

ELIGIBILITY-RELATED DETERMINATION NOTICES
STATE TOOLKIT
Tool #4: Model Notices

The Coverage Learning Collaborative Notices Project team (CMCS, Manatt Health Solution, Maximus Center for Health Literacy) developed 13 consumer-facing notices for different eligibility scenarios. The project team made assumptions about the consumer’s eligibility circumstances and State Medicaid/CHIP program design, which are documented in the scenario descriptions, and assumptions about state procedures. To provide “real world look-and-feel,” model notices are populated with *hypothetical* consumer and state-specific information based on these assumptions. State specific content pre-populated in model notices is not intended to provide policy guidance on State Medicaid/CHIP program design.

Model notices have been refined through consumer literacy testing, feedback from consumer advocates, and feedback from states. They represent models that may be applied starting in 2013 by State Medicaid and CHIP agencies but will need to be customized.

Scenario	Assumptions/Variables Selected
Adult Eligible for Medicaid	
<p>1. Individual submits an Insurance Affordability Program (IAP) application to the State Medicaid Agency (SMA). SMA determines the individual eligible for Medicaid under MAGI rules for the new adult (Section VIII) group.</p>	<p><i>Model applicable in 2014 and beyond.</i></p> <ul style="list-style-type: none"> • Individual is eligible for the adult group • Different Alternative Benefit Plan (ABP) benefit packages • Medicaid managed care state • Co-pays for Medicaid services; follow-up notice includes additional details on 5% cap
<p>2. Individual submits an IAP application to the Federally Facilitated Marketplace-Assessment Model (FFM-A). Individual is assessed eligible for Medicaid. FFM-A transfers application to the SMA. SMA determines individual is eligible for Medicaid under MAGI for the new adult group.</p>	<p><i>Model is 2014 version as it contains coordinated content on Marketplace assessment, assuming FFM-A issued an assessment notice. 2015 version would be a combined notice issued by the SMA.</i></p> <ul style="list-style-type: none"> • Individual is eligible for the adult group • Different Alternative Benefit Plan (ABP) benefit packages • Medicaid managed care state • Co-pays for Medicaid services; follow-up notice includes additional details on 5% cap

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Scenario	Assumptions/Variables Selected
<p>3. Individual submits an IAP application to the FFM-A. Individual is assessed ineligible for Medicaid but requests full Medicaid determination. FFM-A transfers application to the SMA. SMA determines the individual eligible for Medicaid under MAGI rules for the new adult (Section VIII) group.</p>	<p><i>Model is applicable in 2014 and beyond, containing coordinated content on Marketplace assessment. FFM-A issued a Medicaid assessment of ineligibility and APTC approval notice. Assessment of Medicaid ineligibility but subsequent determination of Medicaid eligibility is one exception to the single combined notice policy, as proposed in the January 22, 2013 NPRM.</i></p> <ul style="list-style-type: none"> • Individual is eligible for the adult group • Different Alternative Benefit Plan (ABP) benefit packages • Medicaid managed care state • Co-pays for Medicaid services; follow-up notice includes additional details on 5% cap
<p>4. Individual submits an IAP application to the SMA. Individual appears eligible for Medicaid under MAGI, but there is an inconsistency based on income. SMA request for additional information to complete the eligibility determination.</p>	<p><i>Model is applicable in 2014 and beyond.</i></p> <ul style="list-style-type: none"> • Individual is eligible as a caretaker relative • Individual has already been given the opportunity to submit a reasonable explanation as to inconsistency • Additional documentation list accompanies letter
<p>5. Individual submits an IAP application online to the SMA. Individual appears eligible for Medicaid under MAGI (not in new adult group), but there is an inconsistency based on citizenship/immigration status. SMA requests additional information. Meanwhile, the individual is determined eligible for Medicaid under MAGI during the reasonable opportunity period.</p>	<p><i>Model is applicable in 2014 and beyond.</i></p> <ul style="list-style-type: none"> • Individual is not eligible for the adult group • Individual has attested to being a U.S. citizen • Co-pays for Medicaid services; follow-up notice includes additional details on 5% cap State has a separate documentation list

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Adult Eligible for APTC and Ineligible for Medicaid	
<p>6. Individual submits an IAP application online to the SMA. Individual is determined ineligible for Medicaid under MAGI.</p>	<p><i>Model is 2014 version as it contains coordinated content on transferring the application to the Marketplace for APTC determination. FFM will issue separate APTC determination notice. 2015 version would be a combined notice issued by the Marketplace reflecting a Medicaid denial and an APTC approval.</i></p>
<p>7. Individual submits an IAP application online to the FFM-A. Individual is assessed ineligible for Medicaid and determined eligible for APTC/CSR. Individual requests full Medicaid determination. FFM-A transfers application to SMA. SMA determines individual ineligible for Medicaid under MAGI.</p>	<p><i>Model is applicable in 2014 and beyond, containing coordinated content on Marketplace assessment. FFM-A issued a Medicaid assessment of ineligibility and APTC approval notice. Assessment of Medicaid ineligibility but subsequent determination of Medicaid eligibility is one exception to the single combined notice policy, as proposed in the January 22, 2013 NPRM.</i></p>
Mixed Family: Adults Eligible for APTC and Children Eligible for Medicaid	
<p>8. Mixed Coverage Family: Individual submits an IAP application to the SMA. Children are determined eligible for Medicaid. Adults are determined ineligible for Medicaid. SMA issues notice that children are eligible for Medicaid and adults are being transferred to the Marketplace for APTC/CSR eligibility determination.</p>	<p><i>Model is applicable in 2014 and beyond, containing coordinated content on transferring adults to the FFM for APTC eligibility determination. For the adults, FFM will issue APTC approval and Medicaid denial. Mixed program families are one exception to the single combined notice policy, as proposed in the January 22, 2013 NPRM.</i></p> <ul style="list-style-type: none"> • Medicaid managed care state

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<p>9. Mixed Coverage Family: Individual submits an IAP application online to the FFM-A. Children are assessed eligible for Medicaid. Adults are determined eligible for APTC/CSR and assessed ineligible for Medicaid. FFM-A transfers application to SMA. Children are determined eligible for Medicaid.</p>	<p><i>Model is applicable in 2014 and beyond, containing coordinated content on transfer from FFM. For the adults, FFM issued APTC approval. Mixed program families are one exception to the single combined notice policy, as proposed in the January 22, 2013 NPRM.</i></p> <ul style="list-style-type: none"> • Adult withdrew Medicaid application • Medicaid managed care state
<p>Mixed Family: Adults Eligible for APTC and Children Eligible for CHIP</p>	
<p>10. Individual submits IAP application to the State CHIP Agency (SCA). Child(ren) are determined eligible for CHIP and adults appear eligible for APTC/CSR. SCA transfers application to the Marketplace for APTC/CSR eligibility determination. Adults are eligible for APTC/CSR.</p>	<p><i>Model is applicable in 2014 and beyond, containing coordinated content on transfer of adult application to the Marketplace for APTC eligibility. Mixed program families are one exception to the single combined notice policy, as proposed in the January 22, 2013 NPRM.</i></p> <ul style="list-style-type: none"> • CHIP operated as a separate program from Medicaid and does not have authority to make Medicaid determinations • Assumes that a state that offers a more comprehensive benefit package under Medicaid than CHIP • Premiums and co-pays for CHIP services
<p>Multi-Person Family: Adults and Children Eligible for Medicaid</p>	
<p>11. Multi-Person Family: Individual submits an IAP application through the SMA. Children and adult are determined eligible for Medicaid.</p>	<p><i>Model is applicable in 2014 and beyond.</i></p> <ul style="list-style-type: none"> • Adult is not eligible for new adult group • Medicaid managed care state • Co-pays for Medicaid services for adult

