

<Medicaid CIN> <PPS #> <MCP> <Date>
<Recipient Name>

Form to Opt Out of sharing Medicaid Health Information in the New York State Delivery System Reform Incentive Payment (DSRIP) Program

To help you receive better health care as part of DSRIP, the New York State (NYS) Medicaid program would like to share information with your local Performing Provider System (PPS) about the care and treatment you have received. The PPS is made up of the doctors who already give you care. Having this information helps your doctor(s) and health care team give you better care. Your privacy is very important to us, and you control how your personal information is used.

As a Medicaid member, you have already given permission for New York State Medicaid, your providers and your health plan to access information to help you get care easier, to pay for your health care, and for health care operations. This form does not change any of that permission. So far, NYS has only shared your contact information with your local DSRIP PPS. **This form allows you to tell Medicaid that it cannot share your health information with your local DSRIP PPSs, and prevents the sharing of any further information, data and any of your personal Protected Health Information held by Medicaid with a PPS.** This is called “opting out”. This means you may not receive any of the services the PPS is developing in your area to provide improved care for Medicaid members.

You can opt out of the PPS sharing your Medicaid health information by

- completing this form and returning it by mail in the enclosed envelope to Medicaid, or
- calling the Medicaid Help Line: 1-855-329-8850
TTY Line: 1-800-662-1220

You can opt out at any time. When you opt out, NYS Medicaid will not share any of your personal Protected Health Information with your local PPS. If you do not want portions of your protected health information shared with the PPS, you must opt out.

However, NYS Medicaid, your health care providers and your health plan will continue to share your personal Protected Health Information as you agreed to upon joining NYS Medicaid and as allowed by New York State and federal laws.

If you wish to opt out of Medicaid sharing your health information with your local PPS, you should submit this request within 30 days to the Department of Health. It may take up to 60 days to process your request. If you want Medicaid to share your data with the PPS, you need do nothing. You do not need to mail this letter back.

I have read this whole section and understand my rights. I understand that by completing this form, I am telling the New York State Medicaid Program that I do not want Medicaid sharing my personal protected health information with the local Performing Provider System.

<Medicaid CIN>

Signature of Medicaid member/parent/legal guardian

Please print your name above.

Today's Date:

Si usted quisiera ver esta carta en español, por favor visite el siguiente sitio web:

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/consumers.htm

**If you would like to view this letter in 18 point Font,
please visit the following website:**

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/consumers.htm

<Return >
< Return Address1>
<City>, <State> <Zip code>
BAR CODE CIN PPS MMCP
<Recipient Name> <Date>
<Recipient Address 1>
<Recipient Address 2>
<City>, <State> <Zip code>

New York State Notice of Important Document.

There is *NO CHANGE* to your MEDICAID.

Questions? Please call us at 1-855-329-8850 Monday – Friday 8:00 am – 8:00 pm, Saturday 9:00 am -1:00 pm. If you need help in a language other than English, call 1-855-329-8850 and tell the Consumer Services Specialist. Help is free. TTY: 1-800-662-1220.

This letter is about a new program that New York State has started for our Medicaid members.

We know getting the health care you need is sometimes difficult. We want that to change. You should have a primary health care provider. When you do not feel well, you should have a place to go besides an emergency room. We want you to know what health care you need and where to get it, so that you feel confident you can manage your health.

New York State Delivery System Reform Incentive Payment (DSRIP) Program

What is DSRIP?

The new program, the New York State Delivery System Reform Incentive Payment (DSRIP) Program will help you, your doctors and other health care providers work together better to serve your healthcare needs. DSRIP is a program in which doctors, clinics, hospitals, medical and community services in your area work together to build a better health care system. This will help you get better health care. These groups of providers are forming what is called a “Performing Provider System” (PPS). PPS providers have worked to understand what your community needs to improve health care. They are now planning how to meet those needs.

The following are the PPSs that will be working together to provide services in your community:

_____ <list of PPSs> _____

To see the full list of PPS in your region and throughout the state, please visit the following website:

https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/providers_professionals.htm) and look for “PPS Contact List” within the PPS Information box.

How may DSRIP and the PPS help me?

- You may find that there are new community health services that are easier to use and that meet your needs better.
- You may find that you will need to have fewer tests done since your doctors and hospitals will be communicating better.
- You may receive help from community health workers or care managers. This will help you manage your health and get the care you need.
- People who work for the PPS may reach out to you about special health care services, such as help for your sugar diabetes or high blood pressure.

