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LOUISVILLE, KY 40203-3422

### My Rewards Account

Please see below for details on My Rewards Account for the members in your household:

My Rewards Account			
Name	My Rewards Account	Suspension Reason	Effective Date
██████████ N	Active	N/A	June 01, 2018
<b>Information:</b> <ul style="list-style-type: none"><li>If you have an Active My Rewards Account, you are in the Premium plan or you are pregnant. If you are in the premium plan, you must continue paying premiums as billed by your Managed Care Organization (MCO) to earn and use My Rewards dollars. You may earn My Rewards dollars through your Managed Care Organization (MCO) or by completing opportunities in Citizen Connect at <a href="http://mykentucky.ky.gov">mykentucky.ky.gov</a>.</li><li>If you have an Inactive or Suspended My Rewards Account, you may not earn or use My Rewards dollars.<ul style="list-style-type: none"><li>If you are enrolled in Kentucky HEALTH, you may activate your My Rewards Account by making premium payments. If your account has been suspended, you must clear your penalty. After the account is activated, you may get credit for any My Rewards activities completed up to 60 days before the effective date.</li><li>If you are not enrolled in Kentucky HEALTH, you may not earn or use My Rewards dollars. If you return to Kentucky HEALTH, your account may be reactivated.</li></ul></li></ul>			

If you have questions, please visit [myrewards.ky.gov](http://myrewards.ky.gov) or call us at 1-855-450-6328.

Website: <http://chfs.ky.gov>

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An Equal Opportunity Employer M/F/D

#### Report Changes:

Any changes in your situation should be reported within 10 days if you receive State Supplementation or 30 days for Medicaid. To report changes, visit [benefind.ky.gov](http://benefind.ky.gov), call DCBS at 1-855-306-8959 or write the changes on lines below and take this form to a DCBS office or mail this form to DCBS at P.O. Box 2104, Frankfort, KY 40602.

I want to report the following changes:

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These changes are for the months of:

#### You Have the Right:

- To quick action whenever you report a change
- To get a notice of any action.
- To give us information to show the proposed action should not be taken.
- To discuss your cases with DCBS.
- To receive fair treatment.

Complaints about your case?

Call the Ombudsman at 1-800-372-2973 or (TTY) 1-800-627-4702.

All Applications for assistance are considered without regard to race, color, sex, disability, religious creed, national origin, or political belief.

You may have rights under section 504 of the Rehabilitation Act and the Americans with Disabilities Act. If you have a physical or mental problem that limits you, such as an intellectual disability, trouble with learning, drug or alcohol addiction, depression, moving around, hearing or seeing, you may call DCBS at 1-855-306-8959.

Here are some of the ways we can help:

- We can visit you if you are not able to come to our office.
- We can tell you what this letter means.
- If you cannot do something we ask, we can help you or change what you have to do.
- We can help you appeal.

Call DCBS for other kinds of help.

If you think you have been discriminated against because of your race, color, religion, sex, national origin or disability, you may file a complaint.

- Office of Human Resource management EEO Compliance Branch  
275 E Main St, 5C-O Frankfort, KY 40621  
502-564-7770 ext. 4107
- U.S. Dept. of Health & Human Services Office of Civil Rights  
Atlanta Federal Center, Suite 16T70  
61 Forsyth ST, SW Atlanta, GA 30303-8909  
404-562-7886 or (TDD) 404-562-7884

#### Follow These Rules:

- Use the medical card only for the member listed on that card.
- Do NOT let someone else use your medical card.
- Do NOT give false information or hide information to get medical coverage.
- If you have other insurance, you need to use that insurance first.

If you break these rules, you may be prosecuted for fraud.

#### Hearing Deadlines:

Do you disagree with something we have told you we are going to do? If so, you may ask for a hearing within 30 days from the date of this notice.

Do you disagree with something we have done to your benefits? If so, you may ask for a hearing within 30 days from the date of this notice.

~~Want to continue your benefits?~~

Ask for hearing within 10 days from the date of this notice. This may allow you to get the same benefits until the hearing officer makes a decision. You may have to pay back these benefits if the decision is not in your favor.

I want my same benefits continued.

Check: YES \_\_\_\_ NO \_\_\_\_

#### How do I ask for a Hearing?

- From your personal page at [benefind.ky.gov](http://benefind.ky.gov); Or
- Call your DCBS at 1-855-306-8959; Or
- Fill in the lines below and return it to DCBS; Or

Return to:

Families and Children Administrative Hearing Branch  
Division of Administrative Hearings  
105 Sea Hero Rd, Suite 2  
Frankfort, KY 40601

I want a hearing because:

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My Signature \_\_\_\_\_ Date \_\_\_\_\_

#### What will happen at the hearing?

- You may tell your side of the story or bring a friend, relative, or lawyer to speak for you.
- You may bring witnesses and papers to help tell your story.
- The hearing officer will decide what the State will do after hearing both sides of the story.
- You will be told what to do if you disagree with the hearing officer's decision.

#### EPSDT: Help Keep Your Children Healthy

For children under the age 21 with a medical card, health check-ups through EPSDT may find and treat hidden health problems. If a problem is found, the person doing the check-up may help find a doctor or clinic for treatment. Any medically needed service may be considered for coverage by the Medicaid program. Contact your primary care provider or local health department to ask for a check-up.

If you are enrolled in Kentucky HEALTH, you may earn My Rewards dollars for taking your child under the age of 19 for a checkup or other preventative services.