

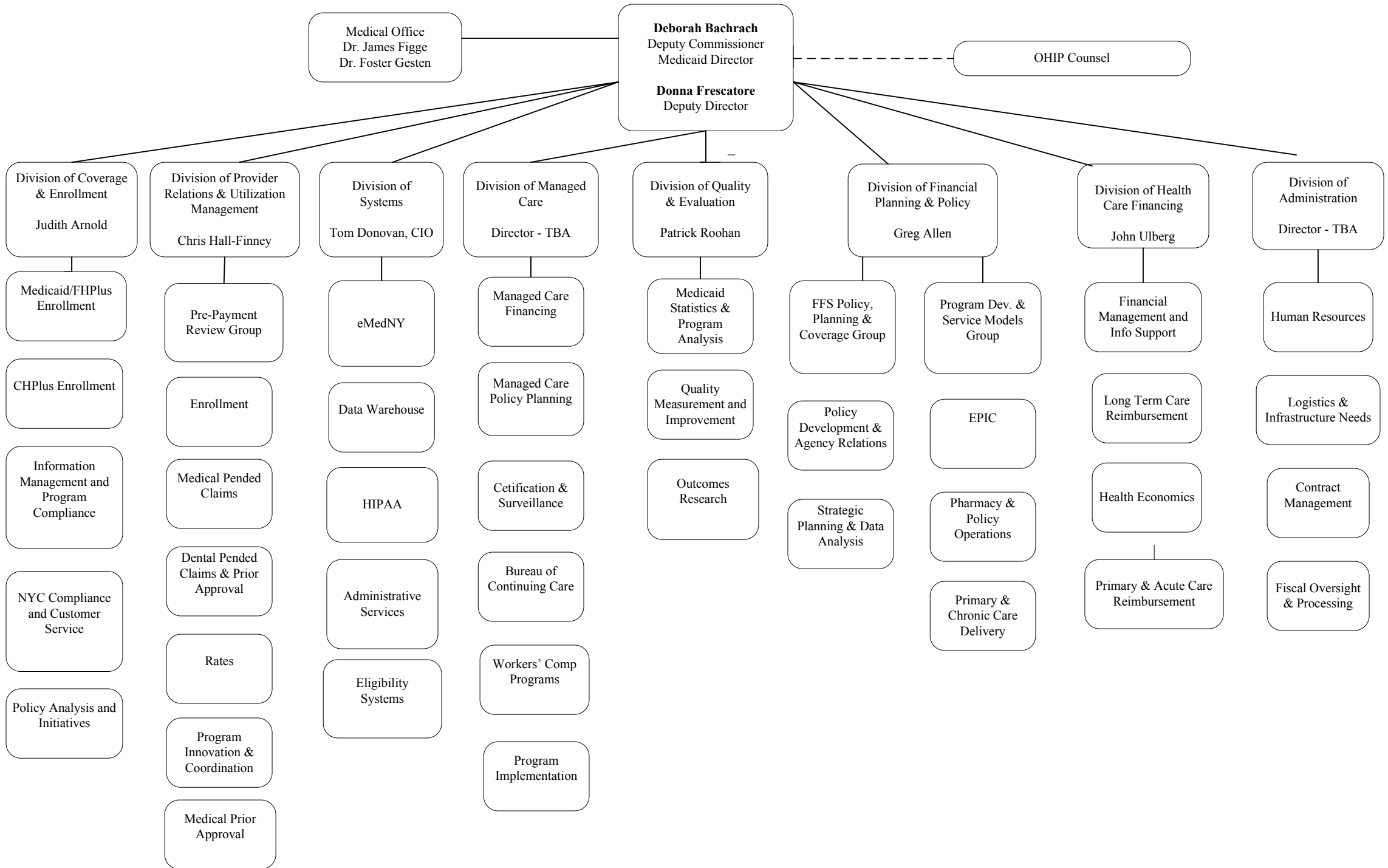
Questions and Answers 2

Attachment List

1. Office of Health Insurance Programs Organizational Chart
2. Child Health Plus Hotline Organizational Chart.
3. Employer Fact Sheet
4. Recipient Brochure
5. DOH 4450 Employer Sponsored Health Insurance request for information
6. Notice of Decision (English)
7. Notice of Decision (Spanish)
8. Child Health Plus Brochures
9. Child Health Plus Postcard
10. Child Health Plus Flyer
11. Family Health Plus Brochure
12. Consumer Guide to Medicaid Managed Care in NYS
13. 60-Day Managed Care Booklet

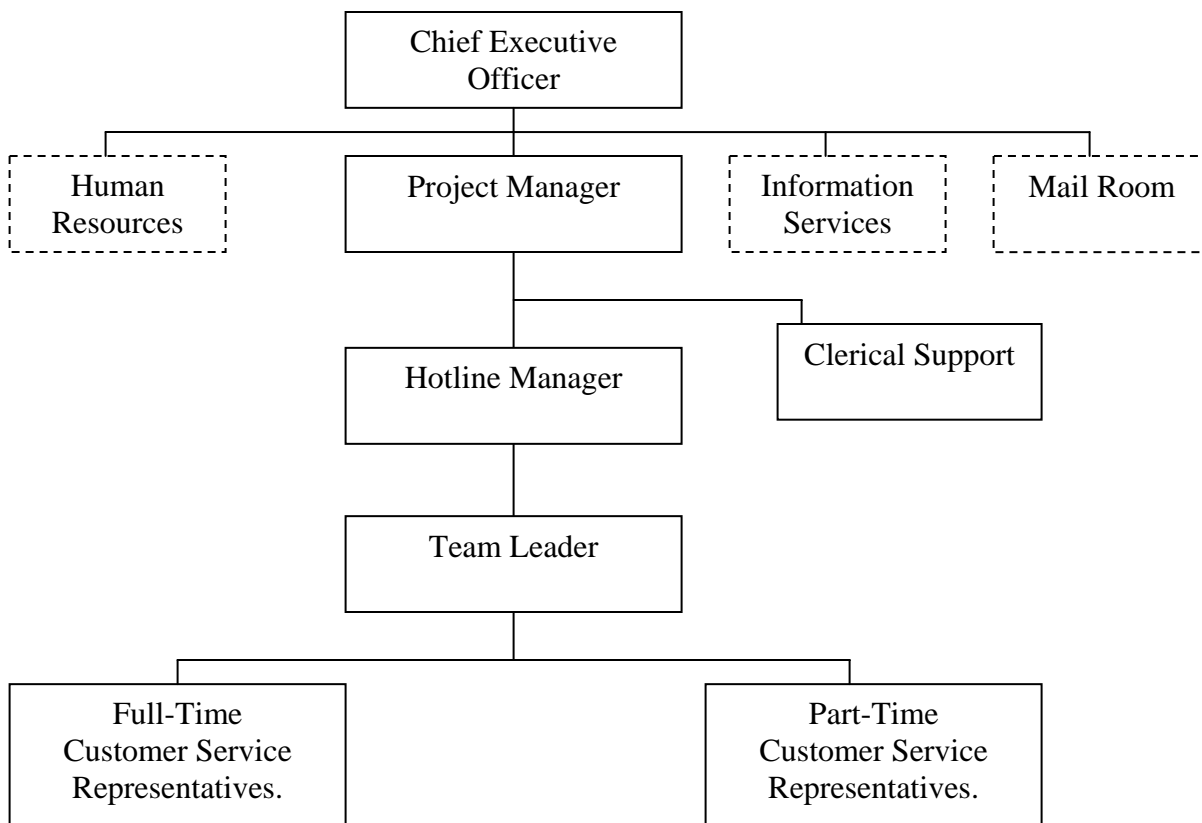
Attachment 1

Office of Health Insurance Programs (OHIP)



Attachment 2

CHPlus Organization Chart



Attachment 3

EMPLOYER FACT SHEET

Family Health Plus Premium Assistance Program (FHP-PAP) What employers need to know about FHP-PAP.

What is the Family Health Plus Premium Assistance Program:

The Family Health Plus Premium Assistance Program is the State's premium assistance program for Family Health Plus eligible individuals who have access to employer-sponsored health insurance.

The Family Health Plus Premium Assistance Program is a public/private partnership that helps lower-income employees participate in your company's health insurance plan. If your employee and your company's health insurance plan are qualified and the plan is cost effective, the Family Health Plus Premium Assistance Program will pay for the employee's share of your company's health insurance premium. The Family Health Plus Premium Assistance program will also cover the cost of any deductibles, coinsurance and co-payments associated with your company's health plan. This makes your offer of health insurance more affordable for your employees and their families.

How it helps you:

Participation in the Family Health Plus Premium Assistance program allows your employees to enroll in your company's health insurance at little or no cost to them and at no additional cost to you. This will help you attract and retain qualified employees by giving them access to affordable health insurance. This may also help decrease absenteeism and increase productivity, increase participation rates in your health plan, which may help your company maintain qualification for group insurance coverage, and improve overall employee satisfaction and health.

Premium Payments:

There is no additional cost to you to have your employee participate in the Family Health Plus Premium Assistance Program. You may be asked to agree to accept payments from Family Health Plus for your employee's share of his or her monthly premium, and to provide updated information to the LDSS on an annual basis regarding any changes to your health plan's insurance offerings or adjustments to premiums.

How it works:

Under the Family Health Plus Premium Assistance Program, individuals eligible for Family Health Plus with access to employer-sponsored health insurance will be asked to provide information about the costs and benefits of the health plan(s) available to them through their employer. You may be asked to complete a short form or questionnaire

about the health plan(s) you offer. Your company's health insurance plan must meet certain standards for covered benefits and costs. Most commercial plans in New York will meet these requirements. If the LDSS determines that your company's health plan meets certain standards for covered benefits and is cost effective, your employee will qualify for premium assistance, and reimbursement for deductibles, coinsurance and co-payments associated with the employer-sponsored health insurance. Employees eligible for the Family Health Plus Premium Assistance Program will also get a Medical Assistance Benefit card, which will allow them to access any Family Health Plus benefits which are not covered by your company's health insurance plan.

Employees must apply with a facilitated enroller or directly to the local social services district in the county where they live to determine if they qualify for the Family Health Plus Premium Assistance Program. If your employee qualifies for the Family Health Plus Assistance Program, the LDSS will work with you and your employee to ensure that he or she is enrolled in your company's health plan as soon as possible.

Are you allowed to release information to the Family Health Plus Premium Assistance Program and the LDSS about your employee's health benefits?

Yes. Employees who apply for the Family Health Plus Premium Assistance Program will have to sign a release authorizing their employers to release health benefits information to the New York State Medicaid /Family Health Plus Program, via the LDSS.

To speed up the process:

If you'd like to have your company's health plan pre-qualified for the Family Health Plus Premium Assistance Program for eligible employees in a given county or counties, just call the applicable county social services department(s).

To learn more about the Family Health Plus Premium Assistance Program:

Call the local Department of Social Services in your county:

Attachment 4

Who is Eligible?

You must be a resident of New York State between 19 and 64 years of age,

A United States citizen, national, Native American or an individual with satisfactory immigration status;

Not eligible for Medicaid based on income;

Eligible for, or enrolled in, employer based insurance;

Employer-based insurance includes standard scope of services and is determined to be qualified and cost effective by the department of social services.

You must meet income/resource and eligibility requirements for the Family Health Plus Program.

Co-payment schedule

Individuals enrolled in Family Health Plus are required to pay part of the cost of some medical care/services. If your employer's health insurance plan's co-payments are higher than those below, your physician can bill Medicaid or you can be reimbursed by your local department of social services.

Physician visits	\$5.00
Brand Name Prescriptions	\$6.00
Generic prescriptions	\$3.00
Radiology services	\$1.00
Lab tests	\$.50
Non-urgent ER visits	\$3.00
Inpatient hospital stay	\$25.00
Covered over-the-counter drugs; lancets, test strips, enteral formula	\$1.00
smoking cessation products	\$.50
Dental visits	\$5.00
(up to a total of \$25.00/year)	



Family Health Plus

Premium Assistance Program

For individuals who qualify for Family Health Plus and have health insurance available through their employer

State of New York
Department of Health
Richard F. Daines, M.D., Commissioner
(Revised 05/08)

Is the Premium Assistance Program as good as Family Health Plus?

