Plan Blueprint, p. 21, as approved January 2016; see <https://www.medicaid.gov/basic-health-program/downloads/ny-blueprint.pdf>).

A person who has a household income greater than 150% of the FPL or below 200% of the FPL has a \$20.00 per month premium contribution (New York's Basic Health Plan Blueprint, as approved January 2016).

The Essential Plan is considered minimum essential coverage; therefore, a person who is eligible for the Essential Plan is not eligible for any premium tax credit because they are eligible for minimum essential coverage through the individual market (see 26 CFR § 1.36B-2(c)(1), 26 USC § 5000A(f)(1)(C)).

Medicaid

Medicaid can be provided through NYSOH to adults who: (1) are age 19 or older and under age 65, (2) are not pregnant, (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act, (4) are not otherwise

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eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part, and (5) have a household modified adjusted gross income (MAGI) that is at or below 138% of the FPL for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), NY Social Services Law § 366(1)(b)).

In an analysis of Medicaid eligibility, the determination is based on the FPL “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your application, that was the 2017 FPL, which is \$16,240.00 for a two-person household (82 Federal Register 8831).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved March 19, 2014).

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/downloads/ny-blueprint.pdf>).

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)).

Legal Analysis

The first issue under review is whether NYSOH properly determined that you were eligible for up to \$338.00 per month in APTC.

The application that was submitted on January 12, 2018, listed an annual household income of \$32,485.00 and the eligibility determination relied upon that information. You testified that although this was the amount you gave to the certified application counselor at the time, this amount was incorrect. You believe your income to be approximately \$22,000.00 total, consisting of \$11,000.00 in employment income and \$11,000.00 in rental income. Since the income amount

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of \$32,485.00 is the information you gave to your certified application counselor at the time of your application, NYSOH properly determined your eligibility for financial assistance using that amount.

According to your NYSOH account and submitted documentation, you expect to file your tax return for 2018 with a tax filing status of head of household. You will claim one dependents on that tax return. Therefore, for purposes of these analyses, you are in a two-person household.

You reside in Queens County, where the second lowest cost silver plan available for an individual through NYSOH costs \$509.30 per month.

An annual income of \$32,485.00 is 200.03% of the 2017 FPL for a two-person household. At 200.03% of the FPL, the expected contribution to the cost of the health insurance premium is 6.34% of income, or \$171.63 per month.

The maximum amount of APTC that can be approved equals the cost of the second lowest cost silver plan available through NYSOH for an individual in your county (\$509.30 per month) minus your expected contribution (\$171.63 per month), which equals \$337.67 per month. Therefore, rounding to the nearest dollar, NYSOH correctly determined you to be eligible for up to \$338.00 per month in APTC, based on the information you attested to in your application.

The second issue under review is whether you were properly determined eligible for cost-sharing reductions. Cost-sharing reductions are available to a person who has a household income no greater than 250% of the FPL. Since a household income of \$32,485.00 is 200.03% of the applicable FPL, NYSOH correctly found you to be eligible for cost sharing reductions, based on the information you attested to in your application.

The third issue under review is whether NYSOH properly determined you were ineligible for the Essential Plan.

The Essential Plan is generally provided through NYSOH to individuals who meet the non-financial requirements and have a household modified adjusted gross income that is between 138% and 200% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$16,240.00 for a two-person household. Since an annual household income of \$32,485.00 is 200.03% of the 2017 FPL, NYSOH correctly found you to be ineligible for the Essential Plan, based on the information you attested to in your application.

The fourth issue under review is whether NYSOH properly determined that you were ineligible for Medicaid.

Medicaid can be provided through NYSOH to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified

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adjusted gross income that is at or below 138% of the FPL for the applicable family size. On the date of your application, the relevant FPL was \$16,240.00 for a two-person household. Since \$32,485.00 is 200.03% of the 2018 FPL, NYSOH properly found you to be ineligible for Medicaid on an expected annual income basis, using the information provided in your application.

However, financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size.

Your application states that your income in January 2018 is \$2,707.08.

To be eligible for Medicaid, you would need to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,868.00 per month. Since you attested to an income of \$2,707.08 in January 2018, you do not qualify for Medicaid based on monthly income as of the date of your application.

