



# STATE OF NEW YORK DEPARTMENT OF HEALTH

ATTACHMENT III

Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

Antonia C. Novello, M.D., M.P.H., Dr. P.H.  
*Commissioner*

Dennis P. Whalen  
*Executive Deputy Commissioner*

Dear Family Health Plus Member:

**A NEW STATE LAW HAS CHANGED FAMILY HEALTH PLUS ELIGIBILITY AND BENEFITS. IT IS IMPORTANT TO READ THIS LETTER TO UNDERSTAND HOW THE CHANGES MAY AFFECT YOU.**

Starting September 1, 2005, Family Health Plus members will be required to make co-payments for certain health and medical services. The Family Health Plus vision benefit will also change.

**CO-PAYMENTS**

Beginning September 1, 2005, most Family Health Plus members will be responsible for making co-payments to their providers for the following covered Family Health Plus benefits:

- |   |  |
|---|--|
| • Brand Name Prescription Drugs   | \$6 for each prescription and each refill    |
| • Generic Prescription Drugs  | \$3 for each prescription and each refill    |
| • Clinic visits   | \$5 per visit                                |
| • Physician visits  | \$5 per visit                                |
| • Dental Service visits   | \$5 per visit up to a total of \$25 per year |
| • Lab tests   | \$0.50 per test                              |
| • Radiology Services (like diagnostic x-rays, ultrasound, nuclear medicine, and oncology services)          | \$1 per radiology service                    |
| • Inpatient hospital stay   | \$25 per stay                                |
| • Non-urgent emergency room visit   | \$3 per visit                                |
| • Covered over-the-counter drugs (e.g., smoking cessation products, insulin)                                | \$0.50 per medication                        |
| • Covered medical supplies (e.g. diabetic supplies such as syringes, lancets, test strips, enteral formula) | \$1 per supply                               |

Co-payments will not be applied to the following services:

- Emergency services
- Family planning services and supplies
- Mental health clinics
- Chemical dependence clinics
- Psychotropic drugs
- Tuberculosis drugs
- Prescription drugs for a resident of an Adult Care Facility licensed by the State Department of Health

You do not have to pay the co-payments if you are:

- Under age 21
- Pregnant
- A permanent resident of a nursing home
- A resident of community based residential facility licensed by the Office of Mental Health or the Office of Mental Retardation and Developmental Disability
- Not able to pay the co-payment at any time and you tell the provider that you are unable to pay.

Family Health Plus members who cannot afford the co-payment may not be denied a service based on their inability to pay. Your provider cannot refuse to give you care or services because you are unable to pay. (However, you will still owe the unpaid co-pay amounts to the provider and the provider may ask you for payment later or send you a bill.)

### **VISION BENEFIT**

Also as of September 1, 2005, the Family Health Plus vision benefit will change to include in any twenty-four month period: 1) one eye exam; 2) either one pair of prescription eyeglass lenses and a frame, or prescription contact lenses where medically necessary; and 3) one pair of medically necessary occupational eyeglasses. Replacement of lost, damaged or destroyed eyeglasses is no longer a covered benefit. Contact your health plan with any questions about this benefit change.

### **IMPORTANT CHANGE AFFECTING EMPLOYEES OF FEDERAL, STATE, OR COUNTY GOVERNMENTS, MUNICIPALITIES AND SCHOOL DISTRICTS**

If you are eligible for employer-sponsored health benefits through your own or a family member's employment with the Federal, State, or County government, a municipality or a school district, your Family Health Plus benefits will stop at the end of your benefit year. A change in State Law provides that individuals who have access to health care coverage through such employers are no longer eligible to enroll in Family Health Plus. Your coverage will terminate upon your next annual renewal date occurring after September 1, 2005. You will receive another notice before your Family Health Plus is terminated. You may wish to contact your employer to find out about enrolling in their plan, to avoid a gap in your health care coverage.