Can I become part of DSRIP and be in a PPS?

Because you are receiving Medicaid, you are already a part of this new program. Medicaid would like to help each PPS by sharing health information about persons with Medicaid who are in the PPS. This is health information about the medical services you have received through Medicaid.

Does the PPS become my insurance plan?

No, the PPS will not replace your **Medicaid, your HMO or your** insurance. A **PPS** is not an insurance company. The PPS will work with your **Medicaid** provider(s) to help you get services you need. You will continue to have the right to the Medicaid services. This includes access to care and privacy. However, you will also need to follow any rules for these services.

What types of information will be shared?

You will have the same rights as you already have with Medicaid regarding privacy and getting care. To help the PPS assist you, NYS Medicaid, in compliance with state and federal laws, will share certain information with the PPS about your medical care. This includes your medical conditions, prescription drugs and visits to doctors. This may be the same information that you have already agreed in your Medicaid application can be maintained and used by NYS, your providers and your Health Plan to help you get care easier, pay for your health care and for health care operations. This information may include HIV/AIDS or mental health diagnoses and treatment information about yourself to the extent permitted by law, until you do not want it shared. Any alcohol and substance abuse patient identifying information cannot be released unless you specifically consent to such release.

If Medicaid shares my information, what rights do I have as part of the PPS?

The PPSs will need to follow all state and federal laws protecting the privacy of this information. The PPS cannot further share your information with persons or organizations unless this sharing

is allowed under state and federal law. These laws and regulations include New York Mental Hygiene Law Section 33.13, New York Public Health Law Article 27-F, and federal confidentiality rules, including 42 CFR Part 2 (which specifies the conditions under which the disclosure of alcohol and substance abuse information is permissible) and 45 CFR Parts 160 and 164 (which are the rules referred to as “HIPAA”).

The information may be used to help you achieve better health. It will be easier for your providers to be up to date on the care you have received. This means you may not have to repeat tests. There may be less confusion about your medications. The PPS may use it to help you become aware of the new services being offered in your community. These services may help you with your health.

You do not need to have Medicaid share your information as part of the DSRIP program. However, we believe there are many benefits for you to have this information shared with providers as part of DSRIP.

What happens if I do not want Medicaid to share my information with my PPS?

If you decide you do not want Medicaid to share your information, **you do not lose any of your Medicaid benefits**. You can still see your own doctors. But, you may not be able to get the special services the PPS will offer.

What should I do if I don't want this information shared?

If you do not want Medicaid to share your information, you will need to notify us. This is called “opting out.” Opting out means your protected health information from Medicaid will not be shared with a PPS within the DSRIP program. You will need to **call the Medicaid Call Center at (1-855-329-8850)**. Or, you may sign and mail back the enclosed “**Form to Opt Out of Medicaid Information Sharing**.” The mailing address is on the envelope. You can do this now or at any time. If you want Medicaid to share this information to help improve how you get health care, you don't need to do anything. You are in! We look forward to helping you become healthier!

Thank You.

New York State Medicaid Program

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ENGLISH	This is an important document. If you need help to understand it, please call 1-855-329-8850. An interpreter will be provided free.
Español	Esto es un documento importante. Si necesitas ayuda en entenderlo, por favor llame al 1-855-329-8850 . Un intérprete será disponible gratuito.
简体字	这是一份重要文件。如果您需要帮助理解此文件，请打电话至 1-855-329-8850 。您会得到免费翻译服务。
簡體字	这是一份重要文件。如果您需要帮助理解此文件，请打电话至 1-855-329-8850 。您会得到免费翻译服务。
Kreyòl Ayisyen	Sa a se yon dokiman enpòtan. Si ou bezwen èd pou konprann li, tanpri rele: 1-855-329-8850 . Y ap ba ou yon entèprèt gratis.
Italiano	Il presente documento è importante. Per qualsiasi chiarimento può chiamare il numero 1-855-329-8850 . Un interprete sarà disponibile gratuitamente.
한국어	이것은 중요한 서류입니다. 도움이 필요하시면, 연락해 주십시오: 1-855-329-8850 . 무료 통역이 제공됩니다.
Русский	Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-329-8850 . Переводчик предоставляется бесплатно.