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Child Ineligible for CHIP, Screened Ineligible for Medicaid, Eligible for APTC	
<p>12. Individual submits an IAP application through the SCA. Child is determined ineligible for CHIP and screened ineligible for Medicaid. SCA transfers application to the Marketplace for APTC/CSR eligibility determination.</p>	<p><i>Model is 2014 version, containing CHIP denial and coordinated content on transfer of application to Marketplace. FFM will issue APTC approval. 2015 version would be a combined notice issued by Marketplace reflecting APTC approval and CHIP denial.</i></p> <ul style="list-style-type: none"> • CHIP operates as a separate program from Medicaid
Adult Eligible for APTC and Emergency Medicaid	
<p>13. Individual submits an IAP application online through the SMA. Individual is determined ineligible for full scope Medicaid based on citizenship/immigration status. However, the individual is determined eligible for Emergency Medicaid and appears eligible for APTC/CSR. Application is transferred to the Marketplace.</p>	<p><i>Model is 2014 version, containing coordinated content on transfer of application to Marketplace. FFM will issue APTC approval. 2015 version would be a combined notice issued by FFM reflecting APTC approval and emergency Medicaid approval.</i></p> <ul style="list-style-type: none"> • Individual is not eligible for new adult group • Co-pays for Medicaid services



You can get this letter in another language, in large print, or in another way that's best for you. Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámenos al 1-800-XXX-XXXX (Las personas con problemas para oír – TTY: 1-800-XXX-XXXX).

Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: November 1, 2013
Letter date: November 5, 2013
Letter number: 34567

Why you are getting this letter

Good news for you! You qualify for Medicaid health coverage. Your coverage starts on January 1, 2014.

Using your health coverage

You can get health services from any doctor, clinic, or other health care provider who accepts Medicaid. We will send you a Medicaid card. Until you get your card, you can get health services using your Medicaid ID number: 123456789.

We will also send you information about choosing a health plan, which you will need to do in the next 30 days. Once you join a plan, you will need to use the plan's health care providers. To learn more about your plan choices and providers now, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to medicaid.state.gov.

Health services and costs

You can get many health services through Medicaid, like doctor's visits, hospital care, and prescriptions. You do not have to pay a premium (a monthly cost) for your health coverage. You do have co-payments for some health services. There are different co-payments for different health services. But, there is a limit to your costs each month. How much you pay for co-payments and the limit to your monthly costs both depend on your income. If you think we made a mistake on your household size or income, and want to see if you qualify to pay less, you can appeal. See the last page to learn more. We will send you more information about your co-payments and monthly limit. Your health plan also will send you more information about health services and co-payments. To learn more now, go to medicaid.state.gov.

You must report changes

You must report any changes that might affect your health coverage. Please report changes for both you and other people in your household, like:

- » If someone moves.
- » If someone's income changes.
- » If your household changes.

For example, someone in your household marries or divorces, becomes pregnant, or has or adopts a child.

To report changes, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to medicaid.state.gov.

Renewing your health coverage

You need to renew your health coverage every year. We will send you a letter when it is time to renew.

Your Secure User Account

Medicaid.state.gov keeps all important information about your application and health coverage. You can choose to get letters like this online.

To create an account, go to **medicaid.state.gov** and click "Account Setup."



Questions? Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX). You can call Monday to Friday, 8am to 8pm. The call is free. Or, go to **medicaid.state.gov**. You can also find out how to meet with someone in person.

How we made our decisions and information about other programs

How you qualify for Medicaid

We counted your household size and income based on what you told us on your application and information we got from other data sources. We found that your household size is 1 person and your income is \$957 each month. Since your monthly income is below the Medicaid income limit, you qualify.

Because you qualify for Medicaid, you may also qualify for other assistance, like help buying food. To learn more, call 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

Because you qualify for Medicaid, you will get coverage without needing to buy health insurance. This means you do not get help paying for health insurance through the new Health Insurance Marketplace. Medicaid health coverage offers services at much lower cost to you.

You might qualify for more health services:

► If your income is under \$718 each month

Adults with incomes under \$718 each month qualify for more health services. If you think we made a mistake counting your income, you can appeal. See the next page to learn how to appeal.

► If you have special health care needs

A person may qualify to get more health services if he or she has special health care needs. A person who pays for care may also qualify to pay less. Special health care needs include if a person:

- » Has a medical, mental health, or substance use condition that limits his or her ability to work or go to school
- » Needs help with daily activities, like bathing or dressing
- » Regularly gets medical care, personal care, or health services at home or in another community setting, like adult day care
- » Lives in a long term care facility, group home, or nursing home
- » Pays a lot for health care
- » Is blind
- » Is terminally ill

If a person has any of these special health care needs, and wants to see if he or she qualifies, let us know. Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to medicaid.state.gov. If the person has health coverage, he or she can keep it while we look at the information.

If you have medical bills from the last three months

Medicaid may pay past bills, even if you already paid them yourself. Send your medical bills from the last three months to Billing Office, State Medicaid Agency, 321 Any Road, Any City, Any State 00100.

We made our decisions based on these rules: 42 CFR 435.119, 435.603.



Questions? Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX). You can call Monday to Friday, 8am to 8pm. The call is free. Or, go to medicaid.state.gov. You can also find out how to meet with someone in person.

If you think we made a mistake

You can appeal our decisions about Medicaid health coverage. For example, you can appeal if you think we made a mistake on your household size, income, citizenship, immigration status, or residency. You can also appeal what health services you get and how much you pay for them.

To ask for an appeal, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX). Or, go to medicaid.state.gov to get an appeals form. Or, you can write your own letter and send or bring it to us at the State Medicaid Agency, 321 Any Road, Any City, Any State 00100. You must ask for an appeal by February 8, 2014.

Once you ask for an appeal, we will see if we can fix the problem over the phone or by meeting with you. If a phone call or meeting does not fix the problem, you can have a hearing.

A hearing is a meeting between you, someone from the State Medicaid Agency, and a hearing officer. At the hearing, you can explain why you think we made a mistake.

To get ready for your hearing, you can:

- » Ask for a copy of your file before the hearing.
- » Bring someone with you to the hearing, like a friend, relative, or lawyer, or come by yourself.
- » Bring documents, information, or witnesses to show us where you think we made a mistake.

If a person has health coverage, he or she can keep it during an appeal.

If you have any questions, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

Sincerely,

State Medicaid Agency
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We will keep your information secure and private.





