



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: AP000000027995

[REDACTED]

[REDACTED]

On April 10, 2018, you appeared by telephone at a hearing on your appeal of NY State of Health's January 6, 2018 eligibility determination and January 6, 2018 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 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  
P.O. Box 11729  
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## Decision

Decision Date: April 27, 2018

NY State of Health Account ID: [REDACTED]  
Appeal Identification Number: AP000000027995



## 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 Medicaid eligibility as of January 6, 2018?

Did NY State of Health properly determine that your Medicaid Managed Care plan began February 1, 2018?

## Procedural History

On August 2, 2017, NY State of Health (NYSOH) issued a renewal notice stating that it did not have enough information from state and federal data sources to determine your eligibility for health coverage and financial assistance. That notice stated you must update your NYSOH account between August 16, 2017 and September 15, 2017 to complete your renewal.

On August 29, 2017, NYSOH received your application for financial assistance with your health insurance.

On August 30, 2017, NYSOH issued a notice stating more information was needed to make a determination. The notice explained the income documentation you provided NYSOH did not match what was obtained from state and federal data sources. You were asked to submit income documentation for your household by September 13, 2017.

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Also on August 30, 2017, NYSOH issued a disenrollment notice stating your coverage under your Medicaid Managed Care plan would end on September 30, 2017, because you were no longer eligible to enroll in that plan.

On September 8, 2017 you uploaded income documentation from your employer [REDACTED] to your NYSOH account.

On September 11, 2017, NYSOH determined that the income documentation you uploaded did not constitute valid proof of income.

Also on September 11, 2017, NYSOH updated your account to include income from [REDACTED] based on the documentation you submitted, and filed an application on your behalf.

On September 12, 2017, NYSOH issued a notice of invalid documentation stating that the documents NYSOH reviewed did not confirm the information you provided in your application, requesting that you provide proof of income by December 10, 2017, and stating that failure to provide the requested documentation could result in you losing your insurance or receiving less help paying for your coverage.

Also on September 12, 2017, NYSOH issued an eligibility determination notice stating that you were eligible to enroll in the Essential Plan with a \$20.00 monthly premium for a limited time, effective October 1, 2017, and requesting that you provide proof of income by December 10, 2017.

On December 8, 2017, NYSOH received your updated application for health insurance.

Also on December 8, 2017, you resubmitted income documentation from [REDACTED] to your NYSOH account.

On December 9, 2017, NYSOH issued a notice of invalid documentation stating that the documents NYSOH reviewed did not confirm the information you provided in your application, requesting that you provide proof of income by December 23, 2017.

Also on December 9, 2017, NYSOH issued a notice requesting income documentation for Medicaid, stating that the income information in your application did not match state and federal data sources, and asking you to submit proof of household income by December 23, 2017 to confirm your eligibility.

On December 11, 2017, NYSOH received your updated application for health insurance.

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On December 12, 2017, NYSOH issued a notice of invalid documentation stating that the documents NYSOH reviewed did not confirm the information you provided in your application, requesting that you provide proof of income by January 7, 2018.

Also on December 12, 2017, NYSOH issued a notice requesting income documentation for Medicaid, stating that the income information in your application did not match state and federal data sources, and asking you to submit proof of household income by January 7, 2018 to confirm your eligibility.

On December 18, 2017, you uploaded an employment letter from [REDACTED] stating your last date of work and year-to-date gross earnings.

On January 4, 2018, you uploaded an employment letter from [REDACTED], dated December 31, 2017, stating that you were no longer employed there.

On January 5, 2018, NYSOH verified the two employment letters as valid proof of having no income.

On January 6, 2018, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid, effective December 1, 2017.

Also on January 6, 2018, NYSOH issued an enrollment confirmation notice confirming your selection of a Medicaid Managed Care plan on January 5, 2018. This notice confirmed your enrollment in a plan starting February 1, 2018.

Lastly, on January 6, 2018, NYSOH issued a notice of retroactive Medicaid coverage, stating that you were eligible for Medicaid for October 1, 2017, through November 30, 2017, because your monthly income was below the monthly income threshold for that period.

On January 29, 2018, you contacted the NYSOH Account Review Unit and requested an appeal of the start date of your Medicaid Managed Care plan, requesting that it begin October 1, 2017.

On March 29, 2018, you were scheduled for a telephone hearing. That day, a Hearing Officer called you to conduct your scheduled hearing. You requested that your hearing be rescheduled for a later date. The Hearing Officer agreed to adjourn your hearing to April 10, 2018.

On April 10, 2018, you had your adjourned telephone hearing with a Hearing Officer from NYSOH's Appeals Unit. During the hearing, you waived your right to formal notice on the record. You also gave the Hearing Officer permission to review recording of your previous telephone calls with NYSOH representatives.