Comprehensive Health Care Coverage

Inpatient/outpatient health care

Physician services

Radiation therapy, chemotherapy, hemodialysis

Drug, alcohol, mental health services

Emergency ambulance services

Durable medical equipment

Prescription drugs

Lab tests, x-rays

Vision, speech and hearing services

Rehabilitative services

Hospice

Dental

You will get these benefits either through your Employer's Health Insurance or through your Medicaid benefit.

Are there additional benefits?

The Premium Assistance Program also pays for :

Your share of the Premium for your employer based insurance and

Reimburses for;

Deductibles;
Co-insurance;

Co-payments that exceed the Family Health Plus co-payment schedule.

What happens if I have to wait to join my employer's health insurance?

If you are eligible for this program, but are not yet enrolled in your employer's insurance, you may be enrolled in a Family Health Plus Managed Care Plan temporarily until your employer's insurance enrollment period allows you to sign up.

Children 18 years old and younger will also be evaluated for Medicaid or Child Health Plus while waiting to enroll in your employer's health plan.

Where can I apply?

You may apply using the Access NY Health Care application which can be printed from our website at: www.health.state.ny.us/nysdoh/fhplus/index.htm

Or call our toll free hotline at: 1-877-934-7587.

Or visit your local department of social services.

You may also apply through Facilitated Enrollers, which are available near you.

Call 1-877-934-7587 to find a Facilitated Enroller in your County, or visit: www.health.state.ny.us/nysdoh/fhplus/how_can_I_apply.htm

How do I apply?

You will need to complete an application, provide certain information on income and resources, and complete a personal interview before an eligibility determination can be made.

Attachment 5

EMPLOYER SPONSORED HEALTH INSURANCE
REQUEST FOR INFORMATION

Your Employee may be eligible for help in paying for health insurance premiums, please provide information about the health insurance offered by your company and return it to the address at the bottom of this form.

Pursuant to Social Services Law Section 143, all employers of any kind doing business within the State of New York are required to furnish to the social services official, information about employees including information regarding health insurance coverage. Failure to do so may result in court action and penalties.

Employee Last Name:		First Name:		
Address:				
Is this individual currently enrolled in health insurance coverage through employment with you? <input type="checkbox"/> YES Complete Section A <input type="checkbox"/> NO Complete Section B *				
Does this individual have health insurance available to him/her now or in the future through employment with you? <input type="checkbox"/> YES Complete Section A <input type="checkbox"/> NO Complete Section B *				
SECTION A				
Employer Name:		Phone #:		
Insurance Carrier/Union Name:		Group #:		
Carrier Address:		Carrier Phone #:		
Name of person completing form:		Date:		
Employee/Enrollee	Coverage Type	Coverage Dates		Monthly Employee Premium Amount \$
	Family/Couple/Individual	Start Date	End Date	
1				
2				
3				
4				
5				

What are the standard: Deductibles \$ _____ Co-Insurance \$ _____ Co-payments \$ _____

Scope of Benefits: Please check all that apply and attach a plan summary

- | | | | | |
|--|--|---|---|--|
| <input type="checkbox"/> Ambulatory Surgery | <input type="checkbox"/> Outpatient Services | <input type="checkbox"/> Durable Medical Equipment | <input type="checkbox"/> Vision Care/ Eyeglasses | <input type="checkbox"/> Diagnostic Lab/ X-ray |
| <input type="checkbox"/> Inpatient Hospital Services | <input type="checkbox"/> Physician Services | <input type="checkbox"/> Transportation - Emergency | <input type="checkbox"/> Drug and Alcohol treatment | <input type="checkbox"/> Maternity Care |
| <input type="checkbox"/> Emergency Services | <input type="checkbox"/> Prescription Drug | <input type="checkbox"/> Dental | <input type="checkbox"/> Outpatient Mental Health | |

SECTION B

If employee is NOT enrolled in an employer-sponsored health care plan, check the applicable box and attach the information requested.

- | | |
|---|--|
| <input type="checkbox"/> Health insurance is not provided to our employees | <input type="checkbox"/> Employee is not currently eligible to enroll, but may enroll on (date) ____/____/____ |
| <input type="checkbox"/> Employee is not eligible for health care coverage because: _____

_____ | <input type="checkbox"/> Employee is eligible for health insurance, but has not enrolled* |
- *Attach the plan(s) summary of benefits the employee, spouse, and dependents may be eligible for; and the employee cost for such benefits.**

If your employee is determined to be eligible to receive premium assistance in paying his/her share of the premium cost, would you accept direct payment from the Department of Social Services? YES ___ NO ___
 If yes, Employer FEIN or Tax ID# is needed _____.

Return this completed form by ____/____/____

Return form to:
Social Service District Name: _____
Address: _____

Or Fax to: _____

For Questions, Call:

Attachment 6

NOTICE OF DECISION FOR FAMILY HEALTH PLUS – PREMIUM ASSISTANCE PROGRAM

NOTICE DATE:	EFFECTIVE DATE:	NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE
CASE NUMBER	Unit or Worker Name	
CASE NAME (And C/O Name if Present) AND ADDRESS		
		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP <hr style="border-top: 1px dashed black;"/> OR Agency Conference _____ Fair Hearing Information and Assistance _____ Record Access _____ Legal Assistance Information _____

OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.
------------	----------	------------	---------------------	---------------

The Local Department of Social Services (LDSS) has made a decision concerning your eligibility for Family Health Plus Premium Assistance Program.

This Department will:

- ACCEPT** the application dated _____ for (name(s)) _____.
 Effective: _____, the premium assistance program will pay \$ _____ weekly bi-weekly
 monthly quarterly
- DENY** the application dated _____ for (name(s)) _____.
 The reason for this action is as follows:
 It is not cost effective for Medicaid to pay the premium for your employer sponsored health insurance plan.
- CONTINUE** the premium payment for (name(s)) _____, effective _____. The premium assistance program will pay \$ _____ weekly bi-weekly monthly quarterly
- TAKE NO ACTION** on the application dated _____, since it was withdrawn.
- CHANGE** from Family Health Plus Managed Care to Family Health Plus Premium Assistance Program for (name(s)) _____. You will be disenrolled from _____ Health Insurance Plan effective: _____ and enrolled in your Employer's Health Insurance Plan _____, effective: _____. The Premium Assistance Program will pay \$ _____ weekly bi-weekly monthly quarterly
- DISCONTINUE** Premium Assistance Program for (name(s)) _____. Effective _____. The **reason** for this action is as follows:
 You no longer have access to your employer's health insurance plan; you will be enrolled into the Family Health Plus plan you chose on your application.
 You no longer have access to your employer's health insurance plan. You must complete the enclosed Family Health Plus Plan enrollment form and return it within 10 days to the address listed above if you want to receive Family Health Plus benefits.
 It is not cost effective for Medicaid to continue paying the premium for your employer sponsored health insurance plan. You must notify us **within 10 days** to tell us if you will remain in the employer sponsored health insurance and pay the cost of the premium yourself. If you fail to respond your coverage will end. If you choose to discontinue your health insurance, you must provide us with written proof of your termination date, and you must choose a Family Health Plus plan **within 10 days** if you want to receive Family Health Plus benefits.
 It is not cost effective to continue to pay for your premium.

If this application is being denied or discontinued for financial reasons, the following information explains the calculation of eligibility. The income, resources and allowable deductions/exemptions are as follows:

	INCOME		RESOURCES
Gross monthly income	\$ _____	Countable resources	\$ _____
Deductions	- \$ _____	Exemptions	- \$ _____
Net monthly income	\$ _____	Net resources	\$ _____
Allowable standard	\$ _____	Allowable standard	\$ _____
Excess income	\$ _____	Excess resources	\$ _____

The law(s) and/or regulation(s) which allow us to do this are SSL 369-ee.

If any of these actions were taken because of financial circumstances, we have enclosed a budget worksheet(s) so that you can see how we determined eligibility for benefits.

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION**

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. ***It is not the way you request a fair hearing.*** If you ask for a conference you are still entitled to a fair hearing. If you want to have your benefits continue unchanged (aid continuing) until you get a fair hearing decision, you must request a fair hearing in the way described below. Read below for fair hearing information.

RIGHT TO A FAIR HEARING: If you believe that the above action is wrong, you may request a State fair hearing by:

- 1) **Telephone:** You may call the state wide toll free number: 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL); **OR**
- 2) **Fax:** Send a copy of this notice to fax no. (518) 473-6735; **OR**
- 3) **On-Line:** Complete and send the online request form at: <http://www.otda.state.ny.us/oah/forms.asp>; **OR**
- 4) **Write:** Send a copy of this notice **completed**, to the Fair Hearing Section, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

I want a fair hearing. The Agency's action is wrong because: _____

Print Name: _____ Case Number: _____

Address: _____ Telephone: _____

Signature of Client: _____ Date: _____

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, paystubs, receipts, medical bills, heating bills, medical verification, letters, etc. that may be helpful in presenting your case.

CONTINUING YOUR BENEFITS: If you request a fair hearing before the effective date stated in this notice, you will continue to receive your benefits unchanged until the fair hearing decision is issued. However, if you lose the fair hearing, we may recover the cost of any Medical Assistance benefits that you should not have received. If you want to avoid this possibility, check the box below to indicate that you do not want your aid continued, and send this page along with your hearing request. If you do check the box, the action described above will be taken on the effective date listed above.

I agree to have the action taken on my Medical Assistance benefits, as described in this notice, prior to the issuance of the fair hearing decision.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file, which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file, which you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice.

ATTENTION: Children under 19 years of age who are not eligible for Child Health Plus A or other health insurance may be eligible for the Child Health Plus B Insurance Plan (Child Health Plus B). The plan provides health care insurance for children. Call 1-800-522-5006 for information.

Attachment 7

AVISO DE DECISIÓN TOMADA CON RELACIÓN AL PROGRAMA DE AYUDA CON PAGOS DE PRIMAS - FAMILY HEALTH PLUS

FECHA DE LA NOTIFICACIÓN:		FECHA DE VIGENCIA:		NOMBRE Y DIRECCIÓN DE LA AGENCIA / CENTRO U OFICINA DEL DISTRITO	
Nº DE CASO:	UNIDAD O NOMBRE DEL TRABAJADOR SOCIAL				
CASO A NOMBRE DE (y nombre de la persona a cargo, si está presente) Y DOMICILIO					
				NO. DE TELÉFONO GENERAL PARA HACER PREGUNTAS O PEDIR AYUDA	
				Conferencia con la Agencia _____	
				Audiencias Imparciales Información y asistencia _____	
				Acceso a los Archivos _____	
Información sobre Asesoramiento Legal _____					
Nº DE OFICINA	Nº DE UNIDAD	Nº DEL TRABAJADOR DE CASOS	Nº UNIDAD O NOMBRE DEL TRABAJADOR	Nº DE TELÉFONO	

El departamento local de servicios sociales ha tomado una decisión pertinente a su habilitación para recibir beneficios del Programa de Ayuda con los Pagos de Primas de Family Health Plus.