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Mary Smith
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Letter date: November 5, 2013
Letter number: 34567

Why you are getting this letter

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We got your application from the Health Insurance Marketplace. They thought you qualified for Medicaid health coverage, and we decided that you do.

Using your health coverage

You can get health services from any doctor, clinic, or other health care provider who accepts Medicaid. We will send you a Medicaid card. Until you get your card, you can get health services using your Medicaid ID number: 123456789.

We will also send you information about choosing a health plan, which you will need to do in the next 30 days. Once you join a plan, you will need to use the plan's health care providers. To learn more about your plan choices and providers now, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to medicaid.state.gov.

Health services and costs

You can get many health services through Medicaid, like doctor's visits, hospital care, and prescriptions. You do not have to pay a premium (a monthly cost) for your health coverage. You do have co-payments for some health services. There are different co-payments for different health services. But, there is a limit to your costs each month. How much you pay for co-payments and the limit to your monthly costs both depend on your income. If you think we made a mistake on your household size or income, and want to see if you qualify to pay less, you can appeal. See the last page to learn more. We will send you more information about your co-payments and monthly limit. Your health plan will also send you more information about health services and co-payments. To learn more now, go to medicaid.state.gov.

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Renewing your health coverage

You need to renew your health coverage every year. We will send you a letter when it is time to renew.

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How we made our decisions and information about other programs

How you qualify for Medicaid

We counted your household size and income based on what you told us on your application and information we got from other data

sources. We found that your household size

is 1 person and your income is \$957 each month. Since your monthly income is below the Medicaid income limit, you qualify.

Because you qualify for Medicaid, you will get coverage without needing to buy health insurance. This means you do not get help paying for health insurance through the new Health Insurance Marketplace. Medicaid health coverage offers services at much lower cost to you.

Because you qualify for Medicaid, you may also qualify for other assistance, like help buying food. To learn more, call 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

You might qualify for more health services:

► If your income is under \$718 each month

Adults with incomes under \$718 each month qualify for more health services. If you think we made a mistake counting your income, you can appeal. See the next page to learn how to appeal.

► If you have special health care needs

A person may qualify to get more health services if he or she has special health care needs. A person who pays for care may also qualify to pay less. Special health care needs include if a person:

- » Has a medical, mental health, or substance use condition that limits his or her ability to work or go to school
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- » Regularly gets medical care, personal care, or health services at home or in another community setting, like adult day care
- » Lives in a long term care facility, group home, or nursing home
- » Pays a lot for health care
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If a person has any of these special health care needs, and wants to see if he or she qualifies, let us know. Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to medicaid.state.gov. If the person has health coverage, he or she can keep it while we look at the information.

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We made our decisions based on these rules: 42 CFR 435.119, 435.603.



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If you think we made a mistake

You can appeal our decisions about Medicaid health coverage. For example, you can appeal if you think we made a mistake on your household size, income, citizenship, immigration status, or residency. You can also appeal what health services you get and how much you pay for them.

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Once you ask for an appeal, we will see if we can fix the problem over the phone or by meeting with you. If a phone call or meeting does not fix the problem, you can have a hearing.

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To get ready for your hearing, you can:

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Using your health coverage

You can get health services from any doctor, clinic, or other health care provider who accepts Medicaid. We will send you a Medicaid card. Until you get your card, you can get health services using your Medicaid ID number: 123456789.

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How we made our decisions and information about other programs

How you qualify for Medicaid

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Because you qualify for Medicaid, you may also qualify for other assistance, like help buying food. To learn more, call 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

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Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: November 1, 2013
Letter date: November 5, 2013
Letter number: 34567

Why you are getting this letter

We reviewed your application for Medicaid health coverage. What you told us about your income does not match our records. We need more information.

Please give us proof of your income by November 15, 2013

Give us a copy of one of these documents:

- » Your pay stubs for the last month
- » Your most recent tax return, unless you think your tax return will be different this year
- » A letter from your employer telling us your income

Please keep your original document and give us a copy. Please write your letter number (34567) on the copy before you give it to us.

If you do not have one of these documents, read the list that came with this letter. It has other documents you can use. If you need help, please call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

Four ways you can give us a copy of your document

1. **Online.** Go to medicaid.state.gov and follow the website directions to upload a copy.
2. **By fax.** Fax a copy to us at 1-800-XXX-XXXX.
3. **By mail.** Send a copy to us at State Medicaid Agency, 321 Any Road, Any City, Any State 00100.
4. **In person.** Bring a copy to us on the 4th floor at State Medicaid Agency, 321 Any Road, Any City, Any State 00100.

If you do not give us proof of your income, we cannot finish reviewing your application for health coverage, and **your application will be denied.**

Sincerely,
State Medicaid Agency
321 Any Road
Any City, Any State 00100

Your Secure User Account

Medicaid.state.gov keeps all important information about your application and health coverage. You can choose to get letters like this online.

To create an account, go to **medicaid.state.gov** and click "Account Setup."

We will keep your information secure and private.



Questions? Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX). You can call Monday to Friday, 8am to 8pm. The call is free. Or, go to **medicaid.state.gov**. You can also find out how to meet with someone in person.



You can get this letter in another language, in large print, or in another way that's best for you. Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámenos al 1-800-XXX-XXXX (Las personas con problemas para oír – TTY: 1-800-XXX-XXXX).

Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: November 1, 2013
Letter date: November 5, 2013
Letter number: 34567

Why you are getting this letter

There are two important pieces of news for you in this letter:

1. For now, you have Medicaid health coverage.
2. But, you need to give us more information to keep your coverage.

For now, you have Medicaid health coverage

Your health coverage started on November 1, 2013 and you can use it right away. You can get health services from any doctor, clinic, or other health care provider who accepts Medicaid. We will send you a Medicaid card. Until you get your card, you can get health services using your Medicaid ID number: 123456789.

You can get many health services through Medicaid, like doctor's visits, hospital care, and prescriptions. You do not have to pay a premium (a monthly cost) for your health coverage. You do have co-payments for some health services. There are different co-payments for different health services. But, there is a limit to your costs each month. How much you pay for co-payments and the limit to your monthly costs both depend on your income. We will send you more information on health services, co-payments, and the monthly limit. To learn more now, go to medicaid.state.gov.

But, you need to give us more information to keep your coverage

What you told us about your citizenship does not match our records. **Please give us proof of your citizenship by February 8, 2014, or your health coverage will end.**

Your Secure User Account

Medicaid.state.gov keeps all important information about your application and health coverage. You can choose to get letters like this online.

To create an account, go to **medicaid.state.gov** and click "Account Setup."



Please give us a copy of one of these documents:

- » Your United States passport
- » Your citizenship or naturalization certificate
- » Papers that show you are a member of a tribe
- » Your birth certificate and driver's license

Please keep your original document and give us a copy. Please write your letter number (34567) on the copy before you give it to us.

If you do not have one of these documents, read the list that came with this letter. It has other documents you can use. If you need help, please call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

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4. **In person.** Bring a copy to us on the 4th floor at State Medicaid Agency, 321 Any Road, Any City, Any State 00100.

Remember, your health coverage will end on February 8, 2014 if you do not give us proof of your citizenship.



