

For questions regarding this attachment please contact Cindy Krueger-Farley @ (518) 402-6663.

Section 1- New Reason Codes to Support the FHP-PAP (Premium Assistance Program) and New Employer Sponsored Health Insurance Form on IAF

C35/C0177, C45/U0193, S93/Y0073, S94/Y0074, S95/Y0075, X31/U0186, X32/U0190, X33/U0191, X34/U0192, ESHI Form on IAF

Section 2- Added Multiple Employer Sponsored Health Insurance (ESHI) message(s) to Language

S37/Y0028, S38/Y0032, S39/Y0025

Section 3- Added Non-Employer Sponsored Health Insurance (Non-ESHI) message-Not cost Effective message to Language

U34/D0116, U35/D0115, U49/D0134, S61/Y0040, S66/Y0041, S67/Y0050, V79/U0137

Section 4- Messages deleted from Language

S27/X0213, S38/Y0032, S39/Y0025, S66/Y0041, S67/Y0050, U86/U0082

Section 5- Added Auto Enrollment message to Language

***** NOTE: Message is on hold until further notification *****

S27/X0213, U25/P0011, U26/P0007, U85/U0081, U86/U0082, U87/U0098, U89/U0106, U90/U0112, V86/U0133, V87/U0135, X81/X0220

Section 6- Language change to Inserts and Attachments

E0028, S0021, S0025

Section 7- "Family Health Plus-Premium Assistance Program (FHP-PAP)", added Language

C05/U0001, F10/C0195, U20/C0063,C0064, U21/C0065,C0066, V94/C0099

Section 8- Language changes to Resource Attestation

C24/Y0055, C26/U0161, C27/U0162, C60/U0072, S83/Y0044, S84/Y0034

Section 9- Non-Immigrant/Undocumented Immigrant Language changes

C22/Y0052, C14/P0001, E03/C0122, E06/D0060, S77/Y0051, S79/Y0058, U63/X0127, U73/D0065

Section 10-Language added to the Living Arrangements, Failed to Verify and other codes

E60/C0007, E62/C0002, E63/C0004, E95/C0027, F10/C0195, U78/C0141

Section 11-Miscellaneous Language changes to Renewals

8201, 8202, 8301, 8303, 8304, 8305, 8306, 8307, 8308, 8309, 8310, 8314, R0020, R0043

Section 12-Miscellaneous Language Changes

E60/C0007, F10/C0195, S37/Y0028, U20/C0063,C0064, U21/C0065,C0066, U78/C0141, V94/C0099,
End of Managed Care Lock-In Notice

Section 13-Notices being Eliminated

**** See notes under section 13

8302, T03/U0108, T04/U0107, T05/U0128, T09/U0134, T10/U0136, V90/C0230, X42/C0207,
X43/C0208, X44/C0209

Section 14-HIPAA Privacy Notice

E0039

Section 1- New Reason Codes to Support the FHP-PAP (Premium Assistance Program) and New Employer Sponsored Health Insurance Form on IAF

Openings

Reason Code	Paragraph Number	Description	Case Type
S93	Y0073	Accept FHP/FHP-PAP, FP	24
S94	Y0074	Accept FHP/FHP-PAP, FNP Parent	24
S95	Y0075	Accept FHP/FHP-PAP, S/CC	24

Discontinuance

Reason Code	Paragraph Number	Description	Case Type
C35	C0177	Discontinue FHP-PAP, ESHI is not cost effective, Ineligible for FHP due to Equivalent Health Insurance	24

Undercare

Reason Code	Paragraph Number	Description	Case Type
C45	U0193	Add Person to the FHP-PAP case	24
X31	U0186	FHP to FHP-PAP	24
X32	U0190	FHP-PAP to FHP	24
X33	U0191	FHP – PAP to MA, FP/FNP Parent	20, 24
X34	U0192	FHP – PAP to MA, S/CC	20, 24

- A new form is available on IAF through Centraport for the ***“Employer Sponsored Health Insurance”***

Section 2- Added Multiple Employer Sponsored Health Insurance (ESHI) message(s) to Language