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, and the record reflects, that you are appealing your enrollment start date of your Medicaid Managed Care plan.
- 2) Your September 15, 2016 application indicated that your only income source was from employer [REDACTED]
- 3) On August 29, 2017 you submitted an updated application for financial assistance over the phone in response to a renewal notice.
- 4) You testified that somewhere between August 29, 2017 and September 8, 2017 you advised NYSOH that you no longer worked for [REDACTED]
- 5) A review of your August 29, 2017 phone call indicates that a NYSOH representative asked you if you still worked for [REDACTED] and that you stated that you did still work there. You stated that you made \$200.00 per week at [REDACTED] and confirmed this accounted for \$10,400.00 of annual income. You also stated that you no longer worked for [REDACTED] [REDACTED] and [REDACTED], [REDACTED]. Your application also included a \$100.00 student loan interest deduction. The NYSOH representative who processed your application informed you during your call that you would need four weeks of current paystubs in order to process your eligibility.
- 6) On September 8, 2017 you submitted income documentation in the form of four consecutive paystubs from [REDACTED] to NYSOH for verification of the income stated in your August 29, 2017 application.
- 7) Also on September 8, 2017, you spoke with three NYSOH representatives over three calls. In each of these calls, you stated that you were trying to upload your income documents, and confirm their receipt. Although you stated that your income documentation was from [REDACTED] you worked at, which you stated was your only employment, you did not specifically indicate whether you were discussing the income from [REDACTED] [REDACTED] you attested to in your August 29, 2017 application, or the income documentation you provided from [REDACTED], nor did you specifically identify either employer by name. Furthermore, you did not ask the NYSOH representatives to make any changes to the income listed on your application during these three calls. During the third call, the NYSOH

representative informed you that your coverage would end on September 30, 2017 and to contact NYSOH before September 16, 2017, to continue with your renewal and prevent a gap in your Medicaid coverage.

- 8) On September 11, 2017, your income documentation was invalidated because it included paystubs from [REDACTED], but none from [REDACTED].
- 9) Also on September 11, 2017, your application was updated to include income from [REDACTED], which was calculated to consist of \$10,329.02 annually. Combined with the previously attested to income from [REDACTED] of \$10,400.00 annually, less your \$100.00 student loan interest deduction, this resulted in an annual income calculation of \$20,629.02. An application was filed on your behalf using this income.
- 10) On September 13, 2017, you contacted NYSOH and spoke with a representative regarding your income documentation. You were informed that you had submitted paystubs from [REDACTED], but also needed paystubs from [REDACTED]. You stated that you were no longer working there, and the NYSOH representative informed you that you needed a separation letter stating you were no longer employed. You were also informed that you had until December 10, 2017 to provide this letter.
- 11) On November 10, 2017, you spoke with a NYSOH representative to discuss your income verification. You indicated that you were waiting for a letter from [REDACTED] stating that you no longer worked there, and had not since October 2016. The NYSOH representative thereafter stated that because you had not worked there since 2016, you should not need a letter from that employer. That representative noted that it appeared that you had some income from [REDACTED] in 2017, and therefore needed a letter from that employer stating you no longer worked there. You were asked to upload that letter, and another copy of your paystubs from [REDACTED].
- 12) On December 8, 2017, you spoke with two NYSOH representatives over the course of two phone calls, in order to determine what documentation was required to confirm your eligibility. During the first call, you were asked if you had submitted any of the requested documentation, and you acknowledged that you had not. During the second call, you were informed that [REDACTED] was listed in your application as current income. You were informed that whatever documents you submit have to confirm the information in your application. You were advised to sign in to your NYSOH account and delete that employer from your application, at which point your paystubs from [REDACTED] should constitute sufficient proof of income.

- 13) You testified that the December 8, 2017 phone call was the first time that you were informed that the application still included [REDACTED] as an income source.
- 14) Also on December 8, 2017, you updated your NYSOH account and removed [REDACTED] as a source of income on your application.
- 15) On December 18, 2017, you uploaded a letter from [REDACTED] stating that your last date of work was [REDACTED], and that your year-to-date gross earnings was \$1,173.00.
- 16) On January 4, 2018, you uploaded an employment letter from [REDACTED], dated December 31, 2017, stating that you were no longer employed there.
- 17) On January 5, 2018, NYSOH verified the two employment letters from [REDACTED], as valid proof of having no income
- 18) The record reflects that you selected a Medicaid Managed Care plan on January 5, 2018.
- 19) You testified that you want your Medicaid Managed Care plan to begin on October 1, 2017 because you believed that your application had been handled in error—specifically that the income from [REDACTED] was included in your application as the result of an error on the part of a NYSOH representative, which resulted in you receiving mixed messages regarding what documentation was required to confirm your eligibility.