How we made our decisions and information about other programs

How you qualify for Medicaid

We counted your household size and income based on what you told us on your application and information we got from other data sources.

We found that your household size is 1 person and your income is \$957 each month. Since your monthly income is below the Medicaid income limit, you qualify based on your income. But, what you told us about your citizenship does not match our records. You still need to give us proof of your citizenship to keep your health coverage.

Because you qualify for Medicaid, you get coverage without needing to buy health insurance. This means you do not get help paying for health insurance through the new Health Insurance Marketplace. Medicaid health coverage offers services at much lower cost to you.

Because you qualify for Medicaid, you may also qualify for other assistance, like help buying food. To learn more, call 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

If you have special health care needs

A person may qualify to get more health services if he or she has special health care needs. A person who pays for care may also qualify to pay less. Special health care needs include if a person:

- » Has a medical, mental health, or substance use condition that limits his or her ability to work or go to school
- » Needs help with daily activities, like bathing or dressing
- » Regularly gets medical care, personal care, or health services at home or in another community setting, like adult day care
- » Lives in a long term care facility, group home, or nursing home
- » Pays a lot for health care
- » Is blind
- » Is terminally ill

If a person has any of these special health care needs, and wants to see if he or she qualifies, let us know. Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to medicaid.state.gov. If the person has health coverage, he or she can keep it while we look at the information.

If you have medical bills from the last three months

Medicaid may pay past bills, even if you already paid them yourself. Send your medical bills from the last three months to Billing Office, State Medicaid Agency, 321 Any Road, Any City, Any State 00100.

Sincerely,

State Medicaid Agency
321 Any Road
Any City, Any State 00100

We made our decisions based on these rules: 42 CFR 435.110, 435.406, 435.603.

We will keep your information secure and private.



Questions? Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX). You can call Monday to Friday, 8am to 8pm. The call is free. Or, go to medicaid.state.gov. You can also find out how to meet with someone in person.



You can get this letter in another language, in large print, or in another way that's best for you. Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

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Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: November 1, 2013
Letter date: November 5, 2013
Letter number: 34567

Why you are getting this letter

We reviewed your application. We decided that you **do not** qualify for Medicaid health coverage.

But, you still might be able to get health coverage—and help paying for it—through the new Health Insurance Marketplace. We sent your application to them. The Marketplace will send you a letter letting you know what to do next. If you do not hear from the Marketplace shortly, please call them at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

In the meantime, you can create a Marketplace user account. To create an account, go to HealthCare.gov/marketplace and click “Account Setup.” This user account is different from a Medicaid user account.

How we made our decision

We counted your household size and income based on what you told us on your application and information we got from other data sources. We found that your household size is 1 person and your income is \$1,915 each month. The Medicaid income limit for your household size is \$1,273 each month. Since your monthly income is above the limit, you do not qualify for Medicaid health coverage. If you think we made a mistake, you can appeal. See the next page to learn more.

We made our decisions based on these rules: 42 CFR 435.119, 435.603.

If you have special health care needs

A person may still be able to get Medicaid health coverage if he or she has special health care needs. Medicaid health coverage offers more health services and lower costs. Special health care needs include if a person:

- » Has a medical, mental health, or substance use condition that limits his or her ability to work or go to school
- » Needs help with daily activities, like bathing or dressing
- » Regularly gets medical care, personal care, or health services at home or in another community setting, like adult day care
- » Lives in a long term care facility, group home, or nursing home
- » Pays a lot for health care
- » Is blind
- » Is terminally ill

If a person has any of these special health care needs, and wants to see if he or she qualifies, let us know. Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to medicaid.state.gov. If the person has health coverage, he or she can keep it while we look at the information.

Your Secure User Account

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To create an account, go to **medicaid.state.gov** and click “Account Setup.”



Questions? Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX). You can call Monday to Friday, 8am to 8pm. The call is free. Or, go to **medicaid.state.gov**. You can also find out how to meet with someone in person.

If you think we made a mistake

You can appeal our decisions about Medicaid health coverage. For example, you can appeal if you think we made a mistake on your household size, income, citizenship, immigration status, or residency. You can also appeal what health services you get and how much you pay for them.

To ask for an appeal, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX). Or, go to medicaid.state.gov to get an appeals form. Or, you can write your own letter and send or bring it to us at the State Medicaid Agency, 321 Any Road, Any City, Any State 00100. You must ask for an appeal by February 8, 2014.

Once you ask for an appeal, we will see if we can fix the problem over the phone or by meeting with you. If a phone call or meeting does not fix the problem, you can have a hearing.

A hearing is a meeting between you, someone from the State Medicaid Agency, and a hearing officer. At the hearing, you can explain why you think we made a mistake.

To get ready for your hearing, you can:

- » Ask for a copy of your file before the hearing.
- » Bring someone with you to the hearing, like a friend, relative, or lawyer, or you can come by yourself.
- » Bring documents, information, or witnesses to show us where you think we made a mistake.

If a person has health coverage, he or she can keep it during an appeal.

If you have any questions, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

Sincerely,

State Medicaid Agency
321 Any Road
Any City, Any State 00100

We will keep your information secure and private.





You can get this letter in another language, in large print, or in another way that's best for you. Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

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Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: November 1, 2013
Letter date: November 5, 2013
Letter number: 34567

Why you are getting this letter

We got your application from the Health Insurance Marketplace. They did not think you qualified for Medicaid, but you asked for our review. We reviewed your application. We decided that you **do not** qualify for Medicaid health coverage.

But, you still qualify for health coverage—and help paying for it—through the Health Insurance Marketplace. Be sure to read the letter they sent you. You can also call them at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to HealthCare.gov/marketplace to learn more.

How we made our decision

We counted your household size and income based on what you told us on your application and information we got from other data sources. We found that your household size is 1 person and your income is \$1,915 each month. The Medicaid income limit for your household size is \$1,273 each month. Since your monthly income is above the limit, you do not qualify for Medicaid health coverage. If you think we made a mistake, you can appeal. See the next page to learn more.

We made our decisions based on these rules: 42 CFR 435.119, 435.603.

If you have special health care needs

A person may still be able to get Medicaid health coverage if he or she has special health care needs. Medicaid health coverage offers more health services and lower costs. Special health care needs include if a person:

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- » Needs help with daily activities, like bathing or dressing
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- » Lives in a long term care facility, group home, or nursing home
- » Pays a lot for health care
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If a person has any of these special health care needs, and wants to see if he or she qualifies, let us know. Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to medicaid.state.gov. If the person has health coverage, he or she can keep it while we look at the information.

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To create an account, go to **medicaid.state.gov** and click "Account Setup."



Questions? Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX). You can call Monday to Friday, 8am to 8pm. The call is free. Or, go to **medicaid.state.gov**. You can also find out how to meet with someone in person.

If you think we made a mistake

You can appeal our decisions about Medicaid health coverage. For example, you can appeal if you think we made a mistake on your household size, income, citizenship, immigration status, or residency. You can also appeal what health services you get and how much you pay for them.