- **Message 1 (If Employer Sponsored Health Insurance is offered)**
- **Message 2 (if Employer Sponsored Health Insurance is not cost effective)**
- **Message 3 (If Employer Sponsored Health Insurance is not offered)**

Openings

Reason Code	Paragraph Number	Description	Case Type
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S37	Y0028	Accept FHP, MA Ineligible Due to Excess Income ESHI is Offered, ESHI is not Cost Effective or ESHI is Not Offered, FNP Parent #	24
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Section 2- Added Multiple Employer Sponsored Health Insurance (ESHI) message(s) to Language con't

Openings

Reason Code	Paragraph Number	Description	Case Type
S38	Y0032	Accept FHP, MA Ineligible Due to Excess Income, ESHI is Offered, ESHI is not Cost Effective or ESHI is Not Offered, FP #	24
S39	Y0025	Accept FHP, MA Ineligible Due to Excess Income, ESHI is Offered, ESHI is Not Cost Effective, ESHI is Not Offered, S/CC #	24

Section 3- Added Non-Employer Sponsored Health Insurance (Non-ESHI) message-Not cost Effective message to Language

- **Message 6 (FHP Non-Employer Sponsored Health Insurance-Not Cost Effective)**

Openings

Reason Code	Paragraph Number	Description	Case Type
S61	Y0040	Accept FPBP, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Non-ESHI, Public Employee, ESHI is Not Cost Effective, FP #	20
S66	Y0041	Accept FPBP, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Non-ESHI, Public Employee, ESHI is Not Cost Effective, S/CC #	20
S67	Y0050	Accept FPBP, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Non-ESHI, Public Employee, ESHI is Not Cost Effective, FNP Parent #	20

Denial

Reason Code	Paragraph Number	Description	Case Type
U34	D0116	Deny MA Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Non-ESHI, ESHI is Not Cost Effective or Public Employee, FPBP Ineligible Due to Excess Income or Eligible but Declines, FP #	20, 24

Section 3- Added Non-Employer Sponsored Health Insurance (Non-ESHI) message-Not cost Effective message to Language con't

Denial

Reason Code	Paragraph Number	Description	Case Type
U35	D0115	Deny MA Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Non-ESHI, ESHI or Public Employee, FPBP Ineligible Due to Excess Income or Eligible but Declines, S/CC #	20, 24
U49	D0134	Deny MA Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Non-ESHI, ESHI or Public Employee, FPBP Ineligible Due to Excess Income or Eligible but Declines, FNP Parent #	20, 24

Undercare

Reason Code	Paragraph Number	Description	Case Type
V79	U0137	FHP/FHP-PAP to FPBP Due to Excess Income and/or Resources, Equivalent Health Insurance, Public Employee #	20, 24

Section 4- Messages deleted from Language

- ***“Message 6 (Over 65)”***

Openings

Reason Code	Paragraph Number	Description	Case Type
S66	Y0041	Accept FPBP, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Non-ESHI, Public Employee, ESHI is Not Cost Effective, S/CC #	20
S67	Y0050	Accept FPBP, MA Ineligible Due to Excess Income and/or Resources, FHP Ineligible Due to Excess Income and/or Resources, Non-ESHI, Public Employee, ESHI is Not Cost Effective, FNP Parent #	20

- Deleted Messages for the following codes below:
 - ***“Message 1 (Over Income)”***
 - ***“Message 2 (Over Resources)”***

- ***“Message 3 (Over Income and Resources)”***
(Required financial entries are Net Income, MA Income Limit, and Excess Income Amount)

Section 4- Messages deleted from Language con't

Openings

Reason Code	Paragraph Number	Description	Case Type
S38	Y0032	Accept FHP, MA Ineligible Due to Excess Income, ESHI is offered, ESHI is not Cost Effective or ESHI is Not Offered, FP #	24

Undercare

Reason Code	Paragraph Number	Description	Case Type
S27	X0213	MA to FHP Due to Excess Income and/or Resources, 60 Days Post-Partum, Continue Infant, Chose a Plan or will be Auto-Assigned #	20, 24