Este departamento tomará la siguiente acción:

- ACEPTARÁ** la solicitud de fecha _____ para (nombre[s]) _____.
A partir del: _____, el programa de ayuda con los pagos de primas pagará \$ _____
 semanalmente cada dos semanas mensualmente trimestralmente
- RECHAZARÁ** la solicitud de fecha _____ para (nombre[s]) _____.
El motivo de esta decisión es el siguiente: No es eficaz, en función de los costos, que Medicaid continúe pague la prima del seguro médico que usted recibe por parte de su empleador.
- CONTINUARÁ** los pagos de primas para (nombre[s]) _____, a partir del _____. El programa de ayuda con los pagos de primas pagará \$ _____
 semanalmente cada dos semanas mensualmente trimestralmente
- NO SE TOMARÁ DECISIÓN ALGUNA** sobre la solicitud de fecha _____ dado que ésta fue retirada.
- CAMBIARÁ** de Cuidados Administrados de Family Health Plus, a Programa de Ayuda con los Pagos de Primas de Family Health Plus para (nombre[s]) _____. Usted será retirada(o) del seguro de salud _____, a partir del _____ y se le inscribirá en el seguro médico de su empleador _____, a partir del: _____. El Programa de Ayuda con los Pagos de Primas pagará \$ _____
 semanalmente cada dos semanas mensualmente trimestralmente
- SUSPENDERÁ** los beneficios del Programa de Ayuda con los Pagos de Primas para (nombre[s]) _____ a partir del _____. El **motivo** de esta decisión es la siguiente:
 - Usted ya no tiene acceso al seguro médico de su empleador; a usted se inscribirá en el plan de Family Health Plus que usted seleccionó en la solicitud.
 - Usted ya no cuenta con un plan de seguro de salud por parte de su empleador. Debe rellenar el formulario adjunto de inscripción en el Plan de Salud Family Health Plus, y devolverlo en los próximos 10 días a la dirección indicada arriba si desea recibir el seguro de salud Family Health Plus.
 - No es eficaz, en función de los costos, que Medicaid continúe pagando la prima del seguro médico que usted recibe por parte de su empleador. Usted nos debe notificar **dentro de 10 días** si usted decide retener el seguro médico que recibe por parte de su empleador y continuar pagando usted mismo(a) el costo de las primas del seguro. Si usted no responde, cesará su cobertura. Si usted decide suspender su seguro médico, usted debe suministrarlos un comprobante por escrito que muestre la fecha en que la cobertura cesa. Además, usted debe escoger un plan de salud de Family Health Plus **dentro de 10 días** si desea recibir beneficios del seguro médico de Family Health Plus.
 - No es eficaz, en función de los costos, el continuar pagando su prima.

Si la presente solicitud se rechaza o se suspende por razones económicas, a continuación explicamos cómo se evaluaron los requisitos. El ingreso, los recursos y las deducciones permitidas / excepciones son las siguientes:

INGRESOS		RECURSOS	
Ingresos brutos mensuales	\$ _____	Recursos contables	\$ _____
Deducciones	-\$ _____	Exenciones	-\$ _____
Ingreso neto mensual	\$ _____	Recursos netos	\$ _____
Estándar permitido	\$ _____	Estándar permitido	\$ _____
Ingresos en exceso	\$ _____	Recursos en exceso	\$ _____

La ley y/o reglamentación que nos permite tomar esta decisión es SSL 369-ee.

Si alguna decisión fue tomada por circunstancias financieras, hemos adjuntado una hoja de cálculo de presupuesto para que usted pueda ver cómo calculamos su habilitación para recibir beneficios.

DERECHO A UNA CONFERENCIA: usted puede solicitar una conferencia para examinar la decisión tomada. Si desea solicitar una conferencia, hágalo lo más pronto posible. Si en la conferencia nos percatamos que nuestra decisión es incorrecta; o si según la información que usted nos brinde, decidimos modificar la decisión tomada, tomaremos la medida correctiva y le enviaremos una nueva notificación. Puede solicitar una conferencia llamando al número de teléfono que aparece en la primera página de esta notificación o enviándonos una carta a la dirección que aparece en esa misma página. Ese número es solamente para solicitar una conferencia con la agencia **y no es la manera de solicitar una audiencia imparcial**. Tiene derecho a una audiencia imparcial aunque solicite una conferencia. Si desea que sus beneficios continúen sin cambios (asistencia ininterrumpida) hasta que se tome una decisión de su caso en la audiencia imparcial, debe solicitar una audiencia imparcial de la manera descrita a continuación. Lea la siguiente información sobre audiencias imparciales.

DERECHO A UNA AUDIENCIA IMPARCIAL: si usted cree que la decisión descrita anteriormente es incorrecta, puede solicitar una audiencia estatal imparcial de las siguientes maneras:

- 1) **Por teléfono:** llame al número estatal: 1 800 -342-3334 (TENGA A MANO ESTA NOTIFICACIÓN CUANDO LLAME)
- 2) **Por fax:** envíe una copia de esta notificación al (518) 473-6735
- 3) **Por internet:** rellene una petición electrónica en el siguiente sitio: <http://www.otda.state.ny.us/oah/forms.asp>; **OR**
- 4) **Por escrito:** rellene este aviso en su **totalidad** y envíe una copia a: *Fair Hearing Section, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201*. Favor de quedarse con una copia.

Deseo una audiencia imparcial. La decisión de la agencia es incorrecta porque: _____

Nombre en letra de imprenta: _____ Nº de Caso: _____

Domicilio: _____ Teléfono: _____

Firma del Cliente: _____ Fecha: _____

USTED TIENE 60 DÍAS, CONTADOS A PARTIR DE LA FECHA EN ESTA NOTIFICACIÓN, PARA SOLICITAR UNA AUDIENCIA IMPARCIAL

Si usted solicita una audiencia imparcial, el Estado le enviará una notificación informándole dónde y cuándo se llevará a cabo la audiencia. Usted tiene derecho a ser representado por un asesor legal, un pariente, un amigo(a) u otra persona, o de representarse así mismo(a). En la audiencia, usted, su abogado u otro representante tendrán la oportunidad de presentar evidencia escrita y oral que demuestre por qué no se debe tomar la medida, como también la oportunidad de interrogar a toda persona que comparezca a la audiencia. Además, usted tiene el derecho de presentar testigos que avalen su caso. Le sugerimos traer consigo todo documento pertinente que le ayude a avalar su caso, tales como: talonario de cheques de pago, recibos, facturas médicas, facturas de calefacción, comprobantes médicos, cartas, etc.

CONTINUACIÓN DE SUS BENEFICIOS: si usted solicita una audiencia imparcial antes de la fecha de vigencia indicada en esta notificación, continuará recibiendo sus beneficios sin cambios hasta que se tome una decisión en la audiencia imparcial. Sin embargo, si la audiencia no se decide a su favor, podríamos pedirle que nos devuelva la cantidad correspondiente a los beneficios de Asistencia Médica que usted recibió y que no tenía que haber recibido. Si no quiere que esto ocurra, marque la siguiente casilla indicando que no quiere que continúen sus beneficios, y mande esta hoja junto con la petición de audiencia. Si marca la casilla, la medida descrita anteriormente se llevará a cabo en la fecha fijada arriba.

Estoy de acuerdo en que se tome la decisión indicada en esta notificación con respecto a mis beneficios de Asistencia Médica antes de la decisión de la audiencia imparcial.

ASISTENCIA LEGAL: si necesita asesoría legal gratuita, podría obtenerla llamando al número local de la Sociedad de Ayuda Legal u otra asociación de defensa legal. Puede localizar la Sociedad de Ayuda Legal o un grupo de abogacía en las Páginas Amarillas del directorio telefónico bajo «Lawyers» (abogados), o llamando al número que aparece en la primera página de esta notificación.

ACCESO A SU ARCHIVO Y COPIAS DE DOCUMENTOS: en preparación para la audiencia imparcial, usted tiene derecho a revisar el archivo de su caso. Si nos llama o nos escribe, le brindaremos, sin cargo, copias de documentos contenidos en su archivo; los mismos que entregaremos al funcionario a cargo de la audiencia imparcial. Además, si nos llama o nos escribe, le brindaremos, sin cargo, copias de otros documentos contenidos en su archivo y los cuales usted considere necesarios en preparación para la audiencia imparcial. Si desea solicitar documentos o averiguar la modalidad a seguir para consultar su archivo, llámenos al número de teléfono de Acceso a Archivos que aparece en la parte superior de la página 1 de esta notificación. o mande una carta a la dirección indicada en esa misma página.

Si desea copias de documentos que figuran en su archivo, solicítelas con anticipación. Se le proporcionarán dentro de un lapso de tiempo razonable antes de la fecha fijada para la audiencia. Los documentos se le enviarán por correo sólo si usted específicamente los solicita.

INFORMACIÓN: si desea información adicional sobre su caso, cómo solicitar una audiencia imparcial, cómo consultar su archivo o cómo obtener copias adicionales de documentos, sírvase llamarnos al número de teléfono señalado en la primera página de este aviso o mande una carta a la dirección que figura en esa misma página.

ATENCIÓN: los niños menores de 19 años de edad que no reúnen los requisitos de Child Health Plus A o de algún otro seguro médico, podrían reunir los requisitos del Seguro de Salud Child Health Plus B (Child Health Plus B). El seguro brinda atención y cuidados de salud para niños. Si desea información llame al 1-800-522-5006.

Attachment 8

CHILD HEALTH PLUS AND MEDICAID



New York State's Health Care Coverage for Uninsured Kids and Teens!





Need Health Care for Your Child?

New York State now offers health insurance coverage to all children. No family makes too much money to enroll their uninsured children and teens in low- or no-cost health care coverage.

What benefits can you get for your children? Having this coverage means your children can get the health care they need, when they need it, including:

- Well-child care
- Physical exams
- Immunizations (shots)
- Diagnosis and treatment of illness and injury
- X-ray and lab tests
- Outpatient surgery
- Emergency care
- Prescription and non-prescription drugs if ordered
- Inpatient hospital medical or surgical care
- Short-term therapeutic outpatient services (chemotherapy, hemodialysis)
- Limited inpatient and outpatient treatment for alcoholism, substance abuse, and mental health therapy
- Dental care
- Vision care
- Speech and hearing therapy
- Pre-hospital emergency medical services (ambulance)
- Hospice

With both Child Health Plus and Medicaid, most of your child's health needs will be covered. Medicaid also covers braces and provides for all medically necessary treatment.





How Can You Apply?

To get started, families need to fill out an application and give proof of age, identity, home address, income and citizenship or immigration status for all the children applying for coverage. And, you can get help to apply. Facilitated enrollers can help you fill out the application, collect the necessary documents and select a health plan. Help is available during evening and weekend hours.

To find out where help is available, check out the list of Enrollment Organizations at the back of this booklet or call: 1-800-698-4543.

If you think your children are eligible for Child Health Plus, you can also enroll through a Child Health Plus plan. These insurers are listed in the back of this booklet. If you think your children are eligible for Medicaid, you can enroll through your County Department of Social Services. The County Department of Social Services Offices are listed in the back of this booklet.

To find out more about children's health care coverage call this toll-free number: 1-800-698-4KIDS (1-800-698-4543). If you are hearing impaired, call the TTY number: 1-877-898-5849.

Who Is Eligible?

Children must be under the age of 19 and be residents of New York State. Whether a child qualifies for Child Health Plus or Medicaid depends on income. Children who are not eligible for Medicaid can enroll in Child Health Plus if they don't have health insurance and are not eligible for coverage under the public employees' state health benefits plan.

Can You Qualify Even If You've Been Turned Down in the Past?

Yes. More people than ever are now eligible for Child Health Plus and Medicaid. To find out more about children's health care coverage call this toll-free number: 1-800-698-4KIDS (1-800-698-4543). If you are hearing impaired, call the TTY number: 1-877-898-5849.

Where Do Your Kids Go for Health Care?

If your child is enrolled in Medicaid, you may be required to enroll in a managed care plan, or you may bring your child to any provider who accepts Medicaid. If your child is eligible for Child Health Plus, you will need to enroll in a participating managed care plan. You will be asked to choose a doctor within that plan. All children and teens enrolled in a managed care plan can visit the health plans network of doctors, health centers, hospitals and other providers to receive their medical care.



What Does It Cost?

Health insurance is free for some children. Other families may have to pay an affordable monthly premium for their children's coverage. How much a family pays depends on their income and the number of people in their family. The chart below will tell you how much, if anything, you will have to pay.

The income chart is only a guide. When you apply, an enroller will help you figure out how much money you will need to pay, if any.