To ask for an appeal, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX). Or, go to medicaid.state.gov to get an appeals form. Or, you can write your own letter and send or bring it to us at the State Medicaid Agency, 321 Any Road, Any City, Any State 00100. You must ask for an appeal by February 8, 2014.

Once you ask for an appeal, we will see if we can fix the problem over the phone or by meeting with you. If a phone call or meeting does not fix the problem, you can have a hearing.

A hearing is a meeting between you, someone from the State Medicaid Agency, and a hearing officer. At the hearing, you can explain why you think we made a mistake.

To get ready for your hearing, you can:

- » Ask for a copy of your file before the hearing.
- » Bring someone with you to the hearing, like a friend, relative, or lawyer, or you can come by yourself.
- » Bring documents, information, or witnesses to show us where you think we made a mistake.

If a person has health coverage, he or she can keep it during an appeal.

If you have any questions, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

Sincerely,

State Medicaid Agency
321 Any Road
Any City, Any State 00100

We will keep your information secure and private.





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Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámenos al 1-800-XXX-XXXX (Las personas con problemas para oír – TTY: 1-800-XXX-XXXX).

Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: January 1, 2014
Letter date: January 5, 2014
Letter number: 34567

News for you and your family

Our records show that you applied for health coverage for you, Annie, Amy, and Kate on January 1, 2014.

Good news for Annie, Amy, and Kate

They qualify for Medicaid health coverage.

Please read the rest of this letter to learn more.

Update for you

We are still working to see what health coverage you qualify for. You might be able to get health coverage—and help paying for it—through the new Health Insurance Marketplace. We sent your application to them. The Marketplace will send you a letter letting you know what to do next. If you do not hear from the Marketplace shortly, please call them at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

In the meantime, you can create a Marketplace user account. To create an account, go to HealthCare.gov/marketplace and click “Account Setup.” This user account is different from a Medicaid user account.





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Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: January 1, 2014
Letter date: January 5, 2014
Letter number: 34567

Why you are getting this letter

Good news for Annie, Amy, and Kate! They qualify for Medicaid health coverage. Their coverage started on January 1, 2014.

Using their health coverage

Annie, Amy, and Kate can start using their health coverage right away! They can get health services from any doctor, clinic, or other health care provider who accepts Medicaid. We will send you their Medicaid cards. Until you get their cards, they can use their Medicaid ID numbers to get health services. Their Medicaid ID numbers are:

- » Annie Smith: 123456789
- » Amy Smith: 987654321
- » Kate Smith: 243564798

We will also send you information about choosing a health plan for them, which you will need to do in the next 30 days. Once they join a plan, they will need to use the plan's health care providers. To learn more about plan choices and providers now, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to medicaid.state.gov.

Health services and costs

Annie, Amy, and Kate can get many health services through Medicaid, like doctor's visits, hospital care, and prescriptions. They can also get dentist visits and any health services that their doctors say they need. You do not have to pay a premium (a monthly cost) for their health coverage or co-payments when they get health services. Their health plan will send you more information. To learn more now, go to medicaid.state.gov.

Your Secure User Account

Medicaid.state.gov keeps all important information about your family's application and health coverage. You can choose to get letters like this online.

To create an account, go to **medicaid.state.gov** and click "Account Setup."

You must report changes

You must report any changes that might affect health coverage for Annie, Amy, and Kate. Please report changes for both you and other people in your household, like:

- » If someone moves.
- » If someone's income changes.
- » If your household changes. For example, someone in your household marries or divorces, becomes pregnant, or has or adopts a child.

To report changes, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to medicaid.state.gov.

Renewing their health coverage

You need to renew health coverage for Annie, Amy, and Kate every year. We will send you a letter when it is time to renew.



Questions? Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX). You can call Monday to Friday, 8am to 8pm. The call is free. Or, go to **medicaid.state.gov**. You can also find out how to meet with someone in person.

How we made our decisions and information about other programs

How Annie, Amy, and Kate qualify for Medicaid

We counted their household size and income based on what you told us on your application and information we got from other data sources.

We found that their household size is 4 people and their household income is \$3,434 each month. Since their monthly household income is below the Medicaid income limit for children, Annie, Amy, and Kate qualify.

Because Annie, Amy, and Kate qualify for Medicaid, they get coverage without you needing to buy health insurance for them. This means you do not get help paying for their health insurance through the new Health Insurance Marketplace. Medicaid health coverage offers services at much lower cost to you.

Because Annie, Amy, and Kate qualify for Medicaid, they may also qualify for other assistance, like help buying food. To learn more, call 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

If Annie, Amy, or Kate has special health care needs

A person may qualify to get more health services if he or she has special health care needs. A person who pays for care may also qualify to pay less. Special health care needs include if a person:

- » Has a medical, mental health, or substance use condition that limits his or her ability to work or go to school
- » Needs help with daily activities, like bathing or dressing
- » Regularly gets medical care, personal care, or health services at home or in another community setting, like adult day care
- » Lives in a long term care facility, group home, or nursing home
- » Pays a lot for health care
- » Is blind
- » Is terminally ill

If a person has any of these special health care needs, and wants to see if he or she qualifies, let us know. Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to medicaid.state.gov. If the person has health coverage, he or she can keep it while we look at the information.

If Annie, Amy, or Kate have medical bills from the last three months

Medicaid may pay past bills, even if you already paid them yourself. Send medical bills from the last three months to Billing Office, State Medicaid Agency, 321 Any Road, Any City, Any State 00100.

We made our decisions based on these rules: 42 CFR 435.118, 435.603.



Questions? Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX). You can call Monday to Friday, 8am to 8pm. The call is free. Or, go to **medicaid.state.gov**. You can also find out how to meet with someone in person.

If you think we made a mistake

You can appeal our decisions about Medicaid health coverage. For example, you can appeal if you think we made a mistake on your household size, income, citizenship, immigration status, or residency. You can also appeal what health services you get and how much you pay for them.

To ask for an appeal, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX). Or, go to medicaid.state.gov to get an appeals form. Or, you can write your own letter and send or bring it to us at the State Medicaid Agency, 321 Any Road, Any City, Any State 00100. You must ask for an appeal by April 10, 2014.

Once you ask for an appeal, we will see if we can fix the problem over the phone or by meeting with you. If a phone call or meeting does not fix the problem, you can have a hearing.

A hearing is a meeting between you, someone from the State Medicaid Agency, and a hearing officer. At the hearing, you can explain why you think we made a mistake.

To get ready for your hearing, you can:

- » Ask for a copy of your file before the hearing.
- » Bring someone with you to the hearing, like a friend, relative, or lawyer, or you can come by yourself.
- » Bring documents, information, or witnesses to show us where you think we made a mistake

If a person has health coverage, he or she can keep it during an appeal.

If you have any questions, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

Sincerely,

State Medicaid Agency
321 Any Road
Any City, Any State 00100

We will keep your information secure and private.





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Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: January 1, 2014
Letter date: January 5, 2014
Letter number: 34567

News for you and your family

You applied for health coverage for you, Annie, Amy, and Kate on January 1, 2014 through the Health Insurance Marketplace. We got your application from the Marketplace.

Good news for Annie, Amy, and Kate

They qualify for Medicaid health coverage. The Health Insurance Marketplace thought they qualified, and we decided that they do.