- ***“Message 1 (Over 185% of the State Standard of Need)”***

Openings

Reason Code	Paragraph Number	Description	Case Type
S39	Y0025	Accept FHP, ESHI is offered, ESHI is Not Cost Effective, ESHI is Not Offered, S/CC #	24

Undercare

Reason Code	Paragraph Number	Description	Case Type
U86	U0082	MA to FHP, Chose a Plan, Staying in Same Plan or will be Auto-Assigned, S/CC #	20, 24
V87	U0135	FPBP to FHP, MA Ineligible Due to Excess Income, Chose a Plan or will be Auto-Assigned S/CC #	20, 24

Section 5- Added Auto Enrollment message to Language

***** NOTE: Message is on hold until further notification *****

- ***Message 3 (will be auto-assigned)***

Undercare

Reason Code	Paragraph Number	Description	Case Type
S27	X0213	MA to FHP Due to Excess Income and/or Resources, 60 Days Post-Partum, Continue Infant, Chose a Plan or will be Auto-Assigned #	20, 24

Section 5- Added Auto Enrollment message to Language con't

Undercare

Reason Code	Paragraph Number	Description	Case Type
U25	P0011	MA to FHP Due to Excess Income, 60 Days Post-Partum, No Infant, Chose a Plan, Staying in Same Plan or will be Auto-Assigned, S/CC #	20, 24
U26	P0007	MA to FHP Due to Excess Income, 60 Days Post-Partum, No Infant, Chose a Plan, Staying in Same Plan or will be Auto-Assigned FP #	20, 24
U85	U0081	MA to FHP Due to Excess Income, Chose a Plan, Staying in Same Plan or will be Auto-Assigned, FP #	20, 24
U86	U0082	MA to FHP Due to Excess Income, Chose a Plan, Staying in Same Plan or will be Auto-Assigned, S/CC #	20, 24
U87	U0098	Spenddown to FHP, Chose a Plan or will be Auto-Assigned #	20, 24
U89	U0106	MA to FHP Due to Excess Income, Chose a Plan, Staying in Same Plan or will be Auto-Assigned, FNP Parent #	20, 24
U90	U0112	Turning 19, MA to FHP Due to Excess Income, Chose a Plan, Staying in Same Plan or will be Auto-Assigned #	20, 24
V86	U0133	FPBP to FHP, MA Ineligible Due to Excess Income, Chose a Plan or will be Auto-Assigned FP #	20, 24
V87	U0135	FPBP to FHP, MA Ineligible Due to Excess Income, Chose a Plan or will be Auto-Assigned S/CC #	20, 24
X81	X0220	MA to FHP Due to COLA, Chose a Plan or will be Auto-Assigned #	20, 24

Section 6- Language change to Inserts and Attachments

- Look back period regarding transfer of asset(s) language for “**(Community Coverage with Community-Based LTC)**”, changed to “**transfer of assets look-back period) (up to 60 months)**”

Attachment Code	Description
E0028	Explanation of the Income and Resource Documentation Requirements for Medicaid
S0021	Community Coverage with Community-Based LTC (Undercare)

Section 6- Language change to Inserts and Attachments con't

S0025	Community Coverage with Community-Based LTC (Acceptances)
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Section 7- "Family Health Plus-Premium Assistance Program", added Language

Undercare

Reason Code	Paragraph Number	Description	Case Type
*C05	U0001	Continue MA/FHP/FHP-PAP Unchanged	20, 24

Discontinuance / Undercare

*F10	C0195	Discontinue MA/FHP/FHP-PAP, Failed to Return Renewal Form D	20, 24
U20	C0063/ C0064	Discontinue MA/FHP/FHP-PAP/FPBP Due to Verification of Factors Which Affect Eligibility, Did Not State Unable to Get Information D	20, 24
U21	C0065/ C0066	Discontinue MA/FHP/FHP-PAP/FPBP Due to Verification of Factors Which Affect Eligibility, Unable to Get Information, But Not a Good Reason D	20, 24
V94	C0099	Discontinue FHP/FHP-PAP Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income or Eligible but Declines # D	20, 24

Section 8- Language change to Resource Attestation

- Language changed to "**Since you requested that we determine your Medicaid eligibility for community coverage with community-based long-term care, we did not review proof of resources for the transfer of assets look back period (up to 60 months).**", for the following code:

