

MEDICAID ALERT

July 3, 2018

**Transition of Rosenberg Separate Determinations
for MAGI Single Adults and Childless Couples to
the New York State of Health (NYSOH)**

This Alert is to inform Providers, Client Representatives, Hospitals and Community Based organizations that the New York State Department of Health is beginning to transition Rosenberg Separate Determinations for MAGI clients to the New York State of Health (NYSOH). The initial transition is for single adults and childless couples. Rosenberg cases include both Cash Assistance cases which are closed for reason(s) not affecting Medicaid eligibility and certain Medicaid-only cases which receive a coverage extension.

As of June 18, 2018, MAGI single adults and childless couple Rosenberg clients began to receive notices informing them that their continuing eligibility for Medicaid coverage must be determined by NYSOH (sample notice below). NYSOH created initial accounts for these individuals and has and will continue to send the clients information explaining how to access their accounts. If a client fails to sign into this account, they will receive a discontinuance notice from HRA with contact information for NYSOH for help in renewing their Medicaid coverage. This notice includes Fair Hearing/Appeal Rights. Appeals for this process will be handled by NYSOH.

Clients enrolled in HARPs or MLTC plans are excluded from this transition and will continue to receive the traditional Rosenberg notice allowing them the opportunity for a Separate Determination of their Medicaid coverage through HRA.

Notice of Recertification for Medicaid

This is to inform you that continued eligibility for Medicaid coverage for the following individuals must now be determined by New York's health plan marketplace, NY State of Health:

Name	Client I.D. #
Name	Client I.D. #
Name	Client I.D. #

This means that you will no longer recertify your Medicaid coverage with the New York City Human Resources Administration (HRA). Your Medicaid coverage with HRA will end on _____. You must recertify your Medicaid coverage with NY State of Health to continue your coverage.

Not everyone can have Medicaid eligibility determined on NY State of Health. If there are members of your household who are not listed on this notice, it is because they must continue to have Medicaid eligibility determined through HRA.

What happens next?

You will receive a letter from NY State of Health telling you about your new account. An account is being created for you in NY State of Health to recertify your Medicaid. Your letter from NY State of Health will tell you how to access your account. If you do not receive a letter by _____ from NY State of Health, please call 1-855-355-5777 (TTY: 1-800-662-1220). It is very important that you access your NY State of Health account because you will not be able to recertify your Medicaid with HRA. Your Medicaid coverage can only be renewed through NY State of Health.

About NY State of Health

NY State of Health is a marketplace designed to help people enroll in health insurance coverage. Through a single application, individuals can apply for eligibility for health insurance programs, like Medicaid, Child Health Plus, and the Essential Plan, and enroll in these programs, if eligible.

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 such as with income, address, reporting of a pregnancy or changes within the household. Changes can be made directly online, by telephone or in-person with the help of a community assistor.

Please tell us Right Away

If you are NOT enrolled in a Medicaid Managed Care plan and currently receive any of the following services, please call 1-888-692-6116 immediately:

- Nursing home care provided in a hospital or skilled nursing facility
- Hospice services in the community or in a nursing home
- Adult day program, certified home health aide or personal care services

If Medicaid is paying health insurance premiums, including Medicare, for you or other members of your household, these premium payments may continue if they are determined to be cost effective.

Legal Reference

This decision is based on Sections 366-a(5) and 366(1)(b) of the Social Services Law.

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/noticepriveng.htm

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