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

## **Applicable Law and Regulations**

### 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-

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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)).

### Verification Process

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

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

### Timely Notice of Medicaid Eligibility

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

To assess whether an eligibility determination was untimely, NYSOH must base the time period from the date of application to the date NYSOH notifies the applicant of its decision (45 CFR § 155.310(e)(2)). However, if the applicant submits an incomplete application or there is not sufficient information for NYSOH to make an eligibility determination, then NYSOH must notify that applicant that more information is needed to complete the application (45 CFR § 155.310(k)(1)).

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

## **Legal Analysis**

The first issue is whether NYSOH provided you with timely determination of your Medicaid eligibility as of January 6, 2018.

On September 15, 2016, you submitted an application for financial assistance, on that application you attested that your only income source was from employer [REDACTED]

NYSOH issued a renewal notice on August 2, 2017 asking you to update your application in order to ensure that your financial assistance would continue. On August 29, 2017 you submitted an updated application for financial assistance over the phone in response to that renewal notice. The income amount that was

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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 income.

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 testified that you believe that your application was handled in error in part because income from [REDACTED] was included in your August 29, 2017 application in error by an NYSOH representative. A review of your August 29, 2017 phone call indicates that a NYSOH representative asked you if you still worked for [REDACTED], and that you stated that you did still work there. You stated that you made \$200.00 per week at [REDACTED], and confirmed this accounted for \$10,400.00 of annual income. The NYSOH representative who processed your application informed you during your call that you would need four weeks of current paystubs in order to process your eligibility.

Therefore, since your August 29, 2017 application indicated by your own attestation that you still worked at [REDACTED] you would have been required to submit income documentation from that employer.

On September 8, 2017, you uploaded a copy of your paystubs for [REDACTED] an employer you had not previously attested to having. On September 11, 2017, your income documentation was invalidated because it included paystubs from [REDACTED], but none from [REDACTED].

You testified that somewhere between August 29, 2017 and September 8, 2017 you advised NYSOH that you no longer worked for [REDACTED]. A review of the phone recordings indicate that you were first informed on November 10, 2017, that your application included current income from [REDACTED]. At no point in any of the phone conversations from August 29, 2017 through November 10, 2017 did you state that you no longer worked there.

On December 8, 2017, you updated your application to remove [REDACTED] as a source of income because you were advised during a phone call to do so that day, resulting in your application being run with income solely from [REDACTED], for which you had already provided four consecutive weekly paystubs.

Therefore, your application was complete as of December 8, 2017 for purposes of issuing an eligibility determination.

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

NYSOH issued an eligibility determination notice on January 6, 2018 that stated you were eligible for Medicaid effective December 1, 2017. Since NYSOH issued an eligibility determination 29 days from the date your application was complete, the January 6, 2018 eligibility determination was timely.

The second issue is whether NYSOH properly determined that your enrollment in your Medicaid Managed Care plan was effective February 1, 2018.

The record reflects that you contacted NYSOH on January 5, 2018 and enrolled into a Medicaid Managed Care plan.

The date on which a Medicaid Managed Care 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 will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

Since the January 6, 2018 eligibility determination notice was timely issued, you were able to select a Medicaid Managed Care plan as early as January 6, 2018. Your plan would therefore properly take effect on the first day of the next month following after January 6, 2018; that is, on February 1, 2018.

Therefore, the January 6, 2018 enrollment confirmation notice stating that your enrollment in your Medicaid Managed Care plan would be effective February 1, 2018, was correct and must be AFFIRMED.

## **Decision**

The January 6, 2018 eligibility determination was timely is AFFIRMED.

The January 6, 2018 enrollment confirmation notice is AFFIRMED.

**Effective Date of this Decision:** April 27, 2018

## **How this Decision Affects Your Eligibility**

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).

This decision does not affect your eligibility.

Your enrollment in your Medicaid Managed Care plan is February 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

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:  
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Albany, NY 12211
- By fax: 1-855-900-5557

## **Summary**

The January 6, 2018 eligibility determination was timely is AFFIRMED.

The January 6, 2018 enrollment confirmation notice is AFFIRMED.

This decision does not affect your eligibility.

Your enrollment in your Medicaid Managed Care plan is February 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)

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### Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

### 한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

### Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

### العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

### বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

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## **Français (French)**

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

## **हिंदी (Hindi)**

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

## **日本語 (Japanese)**

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

## **नेपाली (Nepali)**

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

## **Polski (Polish)**

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

## **Twi (Twi)**

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&etumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

## **(Urdu) اردو**

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

## **Tiếng Việt (Vietnamese)**

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

## **אידיש (Yiddish)**

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

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