Openings

Reason Code	Paragraph Number	Description	Case Type
*C24	Y0055	Community Coverage with Community Based LTC	20

- Language changed to "**Because we did not review your resources for the transfer of assets look back period (up to 60 months), you will NOT be covered for the following nursing facility services:**" for the following code:

Undercare

Reason Code	Paragraph Number	Description	Case Type
*C26	U0161	Community Coverage without LTC to Community Coverage with Community-Based LTC	20

Section 8- Language change to Resource Attestation Con't

- Language changed to "**This is because you requested an increase in your Medicaid coverage and gave us proof of your resources for a review of the transfer of assets look-back period.**", for the following code(s):

Undercare

Reason Code	Paragraph Number	Description	Case Type
*C27	U0162	Community Coverage with Community-Based LTC to All Covered Care and Services, FP	20
*C60	U0072	Community Coverage without Community- Based LTC to All Covered Care and Services, FP	20

- Language changed to, "**In order for us to determine your eligibility for nursing facility services, you must provide proof of resources for the transfer of assets look back period (up to 60 months). You failed to verify**", for the following code(s):

Opening

Reason Code	Paragraph Number	Description	Case Type
S83	Y0044	Ancillary Coverage Only, Institutionalized Individual, Due to failure to Provide Documentation of Resources, Excess Income, Spendedown Not Met #	20
S84	Y0034	Ancillary Coverage Only, Institutionalized Individual, Due to Failure to Provide Documentation of Resources, No Excess	20

Section 9- Non-Immigrant/Undocumented Immigrant Language changes

- "USCIS"** changed to "**Federal Immigration Agency**"
- Sentence change; "**These immigrants are not eligible for Medicaid coverage of non-emergency medical care and services because of the temporary nature of their admission status.**", for the following code(s):

Denial

Reason Code	Paragraph Number	Description	Case Type
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*E06	D0060	MA Ineligible, Non-Immigrant/Undocumented Immigrant, No Medical Emergency	20
U63	X0127	Non-Immigrant/Undocumented Immigrant, Emergency Medical Condition, Excess Income and/or Resources, FP #	20
U73	D0065	Non-Immigrant/Undocumented Immigrant, Emergency Medical Condition, Excess Income and/or Resources, S/CC #	20

Section 9- Non-Immigrant/Undocumented Immigrant Language changes Con't

Discontinuance / Undercare

Reason Code	Paragraph Number	Description	Case Type
*C14	P0001	Discontinue MA, Non-Immigrant/Undocumented Immigrant, Post-Partum, No Infant D	20
*E03	C0122	Discontinue MA, Non-Immigrant/Undocumented Immigrant, 60 Days Post-Partum, Infant Continues D	20

- **"USCIS"** changed to **"Federal Immigration Agency"**, for the following code(s);

Opening

Reason Code	Paragraph Number	Description	Case Type
*C22	Y0052	Non-Immigrant/Undocumented Immigrant, Emergency Coverage Only	20
S77	Y0051	Non-Immigrant/Undocumented Immigrant, Emergency, Excess Income, Monthly or 6 Month Spenddown Met #	20
S79	Y0058	Non-Immigrant/Undocumented Immigrant, Emergency, Excess Income and Resources, Either Both Met or Resource and 6 Month Spenddown Met #	20

Section 10-Language added to the Living Arrangements, Failed to verify and other codes

- Sentences added to the following code(s);
 - ***"If your are now enrolled in a Medicaid Managed Care or Family Health Plus plan, you will no longer be enrolled in your health plan"***
 - ***"If Medicaid is paying health insurance premiums, including Medicare, for you, payment of these premiums will be discontinued."***
 - ***"If Medicaid is paying health insurance premiums for other members of your household these premium payments may continue if it is determined to be cost effective."***

Discontinuance / Undercare

Reason Code	Paragraph Number	Description	Case Type
*E60	C0007	Unable to Locate	20, 24
*E62	C0002	Between 21-65, In a Psychiatric Institution	20, 22, 24
*E63	C0004	Not a State Resident	20, 22, 24
*E95	C0027	Death	20, 24