For more information about these changes to your Family Health Plus benefits and applicable co-payments, call the Medicaid Helpline at 1-877-873-7283 between 8:30 am and 5:00 pm, or your Family Health Plus plan.

If you wish, you can have a meeting (conference) to talk about this action, or you can ask for a "State Fair Hearing." To learn how to do this, please read the sheet that says "RIGHT TO A CONFERENCE OR FAIR HEARING."

Sincerely,

Kathryn Kuhmerker  
Deputy Commissioner  
Office of Medicaid Management

**RIGHT TO A CONFERENCE OR FAIR HEARING  
FAMILY HEALTH PLUS CHANGES (SP29)**

**RIGHT TO A CONFERENCE:** You may have a conference to review this action. If you want a conference you should ask for one as soon as you can. At the conference, if we find that we took the wrong action or if you give us new facts that cause us to change our decision, we will give you a new notice. You may ask for a conference by calling or sending a written request to your local social services department.

**RIGHT TO A FAIR HEARING:** These changes in your Medical Assistance coverage are based on changes in state law and policy. You have a right to a fair hearing if you think we made a mistake, but not just because you think the new law or policy is unfair. The hearing officer at the hearing may decide that you do not have a right to a hearing if the only issue at the hearing is the change in State law or policy.

**If you live anywhere in New York State, you may request a Fair Hearing by telephone, fax, online, or by writing to the address below.**

**Telephone:** Statewide toll-free request number is 800-342-3334. Please have this notice with you when you call.

**Online:** Complete online request form at <http://www.otda.state.ny.us/oah/forms.asp>

**In writing:** Fill in the space below and send a copy of this notice to:

Fair Hearing Section  
NYS Office of Temporary and Disability Assistance  
Fair Hearings  
P.O. Box 22023  
Albany, New York 12201-2023

*Please keep a copy for yourself.*

**Fax:** Send a copy of this notice to (518) 473-6735.

**If you live in NYC, you may also make your request in person by walking into the offices listed below.**

**Walk-In (NYC ONLY):** Bring a copy of this notice to the Office of Administrative Hearings, of the Office of Temporary & Disability Assistance, 14 Boerum Place, Brooklyn, New York, or 330 W. 34th Street, 3rd Fl., New York, NY.

**I want a Fair Hearing.** This action is wrong because \_\_\_\_\_

Client Signature: \_\_\_\_\_ Client print name here: \_\_\_\_\_

Client Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Case Number: \_\_\_\_\_ CIN Number: \_\_\_\_\_

**YOU MUST ASK FOR A FAIR HEARING WITHIN 60 DAYS FROM THE DATE OF THIS NOTICE.**

**IF YOU ASK FOR A FAIR HEARING,** the State will send you a notice with the time and place of the hearing. You have a right to bring a person to help you like a lawyer, a friend, a relative or someone else. At the hearing, this person can give the hearing officer something in writing or just tell why the action should not be taken. This person can also ask questions of any other people at the hearing. Also, you have the right to bring people to speak in your favor. If you have any papers that will help your case (e.g. birth certificate), you should bring them with you.

**IF YOU NEED FREE LEGAL HELP,** you may be able to get such help by calling your local Legal Aid Society or advocate group. To locate a lawyer, check your Yellow Pages under "Lawyers."

**YOU HAVE A RIGHT TO SEE YOUR CASE FILE** to help you get ready for the hearing. You may call or write for free copies of the documents from your files which we will give to the hearing officer. Also, if you call or write to us we will give you free copies of other documents from your file, which you may want for your Fair Hearing. To ask for these documents or to find out how to see your file, contact your local Department of Social Services or, in New York City, the New York City Human Resources Administration. You should ask for these documents before the date of your Fair Hearing. 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 ask that they be mailed.

**FOR MORE INFORMATION ON YOUR CASE,** if you want to see your file, to find out how to ask for a Fair Hearing or to find out how to ask for copies of your file, contact your local Department of Social Services or, in NYC, contact the NYC Human Resources Administration.