



Bob Smith
90 State St
Albany NY, 12211

Account Number: **AC0010000000**Date of Notice: **March 4, 2021**

IMPORTANT NOTICE ABOUT YOUR ELIGIBILITY THROUGH NY STATE OF HEALTH

Bob Smith

Marketplace ID: HX0000000000 / CIN: YV000000

Starting March 01, 2021, you qualify for Medicaid.

But, you must provide more information. If you miss the due date(s) below, you may lose your health insurance or receive less help paying for your health coverage. See the instructions for sending additional proof and the documentation list(s) starting on page 5.

Action Needed:

▶ **Provide proof of Citizenship Status by June 1, 2021.**

This can be a U.S. passport book or card, NYS Enhanced Driver's License, Tribal document issued by a federally recognized tribe, Certificate of Naturalization or Certificate of U.S. citizenship (N-560, N-561). See the documentation checklist later in this notice for a full list of acceptable documents.

▶ **Provide proof of Social Security Number by June 1, 2021.**

You can log on to your NY State of Health account and add your social security number or provide it over the phone. For instructions on how to add your social security number online or by phone, please see the documentation checklist at the end of this notice.

- ▶ **Pick a Health Plan.** If you do not choose a health plan, one will be chosen for you. If you need medical services before your health plan begins, use your New York State Benefit Identification card (Medicaid Card) at any provider who accepts Medicaid.

If you pick a health plan by the 15th of the month, your Medicaid Managed Care plan will start on the first day of the following month. If you pick a health plan between the 16th and the end of the month, your Medicaid Managed Care Plan will start on the first day of the next following month. For example, if you pick a health plan on April 18th, your Medicaid Managed Care plan will begin on June 1st.

- ▶ After you enroll in a health plan, you have 90 days from the effective date of your health plan enrollment to change your plan for any reason. After the 90-day grace period, you must remain in the health plan for at least 9 months, unless you have a good reason.

How We Made Our Decision

NY State of Health looked at your household size, income and other information listed in your application, and information from state and federal data sources on March 3, 2021 to decide your eligibility.

If you think we made a mistake, contact us right away at **1-855-355-5777 (TTY: 1-800-662-1220)**.

Bob Smith

Marketplace ID: HX0000000000 / CIN: YV000000

We based this decision on a household income of \$0.00 per year and your household size. Your household income is at or below \$17,609.00. This is the income limit for Medicaid for your household size.

We need more information to confirm your eligibility for Medicaid through NY State of Health.

You do not qualify for other programs because:

- ▶ Individuals who have coverage through Medicaid do not qualify for Child Health Plus, the Essential Plan, or the premium tax credit.

Legal Reference

Listed below are the specific laws and government regulations which give NY State of Health the authority and which set the rules under which we can offer affordable health insurance to New York State residents.

We made our decisions based on these rules:

- Code of Federal Regulations: 42 CFR § 600.305(a); 42 CFR § 600.305(a)(3); 45 CFR § 155.305; 45 CFR § 155.305(c); 45 CFR § 155.305(e); and 45 CFR § 155.305(f)
- New York Public Health Law: § 2511(2)(b)
- New York Social Services Law: § 366(1)(b); § 366-a(2) and (5); and § 369-gg

- Rules for enrollment in a Medicaid Managed Care plan may be found at § 364-j of the New York Social Services Law.

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Request for Additional Information to Confirm Your Eligibility

Additional information is required to confirm eligibility for member(s) of your household. You will find a list of acceptable documents on the following pages of this notice. Pick the type of document that best applies to you and send it to us. **Only send in copies.** Keep any original documents.

Things to remember when sending proof:

1. **Write your first and last name, date of birth, Account ID and Marketplace ID on all documents you send in.**
2. **Always include THIS PAGE if you mail or fax your documents.** The bar code listed below is needed to link the documents you send to your NY State of Health account and to process your application. Without the bar code, documents may take longer to process.