CHILD HEALTH PLUS / MEDICAID

2008 Monthly Family Contribution by Income and Family Size
(Effective 9/1/2008)

Family Size	Monthly Income Levels		
1	Under \$1,386	\$1,386–\$1,924	\$1,925–\$2,167
2	Under \$1,866	\$1,866–\$2,590	\$2,591–\$2,917
3	Under \$2,346	\$2,346–\$3,256	\$3,257–\$3,667
4	Under \$2,826	\$2,826–\$3,922	\$3,923–\$4,417
5	Under \$3,306	\$3,306–\$4,588	\$4,589–\$5,167
6	Under \$3,786	\$3,786–\$5,254	\$5,255–\$5,917
For each additional person, add:	\$480	\$666	\$750
Family contribution	Free insurance	\$9 per child per month (Maximum \$27 per family)	\$15 per child per month (Maximum \$45 per family)

*The full premium varies, depending on the health plan chosen by the family.

You cannot enroll in Child Health Plus if your family's income makes you eligible for Medicaid.

Pregnant women count as two people.

Income levels increase yearly.





Monthly Income Levels

\$2,168–\$2,600	\$2,601–\$3,034	\$3,035–\$3,467	Over \$3,467
\$2,918–\$3,500	\$3,501–\$4,084	\$4,085–\$4,667	Over \$4,667
\$3,668–\$4,400	\$4,401–\$5,134	\$5,135–\$5,867	Over \$5,867
\$4,418–\$5,300	\$5,301–\$6,184	\$6,185–\$7,067	Over \$7,067
\$5,168–\$6,200	\$6,201–\$7,234	\$7,235–\$8,267	Over \$8,267
\$5,918–\$7,100	\$7,101–\$8,284	\$8,285–\$9,467	Over \$9,467
\$900	\$1,050	\$1,200	—
\$20 per child per month <i>(Maximum \$60 per family)</i>	\$30 per child per month <i>(Maximum \$90 per family)</i>	\$40 per child per month <i>(Maximum \$120 per family)</i>	Full premium* <i>(Per child per month)</i>



Need Help Enrolling? Call the Facilitated Enroller Who Serves Your County:

NEW YORK CITY

BRONX

Morris Heights Health Center
718-483-1260

BRONX, KINGS, NEW YORK, QUEENS

New York City Department of
Health and Mental Hygiene
212-788-5788

BRONX, NEW YORK
Alianza Dominicana, Inc.
212-740-1960, ext. 3636

BRONX, NEW YORK
Hispanic Federation
212-233-8955 or 212-732-HELP

BRONX, NEW YORK
SEEDCO
212-473-0255

KINGS

Brooklyn Perinatal Network, Inc.
718-643-8258, ext. 13

KINGS

Metropolitan Council on Jewish Poverty
212-453-9532

**KINGS, NEW YORK,
QUEENS, RICHMOND**
Make The Road By Walking
718-418-7690

KINGS, QUEENS
Ridgewood-Bushwick
Senior Citizens Council
718-366-3800

KINGS, RICHMOND
Yeled V'Yalda Early Childhood Center
718-686-3700

NEW YORK, BRONX
Children's Aid Society
212-503-6804

NEW YORK, KINGS, QUEENS
Public Health Solutions (MHRSA)
646-619-6541

QUEENS

Joseph P. Addabbo Family Health Center
718-868-8291

QUEENS

Safe Space
718-785-9050

RICHMOND

Staten Island Jewish Community Center
718-981-1400

REST OF STATE

ALBANY, SCHENECTADY, RENSSELAER

Healthy Capital District Initiative
518-462-7040

ALLEGANY, ONTARIO, SCHUYLER, STEUBEN, SENECA, WAYNE, YATES

Yates County Public Health –
SSAY Rural Health Network
800-346-2211

BROOME, CHEMUNG, DELAWARE, OTSEGO, TIOGA, TOMPKINS

Mothers and Babies Perinatal
Network of SCNY, Inc.
800-231-0744

CATTARAUGUS

Southern Tier Health Care System, Inc.
716-372-0614

CAYUGA

Cayuga County Department of
Health and Human Services
315-253-1382

CHAUTAUQUA

Chautauqua Opportunities, Inc.
716-366-4373 or 716-661-9430

CHENANGO

Chenango Health Network
607-337-4128

CLINTON, ESSEX,

FRANKLIN, HAMILTON, WARREN, WASHINGTON

Upper Hudson Primary Care Consortium
518-562-3740 (Plattsburgh) or
518-761-0300, ext. 223 (Glens Falls)

COLUMBIA, GREENE

Columbia County Community
Healthcare Consortium
518-822-9600

CORTLAND

Cortland County Health Department
607-753-5341

DUTCHESS, ORANGE, PUTNAM, SULLIVAN, ULSTER

Maternal-Infant Services
Network of Orange, Sullivan
& Ulster Counties, Inc.
800-453-4666 or 845-928-7448

ERIE

Kaleida Health
716-859-8979

ERIE, NIAGARA

Erie County Department of Health
716-858-7207

FULTON, HAMILTON,

MONTGOMERY

Nathan Littauer Hospital Association
518-775-4074

HERKIMER, MADISON, ONEIDA

Mohawk Valley Perinatal Network, Inc.
315-732-4657 or 877-267-6193

JEFFERSON, LEWIS,

ST. LAWRENCE

North Country Prenatal/Perinatal
Council, Inc.
315-788-8533 or 800-279-8679

MONROE, LIVINGSTON

Coordinated Care Services, Inc.
585-613-7662

NASSAU, SUFFOLK

Health and Welfare Council
of Long Island
516-483-1110, ext. 428 or
631-475-8946

NASSAU, SUFFOLK

Nassau-Suffolk Hospital Council
631-435-3000 or 631-789-2839

ONONDAGA

Onondaga County Health Department
315-435-6808

ONTARIO, WAYNE

Thompson Health System
888-758-7658 or 585-396-6463

ORLEANS, GENESEE, NIAGARA, WYOMING

Lake Plains Community Care Network
585-344-1692

OSWEGO

Oswego County Opportunities, Inc.
315-598-9361, ext. 1

ROCKLAND

Rockland County Department of Health
845-364-3312

SARATOGA

Saratoga Care Family Health Centers
518-580-2021

SCHOHARIE

Schoharie County Community Action
Program, Inc.
518-234-2568

WESTCHESTER

Westchester County Department
of Health
914-813-5048

Local Department of Social Services Offices (Medicaid)

ALBANY COUNTY DSS

162 Washington Avenue
Albany, New York 12210
518-447-7300

ALLEGANY COUNTY DSS

7 Court Street
Belmont, New York 14813-1077
585-268-9622

BROOME COUNTY DSS

36-42 Main Street
Binghamton, New York 13905-3199
607-778-8850

CATTARAUGUS COUNTY DSS

Cattaraugus County Building
One Leo Moss Drive
Olean, New York 14760-1158
716-373-8065

CAYUGA COUNTY DSS

County Office Building
160 Genesee Street
Auburn, New York 13021-3433
315-253-1451

CHAUTAUQUA COUNTY DSS

Hall R. Clothier Building
Mayville, New York 14757
716-753-4590

CHEMUNG COUNTY DSS

Human Resource Center
425 Pennsylvania Ave, P.O. Box 588
Elmira, New York 14902
607-737-5309

CHENANGO COUNTY DSS

5 Court Street, P.O. Box 590
Norwich, New York 13815
607-337-1500

CLINTON COUNTY DSS

13 Durkee Street
Plattsburgh, New York 12901-2911
518-565-3300

COLUMBIA COUNTY DSS

25 Railroad Avenue, P.O. Box 458
Hudson, New York 12534
518-828-9411

CORTLAND COUNTY DSS

60 Central Avenue
Cortland, New York 13045-5248
607-753-5248

DELAWARE COUNTY DSS

111 Main Street, P.O. Box 469
Delhi, New York 13753
607-746-2325

DUTCHESS COUNTY DSS

60 Market Street
Poughkeepsie, New York 12601-3299
845-486-3000

ERIE COUNTY DSS

95 Franklin Street
Buffalo, New York 14202-3959
716-858-8000

ESSEX COUNTY DSS

7551 Court Street, P.O. Box 217
Elizabethtown, New York 12932-0217
518-873-3441

FRANKLIN COUNTY DSS

Courthouse
355 West Main Street
Malone, New York 12953
518-483-6770

FULTON COUNTY DSS

4 Daisy Lane, P.O. Box 549
Johnstown, New York 12095
518-736-5640

GENESSEE COUNTY DSS

5130 East Main Street, Suite #3
Batavia, New York 14020
585-344-2580

GREENE COUNTY DSS

411 Main Street, P.O. Box 528
Catskill, New York 12414-1716
518-943-3200

HAMILTON COUNTY DSS

P.O. Box 725, White Birch Lane
Indian Lake, New York 12842-0725
518-648-6131

HERKIMER COUNTY DSS

301 North Washington Street
Suite 2110
Herkimer, New York 13350
315-867-1291

JEFFERSON COUNTY DSS

250 Arsenal Street
Watertown, New York 13601
315-782-9030

LEWIS COUNTY DSS

5274 Outer Stowe Street
Lowville, New York 13367
315-376-5400

LIVINGSTON COUNTY DSS

3 Murray Hill Drive
Mt. Morris, New York 14510-1699
585-243-7300

MADISON COUNTY DSS

P.O. Box 637, North Court Street
Madison County Complex, Building 1
Wampsville, New York 13163
315-366-2211

MONROE COUNTY DSS

111 Westfall Road
Rochester, New York 14620-4686
585-753-6000

MONTGOMERY COUNTY DSS

County Office Building, P.O. Box 745
Fonda, New York 12068
518-853-4646

NASSAU COUNTY DSS

60 Charles Lindbergh Boulevard
Uniondale, New York 11553
516-227-7474

NEW YORK CITY

Human Resources Administration
180 Water Street
New York, New York 10038
718-557-1399 or
877-472-8411 (Toll free within
the five boroughs of New York City)
<http://www.nyc.gov/html/doh/html/hca/plus2.shtml>

NIAGARA COUNTY DSS

301 10th Street
P.O. Box 865
Niagara Falls, New York 14302
716-439-7600

ONEIDA COUNTY DSS

800 Park Avenue
Utica, New York 13501-2981
315-798-5700

ONONDAGA COUNTY DSS

Onondaga County Civic Center
421 Montgomery Street
Syracuse, New York 13202-2923
315-435-2985

ONTARIO COUNTY DSS

3010 County Complex Drive
Canandaigua, New York 14424-1296
877-814-6907 or **585-396-4060**

ORANGE COUNTY DSS

11 Quarry Road, Box Z
Goshen, New York 10924-0678
845-291-4000

ORLEANS COUNTY DSS

14016 Route 31 West
Albion, New York 14411-9365
585-589-7000

OSWEGO COUNTY DSS

100 Spring Street, P.O. Box 1320
Mexico, New York 13114
315-963-5000

OTSEGO COUNTY DSS

County Office Building
197 Main Street
Cooperstown, New York 13326-1196
607-547-4355

PUTNAM COUNTY DSS

110 Old Route Six Center
Carmel, New York 10512-2110
845-225-7040

RENSELAER COUNTY DSS

127 Bloominggrove Drive
Troy, New York 12180-8403
518-833-6000

ROCKLAND COUNTY DSS

Building L, Sanatorium Road
Pomona, New York 10970
845-364-3100

SARATOGA COUNTY DSS

152 West High Street
Ballston Spa, New York 12020
518-884-4140

SCHENECTADY COUNTY DSS

487 Nott Street
Schenectady, New York 12308-1812
518-388-4470

SCHOHARIE COUNTY DSS

County Office Building, P.O. Box 687
Schoharie, New York 12157
518-295-8334

(Continued)

SCHUYLER COUNTY DSS

Human Service Complex
323 Owego Street, Unit 3
Montour Falls, New York 14865
607-535-8303