Please read the rest of this letter to learn more.

Update for you

You still qualify for health coverage—and help paying for it—through the Health Insurance Marketplace. Be sure to read the letter they sent you. You can also call them at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to HealthCare.gov/marketplace to learn more.





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Mary Smith
123 Any Street
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Health coverage application date: January 1, 2014
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Why you are getting this letter

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Using their health coverage

Annie, Amy, and Kate can start using their health coverage right away! They can get health services from any doctor, clinic, or other health care provider who accepts Medicaid. We will send you their Medicaid cards. Until you get their cards, they can use their Medicaid ID numbers to get health services. Their Medicaid ID numbers are:

- » Annie Smith: 123456789
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- » Kate Smith: 243564798

We will also send you information about choosing a health plan for them, which you will need to do in the next 30 days. Once they join a plan, they will need to use the plan's health care providers. To learn more about plan choices and providers now, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to medicaid.state.gov.

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Questions? Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX). You can call Monday to Friday, 8am to 8pm. The call is free. Or, go to **medicaid.state.gov**. You can also find out how to meet with someone in person.

How we made our decisions and information about other programs

How Annie, Amy, and Kate qualify for Medicaid

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We found that their household size is 4 people and their household income is \$3,434 each month. Since their monthly household income is below the Medicaid income limit for children, Annie, Amy, and Kate qualify.

Because Annie, Amy, and Kate qualify for Medicaid, they get coverage without you needing to buy health insurance for them. This means you do not get help paying for their health insurance through the new Health Insurance Marketplace. Medicaid health coverage offers services at much lower cost to you.

Because Annie, Amy, and Kate qualify for Medicaid, they may also qualify for other assistance, like help buying food. To learn more, call 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

If Annie, Amy, or Kate has special health care needs

A person may qualify to get more health services if he or she has special health care needs. A person who pays for care may also qualify to pay less. Special health care needs include if a person:

- » Has a medical, mental health, or substance use condition that limits his or her ability to work or go to school
- » Needs help with daily activities, like bathing or dressing
- » Regularly gets medical care, personal care, or health services at home or in another community setting, like adult day care
- » Lives in a long term care facility, group home, or nursing home
- » Pays a lot for health care
- » Is blind
- » Is terminally ill

If a person has any of these special health care needs, and wants to see if he or she qualifies, let us know. Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to medicaid.state.gov. If the person has health coverage, he or she can keep it while we look at the information.

If Annie, Amy, or Kate have medical bills from the last three months

Medicaid may pay past bills, even if you already paid them yourself. Send medical bills from the last three months to Billing Office, State Medicaid Agency, 321 Any Road, Any City, Any State 00100.

We made our decisions based on these rules: 42 CFR 435.118, 435.603.



Questions? Call us at **1-800-XXX-XXXX** (TTY: 1-800-XXX-XXXX). You can call Monday to Friday, 8am to 8pm. The call is free. Or, go to **medicaid.state.gov**. You can also find out how to meet with someone in person.

If you think we made a mistake

You can appeal our decisions about Medicaid health coverage. For example, you can appeal if you think we made a mistake on your household size, income, citizenship, immigration status, or residency. You can also appeal what health services you get and how much you pay for them.

To ask for an appeal, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX). Or, go to medicaid.state.gov to get an appeals form. Or, you can write your own letter and send or bring it to us at the State Medicaid Agency, 321 Any Road, Any City, Any State 00100. You must ask for an appeal by April 10, 2014.

Once you ask for an appeal, we will see if we can fix the problem over the phone or by meeting with you. If a phone call or meeting does not fix the problem, you can have a hearing.

A hearing is a meeting between you, someone from the State Medicaid Agency, and a hearing officer. At the hearing, you can explain why you think we made a mistake.

To get ready for your hearing, you can:

- » Ask for a copy of your file before the hearing.
- » Bring someone with you to the hearing, like a friend, relative, or lawyer, or you can come by yourself.
- » Bring documents, information, or witnesses to show us where you think we made a mistake.

If a person has health coverage, he or she can keep it during an appeal.

If you have any questions, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

Sincerely,

State Medicaid Agency
321 Any Road
Any City, Any State 00100

We will keep your information secure and private.





You can get this letter in another language, in large print, or in another way that's best for you. Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámenos al 1-800-XXX-XXXX (Las personas con problemas para oír – TTY: 1-800-XXX-XXXX).

Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: January 1, 2014
Letter date: January 5, 2014
Letter number: 34567

News for you and your family

Our records show that you applied for health coverage for you, Alice, and Stacie on January 1, 2014.

Good news for Alice and Stacie

They qualify for CHIP health coverage.

Please read the rest of this letter to learn more.

Update for you

We are still working to see what health coverage you qualify for. You might be able to get health coverage—and help paying for it—through the new Health Insurance Marketplace. We sent your application to them. The Marketplace will send you a letter letting you know what to do next. If you do not hear from the Marketplace shortly, please call them at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

In the meantime, you can create a Marketplace user account. To create an account, go to HealthCare.gov/marketplace and click “Account Setup.” This user account is different from a Medicaid user account.





You can get this letter in another language, in large print, or in another way that's best for you. Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámenos al 1-800-XXX-XXXX (Las personas con problemas para oír – TTY: 1-800-XXX-XXXX).

Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: January 1, 2014
Letter date: January 5, 2014
Letter number: 34567

Why you are getting this letter

Good news for Alice and Stacie! They qualify for CHIP health coverage. Their coverage will start on February 1, 2014, as long as you:

1. Pay their premium

The total premium (monthly cost) for health coverage for Alice and Stacie is \$50. We will send you a bill with payment instructions.

AND

2. Choose a health plan for them

We will send you information about choosing a health plan for Alice and Stacie. To learn more about plan choices now, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to chip.state.gov.

Your Secure User Account

Chip.state.gov keeps all important information about your application and Alice and Stacie's health coverage. You can choose to get letters like this online.

To create an account, go to **chip.state.gov** and click "Account Setup."

Remember, Alice and Stacie's health coverage will not start until you pay their premium and choose a health plan for them. Watch for more letters with instructions and due dates.

Health services and costs

Alice and Stacie can get many health services through CHIP, like doctor's visits, dentist visits, hospital care, prescriptions, and much more. You do have co-payments for some of their health services. There are different co-payments for different health services. You also have to continue to pay a premium for their health coverage. But, there is a limit to your costs each month. You will not have to pay more than \$1,953 (5% of your income) for their health care in the next 12 months. How much you pay for your premium and co-payments and the limit for your monthly costs all depend on your income. If you think we made a mistake on your household size or income, and want to see if you qualify to pay less, you can ask for a review. See the last page to learn more. Their health plan will send you more information about health services and costs. To learn more now, go to chip.state.gov.



Questions? Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX). You can call Monday to Friday, 8am to 8pm. The call is free. Or, go to **chip.state.gov**. You can also find out how to meet with someone in person.

Please report changes

Report any changes that might affect health coverage for Alice and Stacie. Please report changes for both you and other people in your household, like:

- » If someone moves.
- » If someone's income changes.
- » If your household changes. For example, someone in your household marries or divorces, becomes pregnant, or has or adopts a child.