Call NY State of Health if you need help getting the proof needed to confirm the information on your application. You may be excused from sending in documents in certain situations.

Call us at **1-855-355-5777 (TTY: 1-800-662-1220)** for more information.

TO SEND US PROOF:

Upload documents by logging into your account on our website:
www.nystateofhealth.ny.gov

Fax your response to:
1-855-900-5557

Mail documents to:
**NY State of Health
PO Box 11727
Albany, NY 12211**

You must include this bar code page when you fax or mail any documents to NY State of Health.



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Documentation Checklist

NY State of Health may need additional information to confirm eligibility for health insurance coverage for you and your household members. The documentation checklist(s) below show the types of documents you can send us to confirm your eligibility. **The beginning of this notice tells you who needs to send in more information, the type of proof we need, and the due date for sending us this information.**

Pick the documents from the documentation checklist that best apply to you and send them to us. **Only send in copies.** Keep any original documents.

If we do not receive the proof by the due dates, you and your household members may lose your health insurance or receive less help paying for your health insurance coverage.

Proof of Citizenship

This checklist shows the most common documents you can use to confirm citizenship for the household member(s) listed on your application. Pick the documents that best apply to you and send it to us by the due date.

If you are...	Then, send us one of the following documents:
A U.S. Citizen or National residing in a U.S. Territory	<ul style="list-style-type: none"> • Certificate of U.S. citizenship (N-560, N-561); • U.S. Passport book or card; • NYS Enhanced Driver's License; • Native American Tribal Document (Issued by a Federally Recognized Tribe).
A Naturalized U.S. Citizen	<ul style="list-style-type: none"> • Certificate of Naturalization (N-550, N-570); • U.S. Passport book or card; • NYS Enhanced Driver's License.
A Native American (a member of a federally-recognized tribe, born outside the U.S. or born in Canada)	<ul style="list-style-type: none"> • A tribal membership card with photo; • Tribal papers showing membership in a federally recognized Indian tribe under section 4(E) of the Self Determination and Education Assistance and proof of birth outside the U.S; • I-94 arrival/departure record coded S1-3; • I-551 permanent resident card coded S1-3; • Temporary I-551 stamp coded S1-3 in a Canadian passport; • Tribal papers certifying at least 50% American Indian blood (INA section 289).

If you do not have one of the documents listed above, then send us the following:

A copy of your United States birth certificate or a birth certificate from a U.S. territory **AND** a copy of one of the following:

- Valid driver’s license with photo or detailed description;
- School photo ID;
- U.S. Military card or draft record;
- Military dependent’s ID card;
- Federal, state or local government issued photo and/or description ID card;
- Certificate of degree of Indian blood;
- Final Adoption Decree;
- U.S. American Indian/Alaska Native tribal document with photo or other identifying information;
- U.S. Coast Guard Merchant Mariner card.

- **For children under age 16, you may use an affidavit (a notarized statement) if you cannot get one of the proofs listed above.**

Proof of Social Security Number or Card

This checklist shows the different ways you can confirm the information in your application for you and your household member(s). Pick the step that best applies to you and complete by the due date.

- **If the account holder is required to provide a Social Security Number, you must call us with this information to update your account.**

To provide proof of... Then, take one of the following steps:

Social Security Number or Card

- Log into your NY State of Health account at www.nystateofhealth.ny.gov to add the new Social Security Number for a person on your account. Once you log in, click on the “Update Application” button and then click on the “Life Change Event” button. To enter your new Social Security Number, uncheck the box that says “I do not have one”, and write in the new Social Security Number in the space provided. Be sure to go through all of the pages of the application and confirm and check out after making this change. You will need to go through Plan Selection to keep the same plan; or
- Call NY State of Health at 1-855-355-5777 and provide your new Social Security number over the phone; or
- Upload a copy of your new Social Security card to your online account at www.nystateofhealth.ny.gov.