SENECA COUNTY DSS

1 Di Pronio Drive, P.O. Box 690
Waterloo, New York 13165-0690
315-539-1800

ST. LAWRENCE COUNTY DSS

Harold B. Smith County Office Bldg.
6 Judson Street
Canton, New York 13617-1197
315-379-2111

STEUBEN COUNTY DSS

3 East Pulteney Square
Bath, New York 14810
607-776-7611

SUFFOLK COUNTY DSS

3085 Veterans Memorial Highway
Ronkonkoma, New York 11788-8900
631-854-9700

SULLIVAN COUNTY DSS

Box 231, 16 Community Lane
Liberty, New York 12754
845-292-0100

TIOGA COUNTY DSS

1062 State Route 38
P.O. Box 240
Owego, New York 13827
607-687-8300

TOMPKINS COUNTY DSS

320 West State Street
Ithaca, New York 14850
607-274-5252

ULSTER COUNTY DSS

1061 Development Court
Kingston, New York 12401-1959
845-334-5000

WARREN COUNTY DSS

Municipal Center Annex
1340 State Route 9
Lake George, New York 12845-9803
518-761-6300

WASHINGTON COUNTY DSS

Municipal Building, 383 Broadway
Fort Edward, New York 12828
518-746-2300

WAYNE COUNTY DSS

77 Water Street, P.O. Box 10
Lyons, New York 14489-0010
315-946-4881

WESTCHESTER COUNTY DSS

County Office Building #2
112 East Post Road
White Plains, New York 10601
914-995-5000

WYOMING COUNTY DSS

466 North Main Street
Warsaw, New York 14569-1080
585-786-8900

YATES COUNTY DSS

County Office Building
417 Liberty Street
Penn Yan, New York 14527-1118
315-536-5183

Participating Child Health Plus Insurers

ALBANY

Capital District Physicians' Health Plan 1-800-454-3840
Empire Blue Cross 1-800-431-1914
Fidelis Care New York 1-888-343-3547
GHI HMO 1-877-244-4466
WellCare 1-800-288-5441

ALLEGANY

BCBS of Western NY (Community Blue) 1-800-888-5407
Univera Community Health 1-800-494-2215

BRONX

Affinity Health Plan 1-866-247-5678
AmeriChoice by United Healthcare 1-800-493-4647
AMERIGROUP Community Care 1-800-600-4441
Empire Blue Cross and Blue Shield 1-800-431-1914
Fidelis Care New York 1-888-343-3547
GHI HMO 1-877-244-4466
HealthFirst 1-866-463-6743
Health Plus PHSP 1-888-809-8009
Health Insurance Plan of Greater NY 1-800-542-2412
MetroPlus Health Plan 1-800-475-6387
For hearing-impaired
Neighborhood Health Providers 1-800-881-2812
NY Presbyterian Community Health Plan 1-800-826-6240
WellCare 1-800-261-4649
1-800-288-5441

BROOME

Capital District Physicians' Health Plan 1-800-454-3840
Excellus/BCBS Central New York 1-800-716-4885
Fidelis Care New York 1-888-343-3547
GHI HMO 1-877-244-4466

CATTARAUGUS

BCBS of Western NY (Community Blue) 1-800-888-5407
Fidelis Care New York 1-888-343-3547
Univera Community Health 1-800-494-2215

CAYUGA

AmeriChoice by United Healthcare 1-800-493-4647
Excellus/BCBS Central New York 1-800-716-4885

CHAUTAQUA

BCBS of Western NY (Community Blue) 1-800-888-5407
Fidelis Care New York 1-888-343-3547
Univera Community Health 1-800-494-2215

CHEMUNG

Excellus/BCBS Central New York 1-800-716-4885

CHENANGO

Capital District Physicians' Health Plan* 1-800-454-3840
Excellus BCBS Utica/Watertown 1-800-716-4885

CLINTON

Empire Blue Cross 1-800-431-1914
Excellus/BCBS Utica/Watertown 1-800-716-4885
Fidelis Care New York 1-888-343-3547

COLUMBIA

Capital District Physicians' Health Plan 1-800-454-3840
Empire Blue Cross and Blue Shield 1-800-431-1914
Fidelis Care New York 1-888-343-3547
GHI HMO 1-877-244-4466
WellCare 1-800-288-5441

CORTLAND

Excellus BCBS Central New York 1-800-716-4885
Fidelis Care New York 1-888-343-3547
SCHC Total Care, Inc. 1-877-872-4715

DELAWARE

Capital District Physicians' Health Plan 1-800-454-3840
Empire Blue Cross and Blue Shield 1-800-431-1914
Excellus BCBS Utica/Watertown 1-800-716-4885

DUTCHESS

Capital District Physicians' Health Plan 1-800-454-3840
Empire Blue Cross and Blue Shield 1-800-431-1914
Fidelis Care New York 1-888-343-3547
GHI HMO 1-877-244-4466
Hudson Health Plan 1-800-339-4557
MVP Health Plan 1-800-666-1762
WellCare 1-800-288-5441

ERIE

BCBS of Western NY (Community Blue) 1-800-888-5407
Fidelis Care New York 1-888-343-3547
Independent Health 1-800-453-1910
Univera Community Health 1-800-494-2215

*(Continued)***Currently not accepting new enrollment.*

ESSEX

Capital District Physicians' Health Plan 1-800-454-3840
 Empire Blue Cross 1-800-431-1914
 Excellus/BCBS Utica/Watertown 1-800-716-4885
 Fidelis Care New York 1-888-343-3547

FRANKLIN

Excellus/BCBS Utica/Watertown 1-800-716-4885

FULTON

Capital District Physicians' Health Plan 1-800-454-3840
 Empire Blue Cross 1-800-431-1914
 Excellus BCBS Utica/Watertown 1-800-716-4885
 Fidelis Care New York 1-888-343-3547

GENESEE

BCBS of Western NY (Community Blue) 1-800-888-5407

GREENE

Capital District Physicians' Health Plan 1-800-454-3840
 Empire Blue Cross and Blue Shield 1-800-431-1914
 Fidelis Care New York 1-888-343-3547
 GHI HMO 1-877-244-4466
 WellCare 1-800-288-5441

HAMILTON

Excellus/BCBS Utica/Watertown 1-800-716-4885
 Fidelis Care New York 1-888-343-3547

HERKIMER

AmeriChoice by United Healthcare 1-888-493-4647
 Capital District Physicians' Health Plan 1-800-454-3840
 Excellus/BCBS Utica/Watertown 1-800-716-4885
 Fidelis Care New York 1-888-343-3547

JEFFERSON

Excellus/BCBS Utica/Watertown 1-800-716-4885

KINGS

Affinity Health Plan 1-866-247-5678
 AmeriChoice by United Healthcare 1-800-493-4647
 AMERIGROUP Community Care 1-800-600-4441
 Empire Blue Cross and Blue Shield 1-800-431-1914
 Fidelis Care New York 1-888-343-3547
 GHI HMO 1-877-244-4466
 HealthFirst 1-866-463-6743
 Health Plus PHSP 1-888-809-8009
 Health Insurance Plan of Greater NY 1-800-542-2412
 MetroPlus Health Plan 1-800-475-6387
For hearing-impaired 1-800-881-2812
 Neighborhood Health Providers 1-800-826-6240
 NY Presbyterian Community Health Plan 1-800-261-4649
 WellCare 1-800-288-5441

LEWIS

Excellus/BCBS Utica/Watertown 1-800-716-4885

LIVINGSTON

Excellus/BCBS Rochester 1-800-716-4885

MADISON

AmeriChoice by United Healthcare 1-800-493-4647
 Capital District Physicians' Health Plan 1-800-454-3840
 Excellus/BCBS Utica/Watertown 1-800-716-4885

MONROE

Excellus/BCBS Rochester 1-800-716-4885
 Fidelis Care New York 1-888-343-3547

MONTGOMERY

Capital District Physicians' Health Plan 1-800-454-3840
 Empire Blue Cross 1-800-431-1914
 Excellus/BCBS Utica/Watertown 1-800-716-4885
 Fidelis Care New York 1-888-343-3547

NASSAU

Affinity Health Plan 1-866-247-5678
 AmeriChoice by United Healthcare 1-888-493-4647
 Empire Blue Cross and Blue Shield 1-800-431-1914
 Fidelis Care New York 1-888-343-3547

HealthFirst 1-866-463-6743
 Health Plus PHSP 1-888-809-8009
 Health Insurance Plan of Greater NY 1-800-542-2412

NEW YORK

Affinity Health Plan 1-866-247-5678
 AmeriChoice by United Healthcare 1-800-493-4647
 AMERIGROUP Community Care 1-800-600-4441
 Empire Blue Cross and Blue Shield 1-800-431-1914
 Fidelis Care New York 1-888-343-3547
 GHI HMO 1-877-244-4466
 HealthFirst 1-866-463-6743
 Health Plus PHSP 1-888-809-8009
 Health Insurance Plan of Greater NY 1-800-542-2412
 MetroPlus Health Plan 1-800-475-6387
For hearing-impaired 1-800-881-2812
 Neighborhood Health Providers 1-800-826-6240
 NY Presbyterian Community Health Plan 1-800-261-4649
 WellCare 1-800-288-5441

NIAGARA

BCBS of Western NY (Community Blue) 1-800-888-5407
 Fidelis Care New York 1-888-343-3547
 Univera Community Health 1-800-494-2215

ONEIDA

AmeriChoice by United Healthcare 1-800-493-4647
 Capital District Physicians' Health Plan 1-800-454-3840
 Excellus/BCBS Utica/Watertown 1-800-716-4885
 Fidelis Care New York 1-888-343-3547

ONONDAGA

AmeriChoice by United Healthcare 1-800-493-4647
 Excellus/BCBS Central New York 1-800-716-4885
 Fidelis Care New York 1-888-343-3547
 SCHC Total Care, Inc. 1-877-872-4715

ONTARIO

Excellus/BCBS Rochester 1-800-716-4885

ORANGE

Affinity Health Plan 1-866-247-5678
 Capital District Physicians' Health Plan 1-800-454-3840
 Empire Blue Cross and Blue Shield 1-800-431-1914
 Fidelis Care New York 1-888-343-3547
 GHI HMO 1-877-244-4466
 Hudson Health Plan 1-800-339-4557
 WellCare 1-800-288-5441

ORLEANS

BCBS of Western NY (Community Blue) 1-800-888-5407
 Excellus/BCBS Rochester 1-800-716-4885
 Fidelis Care New York 1-888-343-3547

OSWEGO

AmeriChoice by United Healthcare 1-800-493-4647
 Excellus/BCBS Utica/Watertown 1-800-716-4885
 Fidelis Care New York 1-888-343-3547
 SCHC Total Care, Inc. 1-877-872-4715

OTSEGO

Capital District Physicians' Health Plan 1-800-454-3840
 Excellus/BCBS Utica/Watertown 1-800-716-4885
 Fidelis Care New York 1-888-343-3547

PUTNAM

Empire Blue Cross and Blue Shield 1-800-431-1914
 GHI HMO 1-877-244-4466

QUEENS

Affinity Health Plan 1-866-247-5678
 AmeriChoice by United Healthcare 1-800-493-4647
 AMERIGROUP Community Care 1-800-600-4441
 Empire Blue Cross and Blue Shield 1-800-431-1914
 Fidelis Care New York 1-888-343-3547
 GHI HMO 1-877-244-4466
 HealthFirst 1-866-463-6743
 Health Plus PHSP 1-888-809-8009

(Continued)

QUEENS (Continued)

Health Insurance Plan of Greater NY 1-800-542-2412
 MetroPlus Health Plan 1-800-475-6387
For hearing-impaired
 Neighborhood Health Providers 1-800-881-2812
 NY Presbyterian Community Health Plan 1-800-826-6240
 WellCare 1-800-261-4649
 1-800-288-5441

RENSELAEER

Capital District Physicians' Health Plan 1-800-454-3840
 Empire Blue Cross and Blue Shield 1-800-431-1914
 Fidelis Care New York 1-888-343-3547
 GHI HMO 1-877-244-4466
 WellCare 1-800-288-5441