Since the January 13, 2018 eligibility determination notice properly stated that, based on the information you provided, you were eligible for up to \$338.00 per month in APTC, eligible for cost-sharing reductions, ineligible for the Essential Plan and ineligible for Medicaid, it is correct and is AFFIRMED.

As such, it follows that since you were no longer eligible for the Essential Plan, the January 13, 2018 disenrollment notice stating that you were disenrolled from you Essential Plan as of January 31, 2018 is also correct and is AFFIRMED.

It is noted that although you submitted your 2017 income tax return to prove, that the income listed in your application did not include your expected business loss, the information contained in this tax return is inconsistent with your testimony regarding your projected income for 2018. You testified that you expect to file your 2018 income tax return as head of household and claim one dependent, but your 2017 tax return shows that you filed single and did not claim a dependent in 2017. This tax return also contains a capital gains loss that was not mentioned to the Hearing Officer during the hearing and, therefore, it is unclear as to whether you expect to have a similar loss in 2018. Therefore, your income is not ascertainable and this evidence is not considered.

The fifth issue under review is whether NYSOH properly determined that your eligibility for and enrollment in the Essential Plan was effective March 1, 2018.

According to your NYSOH account and testimony, you were originally found eligible for and enrolled in the Essential Plan for a limited time, effective December 1, 2017. You needed to provide proof of income before January 22, 2017.

You contend that you were you were disenrolled due to NYSOH's failure to provide you with notification that you needed to supply proof of income and that
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you did not received the notice advising you that you were disenrolled from your Essential Plan.

Although NYSOH is required to send applicants proper notice in order for applicants to take appropriate action, your NYSOH account and testimony to the contrary reflects that alleged failure of the NYSOH to give you proper notice of their request for proof of income documentation and of your disenrollment is not the cause of your disenrollment.

According to your NYSOH account and testimony, on January 12, 2018, you updated your application for health insurance with a certified application counselor and you were found eligible for APTC of up to \$338.00 per month, effective February 1, 2018. As a result, you were disenrolled from your Essential Plan and simultaneously enrolled in a silver-level qualified health plan that day, also to be effective February 1, 2018, based on your health plan selection. Since you updated your application, attested to your prospective 2018 income, and selected a qualified health plan for enrollment, it is concluded that you were properly notified that you were no longer eligible for the Essential Plan and that you would be enrolled in a qualified health plan as of February 1, 2018.

You updated your eligibility for financial assistance through NYSOH with your updated financial information on January 29, 2018 and submitted a request to enroll in an Essential Plan that same day.

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 after the fifteenth day of a month goes into effect on the first day of the second following month.

Since you selected your Essential Plan on January 29, 2018, it must take effect on the first day of the second month following January 2018; that is, on March 1, 2018.

Therefore, NYSOH's January 30, 2018 eligibility determination notice and plan enrollment notices are AFFIRMED because they properly began your eligibility for and enrollment in the Essential Plan on March 1, 2018.

Decision

The January 13 ,2018 eligibility determination and disenrollment notices are AFFIRMED.

The January 30, 2018 eligibility determination and plan enrollment notice are AFFIRMED.

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Effective Date of this Decision: April 27, 2018

How this Decision Affects Your Eligibility

This Decision does not change your eligibility.

NYSOH properly redetermined your eligibility for health insurance on January 12, 2018, based on the information you attested to in your application.

Your eligibility for and enrollment in a silver-level qualified health plan was effective February 1, 2018.

Your eligibility for and enrollment in the Essential Plan was effective as of March 1, 2018.

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

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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 January 13 ,2018 eligibility determination and disenrollment notices are AFFIRMED.

The January 30, 2018 eligibility determination and plan enrollment notice are AFFIRMED.

This Decision does not change your eligibility.

NYSOH properly redetermined your eligibility for health insurance on January 12, 2018 based on the information you attested to in your application.

Your eligibility for and enrollment in a silver-level qualified health plan was effective February 1, 2018.

The January 30, 2018 plan enrollment notice is AFFIRMED.

Your eligibility for and enrollment in the Essential Plan was effective as of March 1, 2018.

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.

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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।

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 nkyerεkyeremu a, ye sre wo, fre 1-855-355-5777. ye&b&tumi 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)

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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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