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

July 1, 2005

Dear Medicaid Recipient:

THIS LETTER TELLS YOU ABOUT CHANGES IN MEDICAID THAT MAY INCREASE YOUR COSTS FOR DRUGS BEGINNING AUGUST 1, 2005.

Chapter 58 of the Laws of 2005 increased Medicaid recipient co-payments for pharmacy prescription items. Co-payments for brand-name prescription drugs are increased from \$2.00 to \$3.00 and generic prescription drugs increased from \$0.50 to \$1.00. These increases will allow the Medicaid program to continue to provide high quality health care services to you.

Recipients in Medicaid Managed Care plans began to pay prescription drug co-payments on April 1, 2005. These co-payment increases starting on August 1 also apply to those in Medicaid Managed Care plans.

The chart below shows prescription co-payments that will be your responsibility beginning on August 1, 2005.

Item	Co- Payment Amount	Details About Co-Payment
Brand-name prescription drugs	\$3.00	One co-payment charge for <i>each</i> new prescription and <i>each</i> refill NO CO-PAYMENT FOR: Drugs to treat mental illness (psychotropic), tuberculosis, and birth control.
Generic prescription drugs	\$1.00	One co-payment charge for <i>each</i> new prescription and <i>each</i> refill NO CO-PAYMENT FOR: Drugs to treat mental illness (psychotropic), tuberculosis, and birth control.

Chapter 58 of the Laws of 2005 also increased the annual co-payment maximum per recipient per year to \$200. The co-pay year begins on April 1 each year and ends on March 31 of the following year. Once the maximum has been reached, no co-payments will be required until the new benefit year begins.

You do <u>not</u> have to pay the co-payment if:

- You cannot afford to pay at any time and you tell the pharmacist that you are unable to pay. The pharmacy cannot refuse to give you pharmacy items because you are unable to pay. (You will still owe the unpaid co-pay amounts to the pharmacy. They may ask you for them later or send you a bill.)
- You are younger than 21 years old.
- You are pregnant. Pregnant women are exempt during pregnancy and for the two months after the month in which the pregnancy ends. (You may need to tell the pharmacist that you are pregnant.)
- You are getting family planning (birth control) drugs such as birth control pills, or supplies like birth control jelly, foam or condoms.
- You are a resident of an Adult Care Facility licensed by the New York State Department of Health (DOH).
- You are a resident of a Nursing Home.
- You are a resident of an Intermediate Care Facility for the Developmentally Disabled (ICF/DD).
- You are a resident of an Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD) certified Community Residence.
- You are enrolled in a Comprehensive Medicaid Case Management (CMCM) or Service Coordination Program.
- You are enrolled in an OMH or OMRDD Home and Community Based Services (HCBS) Waiver Program.
- You are enrolled in the DOH HCBS Waiver Program for Persons with Traumatic Brain Injury (TBI).

NOTE: Recipients who are eligible for both Medicare and Medicaid and/or receive Supplemental Security Income (SSI) payments are not exempt from Medicaid copayments, unless they also fall into one of the groups listed above.

You have a right to a Fair Hearing if you think a mistake has been made in your birth date and you are under 21 years old or you are in a program that makes you exempt from co-pays. Information about requesting a Fair Hearing is enclosed. You do not have a right to a Fair Hearing to complain about the change in State Law.

If you have questions about the New York State Medicaid Recipient Co-Payment Program, you may call 1-800-541-2831 between 8:30 a.m. and 5:00 p.m.

Thank you for your cooperation.

Sincerely,

Kathryn Kuhmerker Deputy Commissioner Office of Medicaid Management