To report changes, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to chip.state.gov.

Renewing their health coverage

You need to renew health coverage for Alice and Stacie every year. We will send you a letter when it is time to renew.



How we made our decisions and information about other programs

How Alice and Stacie qualify for CHIP

We counted your household size and income based on what you told us on your application and information we got from other data sources.

We found that your household size is 3 people and your income is \$3,255 each month. Since your monthly income is below the CHIP income limit, Alice and Stacie qualify.

Because Alice and Stacie qualify for CHIP, they get coverage without needing to buy health insurance. This means they do not get help paying for health insurance through the new Health Insurance Marketplace. CHIP health coverage offers services at much lower cost to them.

Because Alice and Stacie qualify for CHIP, they may also qualify for other assistance, like help buying food. To learn more, call 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

We do not think Alice and Stacie qualify for Medicaid

Medicaid is a health coverage program for people with lower incomes. The Medicaid income limit for children for your household size is \$2,164 each month. Since your income is above the limit, we do not think Alice and Stacie qualify for Medicaid health coverage. But only the State Medicaid Agency can decide if they qualify. Medicaid health coverage offers more health services and lower costs. If you would like to see for certain if they qualify, you can ask for a review. See the next page to learn more.

If Alice or Stacie has special health care needs

A person may still be able to get Medicaid health coverage if he or she has special health care needs, like:

- » Has a medical, mental health, or substance use condition that limits his or her ability to work or go to school
- » Needs help with daily activities, like bathing or dressing
- » Regularly gets medical care, personal care, or health services at home or in another community setting, like adult day care
- » Lives in a long term care facility, group home, or nursing home
- » Pays a lot for health care
- » Is blind
- » Is terminally ill

If a person has any of these special health care needs, and wants to see if he or she qualifies, let us know. Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to medicaid.state.gov. If the person has health coverage, he or she can keep it while we look at the information.

We made our decisions based on these rules: 42 CFR 435.603, 457.310, 457.315.



If you think we made a mistake

You can ask for a review of our decisions about health coverage.

To ask for a review:

- » Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).
- » Go to chip.state.gov.
- » Send us a fax at 1-800-XXX-XXXX.
- » Email us at info@chip.state.gov.

If you ask for a review of whether a person qualifies for Medicaid, we will send your application to the State Medicaid Agency. They will send you a letter to let you know if the person qualifies.

Sincerely,

State CHIP

456 Any Drive

Any City, Any State 00101

We will keep your information secure and private.





You can get this letter in another language, in large print, or in another way that's best for you. Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámenos al 1-800-XXX-XXXX (Las personas con problemas para oír – TTY: 1-800-XXX-XXXX).

Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: January 1, 2014
Letter date: January 5, 2014
Letter number: 34567

Why you are getting this letter

Good news for you, Penny, and Anne Marie! You qualify for Medicaid health coverage. Your coverage started on January 1, 2014.

Using your health coverage

You, Penny, and Anne Marie can start using your health coverage right away! You can get health services from any doctor, clinic, or other health care provider who accepts Medicaid. We will send you your Medicaid cards. Until you get your cards, you can use your Medicaid ID numbers to get health services. Your Medicaid ID numbers are:

- » Mary Smith: 123456789
- » Penny Smith: 987654321
- » Anne Marie Smith: 243564798

We will also send you information about choosing health plans, which you will need to do in the next 30 days. Once you join a plan, you will need to use the plan's health care providers. To learn more about plan choices and providers now, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to medicaid.state.gov.

Health services and costs

You, Penny, and Anne Marie can get many health services through Medicaid, like doctor's visits, hospital care, and prescriptions. Children can also get dentist visits and any health services that their doctors say they need.

Your Secure User Account

Medicaid.state.gov keeps all important information about your family's application and health coverage. You can choose to get letters like this online.

To create an account, go to **medicaid.state.gov** and click "Account Setup."

You do not have to pay a premium (a monthly cost) for Medicaid health coverage. Also, you do not have to pay co-payments for children's health services. You do have co-payments for some adult health services. There are different co-payments for different health services. But, there is a limit to your costs each month. How much you pay for co-payments and the limit to your monthly costs both depend on your income. If you think we made a mistake on your household size or income, and want to see if you qualify to pay less, you can appeal. See the last page to learn more. We will send you more information about your co-payments and monthly limit. Your health plans will also send you more information about health services and co-payments. To learn more now, go to medicaid.state.gov.



You must report changes

You must report any changes that might affect health coverage for you, Penny, and Anne Marie. Please report changes for both you and other people in your household, like:

- » If someone moves.
- » If someone's income changes.
- » If your household changes. For example, someone in your household marries or divorces, becomes pregnant, or has or adopts a child.

To report changes, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to [medicaid.state.gov](https://www.medicaid.state.gov).

Renewing your health coverage

You need to renew health coverage for you, Penny, and Anne Marie every year. We will send you a letter when it is time to renew.



How we made our decisions and information about other programs

How you, Penny, and Anne Marie qualify for Medicaid

We counted your household size and income based on what you told us on your application and information we got from other data sources.

We found that your household size is 3 people and your income is \$1,221 each month. Since your monthly income is below the Medicaid income limits, you, Penny, and Anne Marie qualify.

Because you, Penny, and Anne Marie qualify for Medicaid, you will get coverage without needing to buy health insurance. This means you do not get help paying for health insurance through the new Health Insurance Marketplace. Medicaid health coverage offers services at much lower cost to you.

Because you, Penny, and Anne Marie qualify for Medicaid, you may also qualify for other assistance, like help buying food. To learn more, call 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

If you, Penny, or Anne Marie has special health care needs

A person may qualify to get more health services if he or she has special health care needs. A person who pays for care may also qualify to pay less. Special health care needs include if a person:

- » Has a medical, mental health, or substance use condition that limits his or her ability to work or go to school
- » Needs help with daily activities, like bathing or dressing
- » Regularly gets medical care, personal care, or health services at home or in another community setting, like adult day care
- » Lives in a long term care facility, group home, or nursing home
- » Pays a lot for health care
- » Is blind
- » Is terminally ill

If a person has any of these special health care needs, and wants to see if he or she qualifies, let us know. Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to medicaid.state.gov. If the person has health coverage, he or she can keep it while we look at the information.

If you, Penny, or Anne Marie has medical bills from the last three months

Medicaid may pay past bills, even if you already paid them yourself. Send your medical bills from the last three months to Billing Office, State Medicaid Agency, 321 Any Road, Any City, Any State 00100.

We made our decisions based on these rules: 42 CFR 435.110, 435.118, 435.603.



If you think we made a mistake

You can appeal our decisions about Medicaid health coverage. For example, you can appeal if you think we made a mistake on your household size, income, citizenship, immigration status, or residency. You can also appeal what health services you get and how much you pay for them.

To ask for an appeal, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX). Or, go to medicaid.state.gov to get an appeals form. Or, you can write your own letter and send or bring it to us at the State Medicaid Agency, 321 Any Road, Any City, Any State 00100. You must ask for an appeal by April 10, 2014.