You Must Report Changes

Over the next year, you must tell NY State of Health about any changes that would affect your eligibility for enrollment in health insurance within 30 days of such a change. You need to tell us if:

- Your income changes (only if you are receiving financial assistance);
- You get access to or enroll in the New York State Health Insurance Program (NYSHIP);
- Your eligibility for health insurance from a job changes;
- The cost of your health insurance premium from a job changes;
- You become qualified for other health insurance;
- You move;
- There is a change in immigration status;
- Your household changes. For example, you marry/divorce, become pregnant, or have a child; adopt a child, or a child is placed for adoption with you;
- There is a change in full-time student status (if applicable to application members);
- You change how you plan to file your taxes. For example, you will claim new dependents (only if you are receiving financial assistance).

HOW TO REPORT CHANGES TO NY STATE OF HEALTH

Contact us if you have any questions about this Notice. Let us know if you need help applying for or accessing your health insurance coverage.

Call us at:

1-855-355-5777

(TTY: 1-800-662-1220)

Mail:

NY State of Health

PO Box 11729

Albany, NY 12211

If you do not report changes within 30 days and they affect your ability to get government help with insurance costs, you may have to pay back some or all of the subsidies you received.

Log into your account at www.nystateofhealth.ny.gov or contact us to tell us about any changes.

If You Think We Made a Mistake

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

You can appeal a decision:

- That you do not meet the rules to buy a health plan for yourself or your family through NY State of Health. Example: You do not live in New York State, or are incarcerated;
- That you do not meet the rules for getting help paying for a health plan you want to purchase;
- On how much you must pay for your monthly premium if you applied for financial help;
- That you do not meet the rules for coverage under Medicaid, Essential Plan or Child Health Plus;
- On how much money you must pay for Child Health Plus coverage if your children are eligible for this program;
- On how much money you must pay for Essential Plan coverage if you or a household member are eligible for this program;
- That you do not meet the rules for signing up for insurance through NY State of Health during “open enrollment” or a “special enrollment period;”

- Delayed by NY State of Health. Example: You did not get a notice telling you if you meet the rules for Medicaid coverage within the required 45 days.

NY State of Health has a coordinated appeals process, which means that its Appeals Unit will hear all the issues listed above. You can find the general process for NY State of Health appeals and the details for premium tax credit, cost-sharing reductions, qualified health plans, and enrollment periods at 45 Code of Federal Regulations (CFR) part 155, subpart F. Additionally, you can find the Medicaid fair hearing rules at 42 CFR part 431, subpart E and the Child Health Plus rules at 42 CFR § 457.348(b). For Essential Plan appeals, NY State of Health follows the process and rules at 45 CFR part 155, subpart F; however, appellants cannot appeal their Essential Plan eligibility to the Federal Department of Health and Human Services.

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 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 Your Coverage to Continue

If you have coverage, you can ask to keep it 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 it 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.

HOW TO REQUEST AN APPEAL OR REQUEST MORE INFORMATION

Contact us if you have any questions about this Notice. Let us know if you need help applying for or accessing your health insurance coverage.

Call us at:

1-855-355-5777

(TTY: 1-800-662-1220)

Fax your response to:

1-855-900-5557

Mail request to:

**NY State of Health
PO Box 11729
Albany, NY 12211**

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.

How to Request Medicaid Reimbursement for Paid Medical Bills

You may be eligible for reimbursement if you have paid bills for medical care you received in the 3-month period prior to your application for health insurance OR after your application but before you get your New York State Benefit Identification card. The bills must be for services covered by Medicaid for which you qualify.