RICHMOND

Affinity Health Plan 1-866-247-5678
 AmeriChoice by United Healthcare 1-800-493-4647
 AMERIGROUP Community Care 1-800-600-4441
 Empire Blue Cross and Blue Shield 1-800-431-1914
 Fidelis Care New York 1-888-343-3547
 GHI HMO 1-877-244-4466
 HealthFirst 1-866-463-6743
 Health Plus PHSP 1-888-809-8009
 Health Insurance Plan of Greater NY 1-800-542-2412
 Neighborhood Health Providers 1-800-826-6240

ROCKLAND

Affinity Health Plan 1-866-247-5678
 Empire Blue Cross and Blue Shield 1-800-431-1914
 Fidelis Care New York 1-888-343-3547
 GHI HMO 1-877-244-4466
 Hudson Health Plan 1-800-339-4557
 WellCare 1-800-288-5441

SARATOGA

Capital District Physicians' Health Plan 1-800-454-3840
 Empire Blue Cross 1-800-431-1914
 Fidelis Care New York 1-888-343-3547

SCHEENECTADY

Capital District Physicians' Health Plan 1-800-454-3840
 Empire Blue Cross 1-800-431-1914
 Fidelis Care New York 1-888-343-3547
 GHI HMO 1-877-244-4466

SCHOHARIE

Capital District Physicians' Health Plan 1-800-454-3840
 Empire Blue Cross 1-800-431-1914

SCHUYLER

Excellus/BCBS Central New York 1-800-716-4885

SENECA

Excellus/BCBS Rochester 1-800-716-4885

STEBEN

Excellus/BCBS Central New York 1-800-716-4885

ST. LAWRENCE

Excellus/BCBS Utica/Watertown 1-800-716-4885

SUFFOLK

Affinity Health Plan 1-866-247-5678
 AmeriChoice by United Healthcare 1-800-493-4647
 Empire Blue Cross and Blue Shield 1-800-431-1914
 Fidelis Care New York 1-888-343-3547
 HealthFirst 1-866-463-6743
 Health Insurance Plan of Greater NY 1-800-542-2412
 Neighborhood Health Providers 1-800-826-6240

SULLIVAN

Empire Blue Cross and Blue Shield 1-800-431-1914
 Fidelis Care New York 1-888-343-3547
 GHI HMO 1-877-244-4466
 Hudson Health Plan 1-800-339-4557

TIOGA

Capital District Physicians' Health Plan 1-800-454-3840
 Excellus/BCBS Central New York 1-800-716-4885

TOMPKINS

Excellus/BCBS Central New York 1-800-716-4885
 SCHC Total Care, Inc. 1-877-872-4715

ULSTER

Capital District Physicians' Health Plan 1-800-454-3840
 Empire Blue Cross and Blue Shield 1-800-431-1914
 Fidelis Care New York 1-888-343-3547
 GHI HMO 1-877-244-4466
 Hudson Health Plan 1-800-339-4557
 MVP Health Plan 1-800-666-1762
 WellCare 1-800-288-5441

WARREN

Capital District Physicians' Health Plan 1-800-454-3840
 Empire Blue Cross 1-800-431-1914
 Fidelis Care New York 1-888-343-3547

WASHINGTON

Capital District Physicians' Health Plan 1-800-454-3840
 Empire Blue Cross 1-800-431-1914
 Fidelis Care New York 1-888-343-3547

WAYNE

Excellus/BCBS Rochester 1-800-716-4885

WESTCHESTER

Affinity Health Plan 1-866-247-5678
 Empire Blue Cross and Blue Shield 1-800-431-1914
 Fidelis Care New York 1-888-343-3547
 GHI HMO 1-877-244-4466
 Health Insurance Plan of Greater NY 1-800-542-2412
 Hudson Health Plan 1-800-339-4557

WYOMING

BCBS of Western NY (Community Blue) 1-800-888-5407

YATES

Excellus/BCBS Rochester 1-800-716-4885



State of New York
 Department of Health

Attachment 9

New York State now offers health insurance coverage to all uninsured children and teens!

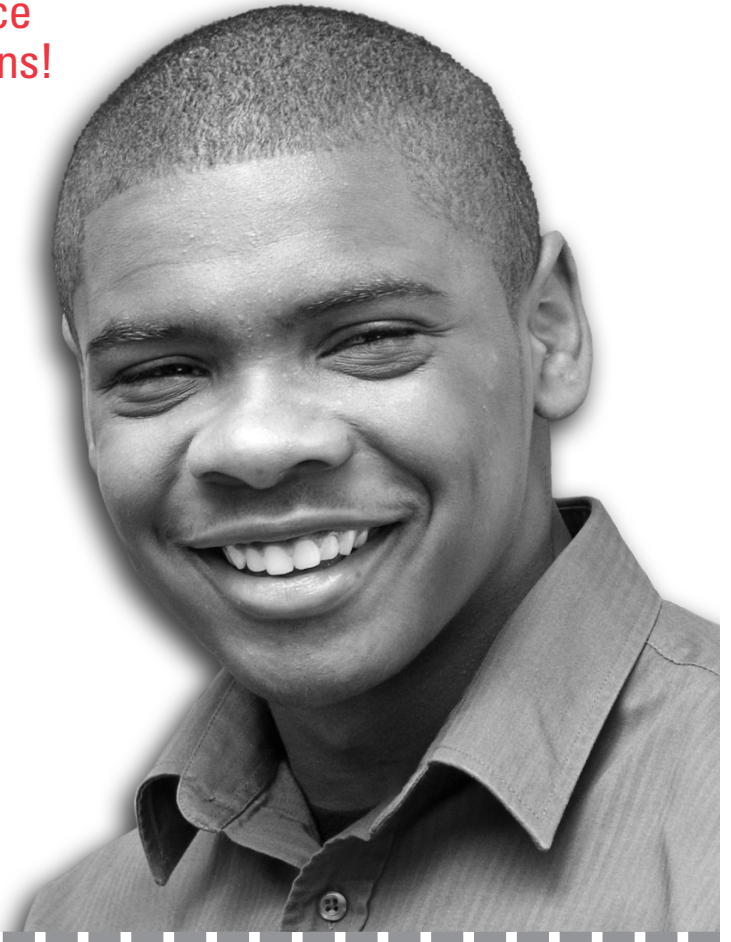
No family makes too much money to enroll their uninsured children and teens in this low- or no-cost health care coverage. With coverage through Child Health Plus and Medicaid, children can get the health care they need, when they need it.

There are community organizations in your neighborhood that can help you apply for this coverage. These organizations have experienced and friendly staff called facilitated enrollers that are available to help you apply and answer your questions – even at night and on weekends.

If you would like to have an enroller contact you, complete the card below and mail it back. Make sure to sign and date the card so we can give your contact information to an enroller.

For more information or to find an enroller in your area, call 1-800-698-4543.

Child Health *Plus* | Medicaid



Cut on dashed line before mailing.

Name _____

Address _____

City _____ State _____ ZIP _____

Telephone (_____) _____

Best Time to Reach You Day Evening Weekend

Please Read and Sign

I agree to having my information shared with enrollment organizations providing application assistance for Child Health Plus and Medicaid. I understand this information is being shared with enrollment organizations so that they may contact me or members of my family about applying for Child Health Plus or Medicaid.

Signature _____ Date _____

PLACE
STAMP
HERE

Child Health *Plus* | Medicaid

New York State Department of Health

Corning Tower, Room 1619

Empire State Plaza

Albany, New York 12237

Attachment 10

Need Health Care Coverage for Your Uninsured Children and Teens?

With coverage through Child Health Plus and Medicaid, children can get the health care they need, when they need it, including:

- Regular check-ups
- Vaccinations
- Prescriptions
- Doctor visits when they are sick
- Dental & vision care
- Hospital & emergency care

No family makes too much money to enroll their uninsured children and teens in this low- or no-cost health care coverage.

*To find out where to sign up in your neighborhood, or for more information, call **1-800-698-4543**.*



Attachment 11

What is Family Health Plus?

Family Health Plus is New York State's health insurance program for adults with limited income and resources.

Who can join?

Family Health Plus is available to single adults, couples without children, and parents. You must have limited income and resources; be aged 19 to 64; a resident of New York State; and a United States citizen or fall under one of many immigration categories. If you are eligible for health insurance through a federal, state, county,



municipal or school district benefit plan, you are not eligible to enroll in Family Health Plus.

If you have or can get employer-sponsored health insurance

available through your employer, you may be eligible for help to pay for premiums, deductibles, coinsurance and co-payments through the Family Health Plus Premium Assistance Program.



What benefits can I get?

Family Health Plus provides comprehensive insurance coverage including:

- physician services;
- inpatient and outpatient hospital care;
- prescription drugs and smoking cessation products;
- lab tests and x-rays;
- vision, speech and hearing services;
- rehabilitative services (some limits apply);
- durable medical equipment;
- emergency room and emergency ambulance services;
- behavioral health and chemical dependence services;
- diabetic supplies and equipment;
- radiation therapy, chemotherapy and hemodialysis;
- dental services (if offered by the health plan);
- hospice care; and
- family planning and reproductive health services.

How is health care provided?

Health care is provided through managed care plans. You must select a participating health plan when you apply for Family Health Plus. Every effort will be made to help you pick a plan that includes your current physician. When you choose a health plan, you will have a regular doctor, get regular check-ups and see specialists if needed. Some plans also offer dental care.

Your pharmacy benefit will be obtained through the Medicaid Program. You will receive a New York State Benefit Identification Card to be used at any pharmacy enrolled in New York State Medicaid.

How much does it cost to join?

There is no cost to join Family Health Plus, and no yearly fee or deductibles. Once enrolled you may be asked to pay part of the costs of some medical care/services. This is called a co-payment or co-pay.

How can I apply?

To apply for Family Health Plus, you will need to have a personal interview during which you will complete an application, provide proof of certain information, and select a health plan. To find locations near your home where you can apply for Family Health Plus and other New York State health insurance programs for you and your family, call our toll-free hotline at

1-877-9-FHPLUS (1-877-934-7587),

or visit our Web site:

www.health.state.ny.us/nysdoh/fhplus/index.htm.

If my child is in Child Health Plus, does that mean I'm eligible for Family Health Plus?

Not necessarily. The maximum income levels for Family Health Plus differ from those of Child Health Plus. You cannot assume that you will be eligible for Family Health Plus if your child or children are in Child Health Plus.

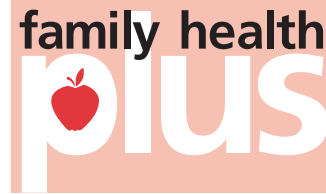


Will children who are in Child Health Plus have to transfer to Family Health Plus?

No. Children will still be covered under the Child Health Plus program. Child Health Plus is a program for children; Family Health Plus is a program for adults. However, parents may enroll in the same health plan as their children if that plan is also a Family Health Plus plan.

What if an individual's income is too high for Family Health Plus?

You may be eligible for the Healthy NY program, another New York State coverage option. Please contact Healthy NY at 1-866-HEALTHYNY or visit their Web site: www.HealthyNY.com



Questions?

