

		Date: 10.17.2018
Title	MAGI Fail to Renew NYSOH Coverage	
WMS Reason Code	626	

Notice to Discontinue Medicaid

We will discontinue Medicaid coverage effective _____ for:

Name	CIN Number
Name	CIN Number
Name	CIN Number

This is because you or your representative did not contact New York’s health plan marketplace, NY State of Health before _____ to recertify your Medicaid coverage in your NY State of Health Account # _____.

On _____, we sent you a notice telling you that your Medicaid coverage with the New York City Human Resources Administration (HRA) was ending and that you must contact the NY State of Health at 1-855-355-5777 (TTY: 1-800-662-1200) to recertify your coverage. NY State of Health also sent you a notice telling you how to set up your NY State of Health account to recertify your Medicaid.

Why you are getting this notice

Certain individuals must now have continued eligibility for Medicaid coverage determined by NY State of Health. You were required to renew your Medicaid coverage with NY State of Health to continue your coverage. NY State of Health is a modernized system that allows Medicaid recipients to easily complete renewals and/or notify the Medicaid program of changes that occur.

If you need help renewing your Medicaid with NY State of Health, please call 1-855-355-5777 (TTY: 1-800-662-1220).

If your Medicaid coverage is discontinued, all of your Medicaid services, including your home care services, will be discontinued.

If you are enrolled in a Medicaid Managed Care plan, you will no longer be able to access services through your health plan.

If Medicaid is paying health insurance premiums, including Medicare for you, payment of these premiums will be discontinued.

IF YOU THINK WE MADE A MISTAKE

If you think we made a mistake about your eligibility, you can call NY State of Health at 1-855-355-5777 (TTY: 1-800-662-1220) to request an appeal.

You will find more information on how to ask for an appeal and how to ask for aid to continue in the "**How to Request an Appeal and Additional Information**" section at the end of this notice.

Legal Reference

This decision is based on Section 366-a(5) of the Social Services Law.

How to Request an Appeal and Additional Information

An appeal is your request to NY State of Health to review and change a decision we have made about your eligibility.

How and When to Ask for an Appeal

You can request an appeal by doing one of these things:

- Call us at 1-855-355-5777 (TTY: 1-800-662-1220).
- Mail your request to: NY State of Health, PO Box 11729, Albany, NY 12211.
- Fax your request to 1-855-900-5557.

You have 60 calendar days from the date on this notice to ask for an appeal. You will receive a letter from NY State of Health saying that we received your request. We will send you a letter telling you the date and time of your appeal hearing.

Asking for Aid to Continue

You can ask for Aid to Continue to keep your current coverage while you go through the appeals process. You must ask for this when you ask for an appeal. This means that your current insurance program will continue until a decision is made about your appeal.

If you have Medicaid coverage, we will continue your coverage if you request Aid to Continue within 10 days from the date of this notice OR before the eligibility effective date listed in this notice, whichever is later.

The Appeal Hearing

The hearing is your chance to explain why you disagree with the NY State of Health's decision. A hearing officer will make a decision about your appeal. The hearing officer will not take sides and will not favor you or NY State of Health. The officer will conduct the hearing by phone. Here is what you need to do before, during, and after the hearing.

Before the hearing

- Look at the documents NY State of Health used to make a decision about your eligibility.
- You can send us information that might help us understand your appeal.
- You can request specific policy materials necessary to help you decide whether to ask for an appeal or to help you prepare for your appeal hearing.
- We may try to resolve your issues through an informal dispute resolution process.

During the hearing

- You can have someone with you during your telephone hearing if you want to. That person can be a friend, relative, lawyer, or other individual. Or you can participate in your hearing on your own.

After the hearing

- The outcome of an appeal could change the eligibility of other people on your account even if they do not ask for an appeal.
- If the appeal is not resolved in your favor, you may be responsible for the cost of the health coverage that you used while your appeal was being processed. Here are some examples of what you may have to do when the appeal is not resolved in your favor:
 - If you received coverage through Medicaid while your appeal is being determined, you may have to pay back the cost of Medicaid benefits you received.
 - If you were enrolled in the Essential Plan or Child Health Plus while your appeal was being determined, you may have to pay back your premium, if you have a premium.
 - If your appeal found that you are not qualified for tax credits, the IRS will reconcile your tax credits when you file your federal tax return, which may result in a tax penalty.

Accommodations

The New York Medicaid program:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- TTY through NY Relay Service
- If you are blind or seriously visually impaired and need notices or other written materials in an alternative format (large print, audio, or data CD, or Braille), please call the telephone number at listed at the top of this notice.

Provides free language assistance services to people whose primary language is not English, such as:

- Qualified interpreters
- Written information in other languages

If you need these services or for more information on Reasonable Accommodations, please call the Office of Constituent Services at 212-331-4640 (TTY 1-800-662-1220).

Notice of Nondiscrimination Policy

The New York Medicaid program complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, age or disability in its health program and activities.

The New York Medicaid program also complies with applicable state laws and does not discriminate on the basis of race, color, national origin, creed/religion, sex, marital/family status, disability, arrest record, criminal conviction(s), gender identity, sexual orientation, predisposing genetic characteristics, military status, domestic violence victim status and/or retaliation.

If you believe that the New York Medicaid program has discriminated against you, you may file a complaint by going to: http://www.health.ny.gov/regulations/discrimination_complaints/ or, by emailing the Diversity Management Office at DMO@health.ny.gov.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; 800-368-1019 (TTY 800-537-7697). Complaint forms are available at <https://hhs.gov/ocr/office/file/index.html>.

HIPAA Privacy Notice

The New York Medicaid program must tell you how we use, share, and protect your health information. The New York Medicaid program includes regular Medicaid and Medicaid Managed Care. The program is administered by the New York State Department of Health and the Local Department of Social Services.

A copy of the Notice may be obtained at your local Department of Social Services. It is also available at:

http://www.health.ny.gov/health_care/medicaid/program/hipaa/notepriveng.htm