Send us a copy of the medical bills and proof that they were paid. The bills must include: dates of service; description of service and procedure code (CPT code); and prescription drug name, quantity, strength and National Drug Code (NDC). **Be sure to include your name, contact information and account number with the bills.**

Send to: NY State of Health
Reimbursement Unit
P.O. Box 11780
Albany, NY 12211

- ▶ **If you owe documents to prove you were eligible for Medicaid in the 3-month period prior to your application, please return those documents to NY State of Health before you submit paid bills for reimbursement. After you receive notification from NY State of Health that you are eligible for Medicaid during this time period, then you can go ahead and send your paid bills to the address above.**

Reimbursement is generally limited to no more than the Medicaid rate in effect at the time of service, even if you or your representative paid more. Processing time is approximately 90 days. **Please submit the bills right away.**

How to Get Unpaid Medical Bills Paid by Medicaid

If you have any unpaid medical bills for a month that you were determined eligible for Medicaid, please give the provider (if a Medicaid provider) your Client Identification Number (CIN) and ask them to bill Medicaid for services that are covered by Medicaid.

OTHER IMPORTANT INFORMATION

Go Paperless

Make managing your account easier by going paperless. By going paperless, all of your important notices will be in one secure place and you can read your notices online at any time. We will send you an email alert when a new notice is available to read on your NY State of Health account. You must log into your account to view your notices. We will not include any private or confidential information in the email.

If you want to go paperless, log into your account and click on “Edit Account Information.” Under “Communication Preferences”, choose “Paperless” to get email alerts when new notices are posted to your NY State of Health account. You have the option to change this selection at any time.

It is important your address is correct in your account. Make sure that NY State of Health has your current mailing and residential address. Coverage for you or your family may be impacted if we do not have your current address.

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

Are you pregnant? A new mother? Have a baby or young children (up to age 5)?

WIC can help you help your family. WIC provides healthy foods, nutrition and health education, breastfeeding support and referrals to health and social services to New York families at no cost.

For the location of the nearest WIC clinic, call 1-800-522-5006. Additional WIC program information is available at: www.health.ny.gov/prevention/nutrition/wic/.

Health Insurance Portability and Accountability Act (HIPAA)

New York State is committed to protecting your privacy. To learn more about NY State of Health’s privacy practices go to www.nystateofhealth.ny.gov or call customer service at **1-855-355-5777 (TTY: 1-800-662-1220)**.

Notice of Nondiscrimination Policy

NY State of Health complies with applicable Federal civil rights laws and state laws and does not discriminate on the basis of race, color, national origin, creed/religion, sex, age, marital/family status, disability, pregnancy-related conditions, 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 NY State of Health has discriminated against you, you may file a complaint by going to: 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/smartscreen/main.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; 1-800-368-1019 (TTY: 1-800-537-7697). Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Accommodations

NY State of Health provides free aids and services to people with disabilities to communicate effectively with us, such as:

- TTY through New York 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), contact 1-855-355-5777 (TTY: 1-800-662-1220).

NY State of Health also 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 1-855-355-5777 (TTY: 1-800-662-1220).

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. Podemos proporcionarle gratuitamente un intérprete en el idioma que habla.

繁體中文 (Traditional Chinese)

這是一份重要文件。如果您在理解這份文件上需要幫助，請撥打電話：1-855-355-5777。我們可為您免費提供一名會講您的語言的口譯人員。

简体中文 (Simplified Chinese)

這是一份重要文件。如果您在理解這份文件上需要幫助，請撥打電話：1-855-355-5777。我們可為您免費提供一名會講您的語言的口譯人員。

Русский (Russian)

Это важный документ. Если вам нужна помощь, чтобы понять его, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить вам переводчика на ваш родной язык.

Kreyòl Ayisyen (Haitian Creole)

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

বাংলা (Bengali)

এটি একটি গুরুত্বপূর্ণ নথি। যদি এটি বুঝতে আপনার সাহায্যের প্রয়োজন হয় তবে অনুগ্রহ করে 1-855-355-5777 এ কল করুন। আপনি যে ভাষায় কথা বলেন আমরা আপনাকে বিনামূল্যে সে ভাষায় দোভাষী প্রদান করতে পারি।

اللغة العربية (Arabic)

هذه الوثيقة مهمة. وإذا كنت بحاجة إلى مساعدة لفهم الوثيقة، يُرجى الاتصال على الرقم 1-855-355-5777. ويمكننا أن نوفر لك مترجمًا فورًا باللغة التي تتحدثها مجانًا.