VISIT OUR WEB SITE AT:

www.health.state.ny.us/nysdoh/fhplus/index.htm

OR CALL TOLL-FREE:

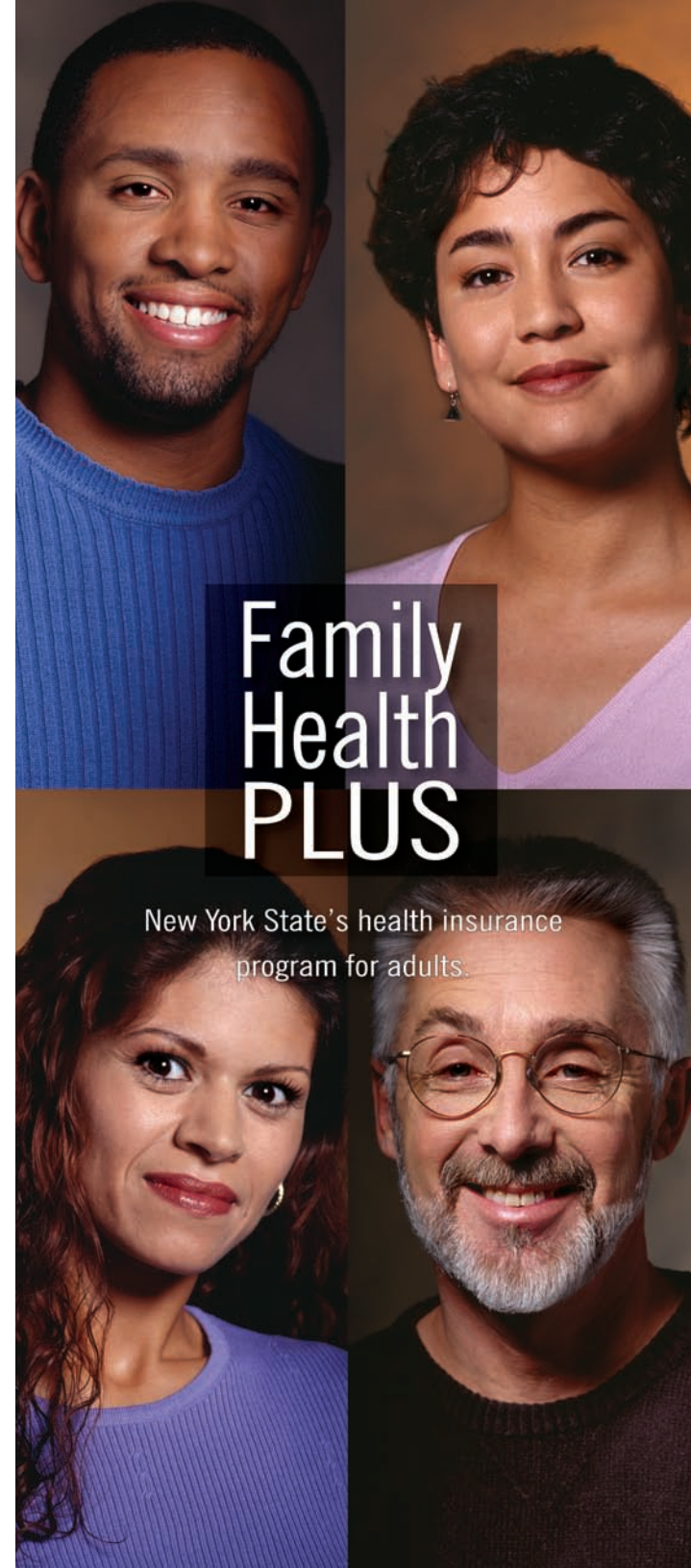
1-877-9FHPLUS (1-877-934-7587)

You and your family members can apply for several public health insurance programs —

- Medicaid, Family Health Plus,
- Child Health Plus,
- Special Supplemental Food Program for Women, Infants and Children (WIC) and
- Prenatal Care Assistance Program (PCAP) — using a single application, "ACCESS NY HEALTHCARE."



State of New York
Department of Health



Family Health PLUS

New York State's health insurance program for adults.

Attachment 12

In a managed health care plan:

- You have a regular doctor. This person is your Primary Care Provider.
- You can get regular check-ups.
- There is no limit on the number of visits you or your children can have with your doctor.
- You can reach your provider's office or health plan 24 hours a day, 7 days a week.
- Your benefits are the same as regular Medicaid.
- You can access clinics, laboratories, specialists and hospitals.

Talk to your doctor about which managed care health plan(s) he/she participates in.

Dental services are available for everyone, either through your managed care health plan or regular Medicaid.

To find out about additional services offered by managed care health plans, you can contact the plans by calling the Member Services phone numbers listed in this Guide.

Important numbers

If you have a problem with your health plan, call:

**New York State
Health Department
Complaint Hotline
1-800-206-8125**

For copies of this guide, call:

**New York State
Health Department
518-486-9012**



State of New York
Eliot Spitzer, Governor
Department of Health
Richard F. Daines, M.D., Commissioner

A Consumer's Guide to **Medicaid Managed Care** in Northeast New York



Choosing a managed care plan that meets the health care needs of you and your family is an important decision. This brochure will help you make that decision. It has information about the quality of care offered by the different plans, and people's opinions about the care and services the plans provide.

There are other things you need to think about too. Is your doctor in the plan? How close is the doctor's office to your home? Does the plan have special services that you and your family need?

Talk with friends, your doctor and your New York Medicaid CHOICE counselors before making a decision. Ask questions to make sure you know what each plan offers.

Managed care plans in Northeast New York		Albany	Clinton	Columbia	Delaware	Essex	Franklin	Fulton	Greene	Hamilton	Montgomery	Otsego	Rensselaer	Saratoga	Schenectady	Schoharie	Warren	Washington
	Member Services Phone Numbers																	
CDPHP www.cdphp.com	1-800-777-2273	•		•				•	•		•		•	•	•	•		•
Fidelis Care New York www.fideliscare.org	1-888-343-3547	•	•	•		•		•	•	•	•		•	•	•		•	•
GHI www.ghi.com	1-877-244-4466						F											
GHI HMO Select www.ghihmo.com	1-877-244-4466	•		•	F			•			F	F	•	F	•		F	F
Upstate HMO www.excellusbcbcs.com	1-800-468-9868		F			F	F	F		F	F	•						
WellCare www.wellcare.com	1-800-288-5441	•		•					•				•					

NOTE: Not every plan may be accepting new enrollment. Please call your local social services department or the plan member services phone number listed above to make sure.

F: Family Health Plus only

• Both Family Health Plus and Medicaid

A Consumer's Guide to Medicaid Managed Care in Northeast New York

Key

More stars mean better health plan performance
 ★★★★★ Above average
 ★★★ Average
 ★ Below average

Health Plan

Health Plan	Preventive and Well-Care for Adults and Children			Quality of Care Provided to Members with Illnesses					Patient Satisfaction with Access and Service			Overall Rating
	Child and Adolescent Care	Women's Preventive Care	Maternal Care	Appropriate Antibiotic Use	Asthma Care	Diabetes Care	Cardio-vascular Care	Mental Health	Satisfaction with Personal Doctor or Nurse	Getting Care Needed	Overall Satisfaction with Plan	
CDPHP	★★	★★	★★	★★★★	★	★★	★★	★	★★	★★★★	★★★★	70%
Fidelis Care New York	★★	★★	★★	★★	★★	★	★★	★★★★	★★	★★	★	64%
GHI HMO Select	★★	★	★	★★	★★	★★	★★	★★	★★	★	★	55%
Upstate HMO	★★	★★	★★	★★	★★	★★	★★	★★	★★★★	★★★★	★★	73%
WellCare of New York	★	★	★★	★★	★★	★★	★★	★	★★	★★	★★	58%

GHI data unavailable.

Ratings are based on a comparison of plan rates to statewide averages. **Quality** ratings are from information submitted by the health plans. **Patient Satisfaction** ratings are from a Department of Health survey.

The quality of care measures used in this guide represent some, but not all, of the measures from health plans. For additional information about the individual measures used in each category, as well as the other quality of care measures available, please see the New York State Department of Health website: <http://www.nyhealth.gov>

Attachment 13

you have 60 days to choose a

HEALTH PLAN



You Have 60 Days to Choose a Health Plan

Choosing a Health Plan

From now on, most people with Medicaid in your county must join a health plan. This means that you now must choose a health plan to get most of your Medicaid benefits. This guide tells how to choose a health plan, and how it works.

You Have 60 Days to Choose a Health Plan

- If you received a letter with this guide, the letter gives the date by which you must choose a plan.
- You may choose a health plan at any time before that date.
- If you already have a health plan, you can stay in that plan or choose a different plan.
- To join, fill out and sign the enclosed enrollment form. Mail it to your Local Department of Social Services (LDSS) Managed Care Office.
- Send the form back before 60 days, or a health plan will be chosen for you.



Start Now

Look through this guide for answers to any of your questions. Or if you want to have a private, face-to-face talk, call your LDSS Managed Care Office. Anything you say will be confidential.

Some people with Medicaid are not required to join a health plan for special reasons. To see if any of these reasons apply to you, turn to page 4 of this guide.

60
DAYS

In This Guide

Who Does Not Have to Join a Health Plan	4
How to Choose a Health Plan	7
How Health Plans Work	9
Health Plan Services	10
Problem Solving	11
Know Your Rights in a Health Plan	12
Preventive Care Helps Keep You and Your Family Healthy	13
For More Information	13



60
DAYS

Who Does Not Have to Join a Health Plan

Some people with Medicaid do not have to join a health plan. They are exempt. This means that they can stay in regular Medicaid or they can join a plan if they wish. You have to tell the LDSS if you think you don't have to join. Here is a list of persons who are exempt and do not have to join:

- People with HIV Infection.
- People in long-term alcohol or drug residential programs.
- Pregnant women who are getting prenatal care from a provider who is not in any Medicaid health plan.
- People who live in facilities for the mentally retarded and people with similar needs.
- Some developmentally disabled people or physically disabled children who get care at home or in their community through the Care at Home or Community-Based waiver programs, or those who need the same kinds of care as people getting services through those programs.
- People with long-term health problems being treated by a specialist who is not in any Medicaid health plan.
- Adults who have serious mental illness and children who have serious emotional problems.
- Native American persons.
- People who cannot find providers in any Medicaid health plan who can serve them in their language.
- People who live where they can't get to a Medicaid health plan.
- People with Supplemental Security Income (SSI/SSI Related) or Social Security Disability.
- People 65 years or older.
- People certified blind.
- People certified disabled by Medicaid.
- People temporarily living outside of the county.
- People scheduled for major surgery in the next 30 days, whose provider is not in a health plan.
- People with end-stage renal disease.
- People who are homeless, depending on the local social services district.
- Foster care children, depending on the local social services district.
- People eligible for Medicaid Buy-In (MBI) for working disabled, with income at or below 150% of the poverty level and do not pay a premium.
- People with both Medicaid and Medicare may join a Medicaid Advantage plan, if available.

Be sure to tell your County DSS if you think you do not have to join a health plan for any of the reasons listed above.



Note: Health Plans and HIV

- People living with HIV may join a health plan or keep regular Medicaid.
- If you have HIV and want to join a health plan, you can keep seeing your doctor if he or she is in the plan you join. Ask your doctor what plan he or she works with.
- To keep the health care you have now, apply for an exemption, as explained at the bottom of this page.
- New York State plans to offer special health plans with providers who have treated many persons with HIV. You will receive more information on special HIV health plans as soon as they are available.

For more information on HIV, call 1-800-732-9503, Monday through Friday, 9:00 a.m. to 5:00 p.m.

Note: Native Americans and Health Plans

Native Americans may join a health plan or keep regular Medicaid. If you are a Native American and you join a health plan, you can still go to your tribal health center for care. You can also go to your health plan doctor. If you have been seeing a Medicaid doctor who is not part of a health plan, and who is not working in a tribal center, you will not be able to keep seeing that doctor if you join a plan. If you want to keep seeing that doctor, ask for an exemption so you won't have to join a health plan.

To get an exemption, you must have one of the following:

- An ID card from the Bureau of Indian Affairs, Tribal Health, Resolution, Long House or Canadian Department of Indian Affairs; or
- Documentation of roll or band number, documentation of parents' or grandparents' roll or band number, together with birth certificate(s) or baptismal record indicating descent from the parent or grandparent; or
- Notarized letter from a federal or state recognized American Indian/Alaska Native/Tribe; or
- Notarized letter from a tribe village office stating heritage or a birth certificate indicating heritage.



Call your LDSS Managed Care Office for more information on exemptions. If you think that you are exempt (don't have to join), call your LDSS Managed Care Unit and ask for a Request for Exemption Form. Anything you say is confidential.