Once you ask for an appeal, we will see if we can fix the problem over the phone or by meeting with you. If a phone call or meeting does not fix the problem, you can have a hearing.

A hearing is a meeting between you, someone from the State Medicaid Agency, and a hearing officer. At the hearing, you can explain why you think we made a mistake.

To get ready for your hearing, you can:

- » Ask for a copy of your file before the hearing.
- » Bring someone with you to the hearing, like a friend, relative, or lawyer, or you can come by yourself.
- » Bring documents, information, or witnesses to show us where you think we made a mistake.

If a person has health coverage, he or she can keep it during an appeal.

If you have any questions, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

Sincerely,

State Medicaid Agency
321 Any Road
Any City, Any State 00100

We will keep your information secure and private.





You can get this letter in another language, in large print, or in another way that's best for you. Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámenos al 1-800-XXX-XXXX (Las personas con problemas para oír – TTY: 1-800-XXX-XXXX).

Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: November 1, 2013
Letter date: November 5, 2013
Letter number: 34567

Why you are getting this letter

We reviewed your application. We decided that Timothy **does not** qualify for CHIP health coverage.

But, he still might be able to get health coverage—and help paying for it—through the new Health Insurance Marketplace. We sent your application to them. The Marketplace will send you a letter letting you know what to do next. If you do not hear from the Marketplace shortly, please call them at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

In the meantime, you can create a Marketplace user account. To create an account, go to HealthCare.gov/marketplace and click “Account Setup.” This user account is different from a CHIP user account.

How we made our decision

We counted your household size and income based on what you told us on your application and information we got from other data sources. We found that your household size is 3 people and your income is \$3,878 each month. The CHIP income limit for your household size is \$2,585 each month. Since your monthly income is above the limit, Timothy does not qualify for CHIP health coverage. If you think we made a mistake, you can ask for a review. See the next page to learn more.

We made our decisions based on these rules: 42 CFR 457.310, 457.315.

We do not think Timothy qualifies for Medicaid

Medicaid is a health coverage program for people with lower incomes. The Medicaid income limit for children for your household size is \$1,719 each month. Since your income is above the limit, we do not think Timothy qualifies for Medicaid health coverage. But only the State Medicaid Agency can decide if he qualifies. Medicaid health coverage offers more health services and lower costs. If you would like to see for certain if he qualifies, you can ask for a review. See the next page to learn more.

Your Secure User Account

Chip.state.gov keeps all important information about your application and Timothy's health coverage. You can choose to get letters like this online.

To create an account, go to **chip.state.gov** and click “Account Setup.”



If Timothy has special health care needs

A person may still be able to get Medicaid health coverage if he or she has special health care needs, like:

- » Has a medical, mental health, or substance use condition that limits his or her ability to work or go to school
- » Needs help with daily activities, like bathing or dressing
- » Regularly gets medical care, personal care, or health services at home or in another community setting, like adult day care
- » Lives in a long term care facility, group home, or nursing home
- » Pays a lot for health care
- » Is blind
- » Is terminally ill

If a person has any of these special health care needs, and wants to see if he or she qualifies, let us know. Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to medicaid.state.gov. If the person has health coverage, he or she can keep it while we look at the information.

If you think we made a mistake

You can ask for a review of our decisions about health coverage.

You have until February 8, 2014 to ask for a review of our decisions.

To ask for a review:

- » Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).
- » Go to chip.state.gov.
- » Send us a fax at 1-800-XXX-XXXX.
- » Email us at info@chip.state.gov.

If you ask for a review of whether a person qualifies for Medicaid, we will send your application to the State Medicaid Agency. They will send you a letter to let you know if the person qualifies.

Sincerely,

State CHIP
456 Any Drive
Any City, Any State 00101

We will keep your information secure and private.





You can get this letter in another language, in large print, or in another way that's best for you. Call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

Usted puede obtener esta carta en otro idioma, con letras más grandes, o en otro formato que sea más conveniente para usted. Llámenos al 1-800-XXX-XXXX (Las personas con problemas para oír – TTY: 1-800-XXX-XXXX).

Mary Smith
123 Any Street
Any Town, Any State 00111

Health coverage application date: November 1, 2013
Letter date: November 5, 2013
Letter number: 34567

Why you are getting this letter

You qualify for limited Medicaid health coverage. This means you only get health coverage if you have an emergency. Your coverage starts January 1, 2014.

You also might be able to get more health coverage—and help paying for it—through the new Health Insurance Marketplace. We sent your application to them. The Marketplace will send you a letter letting you know what to do next. If you do not hear from the Marketplace shortly, please call them at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

In the meantime, you can create a Marketplace user account. To create an account, go to HealthCare.gov/marketplace and click “Account Setup.” This user account is different from a Medicaid user account.

Using your health coverage

Your health coverage is only for emergencies, including labor and delivery if you are pregnant. It is not full Medicaid health coverage and does not cover preventive or non-emergency care. We will send you a Medicaid card. Until you get your card, you can use your Medicaid ID number: 123456789. To learn more, go to medicaid.state.gov.

How we made our decision

We counted your household size and income based on what you told us on your application and information we got from other data sources. We found that your household size is 1 person and your income is \$957 each month. Since your monthly income is below the

Medicaid income limit, you qualify based on income. But, our records show that you have not had qualifying immigration status for five years or more. So you only qualify for limited Medicaid health coverage.

To get full Medicaid health coverage, you must:

- » Be a citizen of the United States, or
- » Have qualifying immigration status for five years or more.

To learn more, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX) or go to medicaid.state.gov.

We made our decisions based on these rules: 42 CFR 435.119, 435.406, 435.603.

Your Secure User Account

Medicaid.state.gov keeps all important information about your application and health coverage. You can choose to get letters like this online.

To create an account, go to **medicaid.state.gov** and click “Account Setup.”



If you think we made a mistake

You can appeal our decisions about Medicaid health coverage. For example, you can appeal if you think we made a mistake on your household size, income, citizenship, immigration status, or residency. You can also appeal what health services you get and how much you pay for them.

To ask for an appeal, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX). Or, go to medicaid.state.gov to get an appeals form. Or, you can write your own letter and send or bring it to us at the State Medicaid Agency, 321 Any Road, Any City, Any State 00100. You must ask for an appeal by February 8, 2014.

Once you ask for an appeal, we will see if we can fix the problem over the phone or by meeting with you. If a phone call or meeting does not fix the problem, you can have a hearing.

A hearing is a meeting between you, someone from the State Medicaid Agency, and a hearing officer. At the hearing, you can explain why you think we made a mistake.

To get ready for your hearing, you can:

- » Ask for a copy of your file before the hearing.
- » Bring someone with you to the hearing, like a friend, relative, or lawyer, or you can come by yourself.
- » Bring documents, information, or witnesses to show us where you think we made a mistake.

If a person has health coverage, he or she can keep it during an appeal.

If you have any questions, call us at 1-800-XXX-XXXX (TTY: 1-800-XXX-XXXX).

Sincerely,

State Medicaid Agency

321 Any Road

Any City, Any State 00100

We will keep your information secure and private.