한국어 (Korean)

중요 문서입니다. 이해하는 데 도움이 필요하시면, 1-855-355-5777번으로 전화하십시오. 귀하가 사용하는 언어의 무료 통역사를 제공해드릴 수 있습니다.

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour le comprendre, appelez le 1-855-355-5777. Nous pouvons vous offrir gratuitement les services d'un interprète qui parle votre langue.

Polski (Polish)

Ten dokument jest ważny. Jeśli potrzebuje Pan(i) pomocy w jego zrozumieniu, proszę zadzwonić pod numer 1-855-355-5777. Możemy zapewnić bezpłatne usługi tłumacza w Pana(i) języku.

हिन्दी (Hindi)

यह एक महत्वपूर्ण दस्तावेज है। यदि आपको इसे समझने के लिए सहायता की आवश्यकता हो, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपको आप जो भाषा (हिंदी) बोलते हैं उसमें निःशुल्क दुभाषिया सेवा प्रदान कर सकते हैं।

(Urdu) اردو

یہ اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے میں مدد درکار ہے، تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی زبان میں مفت ترجمان فراہم کر سکتے ہیں۔

shqip (Albanian)

Ky është një dokument i rëndësishëm. Nëse ju nevojitet ndihmë për ta kuptuar, lutemi merrni në telefoni në 1-855-355-5777. Mund t'ju caktojme një përkthyes pa pagesë, në gjuhën në të cilën ju flisni.

नेपाली (Nepali)

यो एउटा महत्त्वपूर्ण 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।

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.

Italiano (Italian)

Questo è un documento importante. Se ha bisogno di assistenza per capirlo, chiami il numero 1-855-355-5777. Possiamo fornirle gratuitamente un interprete per la lingua da lei parlata.

日本語 (Japanese)

これは重要な書類です。理解するのにアシスタンスが必要な場合は1-855-355-5777までお電話下さい。お客様の話しになる言語の通訳を無料でお付け致します。

Ελληνικά (Greek)

Αυτό είναι ένα σημαντικό έγγραφο. Αν χρειάζεστε βοήθεια με την κατανόησή του, καλέστε στο 1-855-355-5777. Μπορούμε να σας παρέχουμε δωρεάν διερμηνέα στη γλώσσα που μιλάτε.

Tagalog (Tagalog)

Ito ay isang mahalagang dokumento. Kung kailangan mo ng tulong upang maunawaan ito, mangyaring tawagan ang 1-855-355-5777. Maaari ka naming bigyan ng isang interpreter ng libre sa (Tagalog) wika na sinasalita mo.

Soomaali (Somali)

Kani waa dokumenti muhiim ah. Haddi aad caawimaad ugu baahantahay fahamkiisa, fadlan wac 1-855-355-5777. Waxaan si bilaash ah kuugu siin karnaa adeeg turjumaan luuqadda aad ku hadasha ah.

(Yiddish) אידיש

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף דאס צו פארשטיין, ביטע רופט 1-855-355-5777. דימיר קענען אייך געבן א דאלמעטשער אומזיסט אינעם שפראך וואס איר רמיר.

Kiswahili (Swahili)

Hii ni hati muhimu. Ikiwa unahitaji msaada wa kuelewa, tafadhali piga simu kwa 1-855-355-5777. Tunaweza kukupa mkalimani bila malipo kwa lugha unayozungumza.

Akan kasa (Twi)

Wei ye nhomaa eho sombo. Se wobe hia mboa de ateasie a, ye sre fre 1-855-355-5777. Ye be tumi ama wo nkyerekyeremuni a yen gye ho hwee wo kasa wo ka mu.