60
DAYS

Some People Must Stay With Regular Medicaid

Some people with Medicaid are not allowed to join a Medicaid health plan. This means they are excluded from joining a health plan and must stay with regular Medicaid. Here is the list of people who cannot join Medicaid managed care.

- People with both Medicaid and Medicare and no Medicaid Advantage plan is available.
 - People in nursing homes, hospices, or long term health care demonstration programs.
 - Children or adults in state psychiatric or residential treatment facilities.
 - People who live in Family Care Homes licensed by the Office of Mental Health.
 - People who will get Medicaid for less than 6 months, except for pregnant women.
 - People who are on Medicaid only after they spend some of their own money for medical needs (spenddown cases) or pay a Medicaid premium.
 - People with other cost effective health insurance.
 - Medicaid Buy-In for working disabled with income at 150% to 250% of poverty level, and who pay a premium.
 - Babies under six months old who can get Supplemental Security Income (SSI), including low birth weight infants.
 - Infants living with their mothers in jail or prison.
 - People in the recipient restriction program.
 - Blind or disabled children living apart from their parents for 30 days or more.
 - People who are eligible for special Medicaid programs that only cover some medical services (You are not eligible for full Medicaid).
 - Children in the care and custody of the Office of Children and Family Services.
 - People eligible for Medicaid through the Breast and Cervical Cancer Early Detection Program.
- If you become excluded from managed care after you join a health plan, you must disenroll from the health plan. Call your LDSS Managed Care Unit if you think you are excluded from joining a health plan.



You Have the Right to a Fair Hearing

If you request an exemption or exclusion, and do not get it, you may ask for a fair hearing. If you are told you must disenroll from managed care, you may ask for a fair hearing. For more information about fair hearings, call your LDSS Managed Care Office.

60
DAYS

How to Choose a Medicaid Health Plan

1. Think About the Doctors You Want

When you join your new Medicaid health plan, you will choose a doctor to be your Primary Care Provider (PCP). Your PCP will provide your health care and refer you to other doctors if you need them. If you like the doctor you have now, or you have chosen a new doctor to see, and want to stay with that doctor, you must pick a plan that includes that doctor. You should call your doctor or the new doctor you want to see to find out what Medicaid health plans they are in. If you are choosing a new doctor, call and make sure the doctor is taking new patients. Making this call will ensure that you can have the doctor you want. If you don't know what doctor you want and need help choosing, you can call your LDSS Managed Care Office.

2. Think About the Services Your Family Needs

Look for the health plans that have health care providers, clinics, and hospitals that meet your family's needs.

3. Find Out About Medicaid Health Plans Available to You

Health plans are not all the same. To learn more about each health plan, call your LDSS Managed Care Office to find out about the health plans available to you, the hospitals they work with, and whether the plan offers dental care and family planning (refer to page 10 and 11 for more information).



Get Ready to Join

Choose one health plan and the doctors for you and your family. Make sure the doctor you want to see is in the health plan you choose. Call the doctors to make sure they are taking new patients. Fill out and sign the enrollment form. Mail it in the enclosed envelope to your LDSS Managed Care Office.

After you join a plan, you must use the hospitals, clinics, and doctors that work with the plan. Remember, you won't be able to see your former doctor, or use the clinics and hospitals you do now unless they are in the health plan you choose. So think about which plan is right for you and your family.

Don't put off a decision. If you do not choose a plan by the 60th day, one will be chosen for you. This is called an auto-assignment.

60
DAYS

After You Choose a Medicaid Health Plan

What Will Happen Next?

- You will get a letter to confirm the plan you chose and the date that you can begin using your health plan.
- Your new health plan will send you a welcome letter and a member ID card. If you need care before your ID card arrives, use the plan's welcome letter to show that you are a member.

Keep Both Your Medicaid Benefit Card and Your Health Plan ID Card

- You will need to use your Medicaid benefit card to get pharmacy services and other services that may not be covered by your health plan, such as transportation, family planning, dental care and outpatient chemical dependence services. In addition, you will need your Medicaid benefit card to get mental health and some chemical dependence services if you get SSI, Social Security Disability (SSD) or you are over 65, certified blind or disabled.



Make Sure the Plan You Picked Is Right for You!

To see if your new health plan meets your needs, you should:

- Call the Medicaid health plan right away. The phone number for the Member Services Department is on your health plan card.
- Ask the people in the health plan's Member Services Department any questions that you have about the plan and its services.
- Choose a Primary Care Provider (PCP) and visit him or her as soon as you can. You will know if the PCP's office is easy for you to reach, and you can ask any questions you have about your future care.

If You're Not Satisfied, You Have Time to Change Plans

- You have the first 90 days to try out your new health plan. During that time, you can change to another plan for any reason.
- To change health plans, call your LDSS Managed Care Unit.

What Happens After 90 Days?

- After the 90 day trial period, you will have to stay in your plan for 9 more months, unless you have a special reason to switch plans.
- To change health plans, call your LDSS Managed Care Unit.

60
DAYS

How Health Plans Work

You Have a Regular Doctor

When you join a health plan, you choose one doctor to be your regular health care provider. This person is your Primary Care Provider (PCP). Some plans will let you choose a nurse practitioner. Each of your family members will also have a PCP who works with the plan you join.

In order to see a specialist, or receive special services such as x-rays or lab tests, you must be referred by your Primary Care Provider (PCP). You will be referred only to health professionals who belong to your plan.

You can reach your PCP's office or health plan 24 hours a day, 7 days a week.

You Can Get Regular Check-ups

- Your PCP will give you regular check-ups to help prevent problems from starting or getting worse. Visit your PCP soon after you join a plan.
- Your children will have regular check-ups as babies, young children, teenagers and young adults.
- You will get health care during pregnancy to keep you and your baby healthy.



You Can See Specialists

- Your PCP will give you a referral (permission) when you need to see a specialist.
- If you see a specialist often, you can ask your plan to have your specialist be your PCP, or get special permission to see the specialist for a long period of time (standing referral).

You Do Not Need a Referral for Some Specialists

- You do not need a referral for your OB-GYN preventative services or for pregnancy care, or to see a doctor for glasses.
- You do not need a referral to see another provider in your plan for one mental health assessment and one chemical dependence (including alcohol and substance abuse) service assessment in one year.

In Most Cases, You'll Have Guaranteed Eligibility for Six Months

This means that you are promised the services your health plan covers, along with pharmacy and family planning services, six months from your start date, even if you no longer qualify for Medicaid.

You Can Learn How to Stay Healthy

Most plans offer special health education programs, such as "Asthma," "Diabetes Management," "How to Quit Smoking" or "How to Lose Weight." These programs can help you stay healthy.

60
DAYS

Medicaid Benefits

When you join a health plan, you keep the same Medicaid benefits. Most Medicaid services are provided by the health plans. Among these services offered by the plans are:

- Regular check-ups and shots
- Visits to the doctor when you are sick
- Care during pregnancy
- Hospital care, lab tests, X-rays
- Referrals to specialists, when needed
- Emergency care
- Mental health services
- Many other Medicaid services, such as eye care, medical equipment and HIV testing and counseling
- Transportation assistance varies by county

Remember to keep your Medicaid benefit card on hand. You will use it for services your Medicaid health plan does not cover. Bring your Medicaid card to the drugstore to get medicine, or for family planning and other services if they are not covered by your plan. You should also use your Medicaid benefit card for outpatient chemical dependence services. People who get SSI, SSD, are over 65, or certified blind or disabled will also use their Medicaid benefit card for mental health services.

About Your Dental Care

Some plans offer dental care. Ask your LDSS Managed Care Office which plans offer dental care. If a plan offers dental care, you must go to a dentist in the plan. If the plan does not offer dental care, you may go to any dentist who takes regular Medicaid.

Using the Emergency Room

Go to the Emergency Room when you think there is a real emergency. Do not use it for routine care. Your Primary Care Provider (PCP) can treat problems that are not emergencies.

Some examples of medical emergencies are:

- Passing out
- Convulsions (fits or spasms)
- Poisoning or drug overdose
- Broken bones
- Bad burns
- A lot of pain
- Bleeding that will not stop
- Head or eye injuries
- Trouble breathing
- Miscarriage
- Heart attack
- High fever
- Chest pains
- Rape
- Any other serious problem

If you go to the emergency room, call your health plan as soon as possible afterwards.



Family Planning Services

Most health plans offer family planning services. Every member of every plan can go to any Medicaid provider for family planning. You do not need a referral from your PCP for family planning. Here is a list of family planning services:

- Birth control pills, condoms, diaphragms, IUDs, Depo Provera, Norplant and foam
- Emergency contraception
- Pregnancy testing and counseling
- Sterilization
- Sexually transmitted disease testing and treatment
- HIV testing and counseling, when it is part of a family planning visit
- Abortions (that you and your doctor agree are necessary)



Problem Solving

Use your plan's Member Services Department. Each plan has a Member Service Department to:

- Tell you about the plan.
- Send you a member handbook.
- Invite you to an orientation session to learn about the plan, or tell you about it over the phone.
- Send you a member ID card with the plan's phone number on it and the name of your PCP.
- Help you choose a PCP.
- Answer questions and solve problems.

If You Have a Problem with Your Health Plan

You can do any of the following:

- Call the plan's Member Services Department and tell them your problem. Often they can help. The number is on your plan card.
- Call your LDSS Managed Care Office.
- Change plans. Call your LDSS Managed Care Office.
- Ask for a fair hearing if your plan has denied, stopped, or reduced covered services you think you should get. Call your LDSS Managed Care Unit to find out more about fair hearings.
- Call the State Department of Health Complaint Line, Monday through Friday, 8:30 a.m. to 4:30 p.m., at 1-800-206-8125, if you have a problem with your health services.

60
DAYS

Know Your Rights In a Health Plan

You have the right to:

- Choose the health plan that is right for you and your family.
- Have all information about your health care kept confidential.
- Know how the plan works, and what services it offers.
- Choose a PCP who will give you regular check-ups and keep track of all your health care.
- Get an appointment within 48 to 72 hours if you are sick and within 24 hours if you need care right away.
- If you do not need care right away, get an appointment for a check-up within 12 weeks of joining the plan.
- Get a second opinion about certain medical conditions from another provider in your plan.
- Change your PCP.
- Go to the Emergency Room for emergency care.
- Be treated with dignity and respect.
- Complain to the health plan, State Department of Health, or to your LDSS if you have problems with your plan.



60
DAYS

Preventive Care Helps Keep You and Your Family Healthy

A regular visit to your primary care provider (PCP) is a good idea.

Did you know that the following check-ups may identify health problems early and help keep you and your family healthy?

- Childhood immunization (shots)
- Diabetes screening
- Heart disease screening
- High blood pressure screening
- Lead screening for children
- Mammogram (breast exam)
- OB/GYN exam/pap smears
- Prostate exams



If You Lose Eligibility for Medicaid, You May Still Be Eligible for Family Health Plus (FHPlus)

FHPlus is a public health insurance program for the uninsured that will provide a comprehensive set of health care services. For most plans, all FHPlus services are provided through the health plan.

There is no cost to join Family Health Plus, and no yearly fee or deductibles. Once enrolled you may be asked to pay part of the costs of some medical care/services. This is called a co-payment or co-pay.

Who Can Join Family Health Plus (FHPlus)?

- Uninsured adults ages 19 through 64, who are permanent New York State residents, United States citizens or fall under certain immigration categories, are not eligible for Medicaid because of income or resources and are not eligible for employer-sponsored health coverage through federal, state, county, municipal or school district benefit plans.
- Income and resources must be below qualifying levels.

For More Information

- View the website at: www.health.state.ny.us
- Inquiries can be e-mailed to: FHPlus@health.state.ny.us
- Call the information hotline: 1-877-9FHPLUS or 1-877-934-7587

60
DAYS



State of New York
Eliot Spitzer, Governor
Department of Health
Richard F. Daines, M.D., Commissioner