Section 10-Language added to the Living Arrangements, Failed to verify and other codes con't

Discontinuance / Undercare

Reason Code	Paragraph Number	Description	Case Type
U78	C0141	Concurrent Benefits, Inter-State, Aid Continuing	20, 24
*F10	C0195	Discontinue MA/FHP/FHP-PAP, Failed to Return Renewal Form	20, 24

Section 11-Miscellaneous Language to Renewals

Renewals

- Paragraphs reformatted so that they are easier to read/understand for the recipient

Reason Code	Paragraph Number	Description
Z61	8201	Cover Letter for Renewal form
Z62	8202	Cover Letter for Renewal form SSI Related

Renewals

- ***“Program”*** section removed and ***“Still Living with you?”*** section added

Reason Code	Paragraph Number	Description
Z61, Z62	8301	Question #1 - Name-DOB-SSN

Renewals

- Section added, ***“Does this person want health insurance? ___yes___no”***

Reason Code	Paragraph Number	Description
Z61, Z62	8303	Question #3 – Household

Renewals

- In the sentence ***“Is anyone listed in number 1 or 3 above, pregnant?”*** the

#3 was change to #2.

Reason Code	Paragraph Number	Description
Z61, Z62	8304	Question #4 – Pregnancy

Section 11-Miscellaneous Language to Renewals con't

Renewals

- Added field for mailing address If different than home address.
- Added field for another phone number to be reached at

Reason Code	Paragraph Number	Description
Z61, Z62	8305	Question #5 – Address

Renewals

- Added question of whether or not water was paid for separately and if so how much and proof required

Reason Code	Paragraph Number	Description
Z61, Z62	8306	Question #6 – Housing Expense

Renewals

- Post-Partum pregnancy section added

Reason Code	Paragraph Number	Description
Z61, Z62	8307	Question #7 – Citizenship Immigration

Renewals

- The income section that included pre-filled data from MBL has been removed

Reason Code	Paragraph Number	Description
Z61, Z62	8308	Question #8 –Income

Renewals

- Address field added to Section C for employer address

Reason Code	Paragraph Number	Description
Z61, Z62	8309	Question #9 –Health Insurance

Renewals

- Added new instruction in section "A" to go to Question B if "No" is chosen

Reason Code	Paragraph Number	Description
Z61, Z62	8310	Question #10 –Parent or Spouse Living Outside the Home

Section 11-Miscellaneous Language to Renewals con't**Renewals**

- The resource section that included pre-filled data pulled from MBL has been removed

Reason Code	Paragraph Number	Description
Z61, Z62	8314	Question #12 –Resources

Renewals

- Added Sentence; ***“During the previous year, you or a member of your household was eligible to have the Medicaid Program pay the Medicare Part B premium.”***
- ***You must return this form even if you have told us you moved to another county.”***
- Application name changed from ***“Medicare Premium Payment Program Application”*** to ***“Medicare Savings Program Re-enrollment Form”***

Reason Code	Paragraph Number	Description
Z46	R0020	MA Recert-SSI Related Mail In SLIMB

Renewals

- Added Sentence; ***“You must return this form even if you have told us you moved to another county.”***

Reason Code	Paragraph Number	Description
Z40	R0043	Notice of Renewal (Recertification) for QI1

Section 12-Miscellaneous Language Changes

- Messages added to the following code(s);
 - ***Message 1 (If client is female)***
(Note: If you become pregnant after your enrollment in Family Health Plus is effective, you have a choice of remaining in Family Health Plus or enrolling in Medical Assistance. You should discuss this choice with your doctor and the local department of social services office, so that you can make the decision that best meets your needs.)

- **Message 2 (If client is male, no message)**

Openings

Reason Code	Paragraph Number	Description	Case Type
S37	Y0028	Accept FHP, MA Ineligible Due to Excess Income, ESHI is offered, ESHI is Not Cost Effective or ESHI is Not Offered, FNP Parent #	24

Section 12- Miscellaneous Language Changes con't

- Sentence Deleted from Language:
 - **"If we are also paying your Medicare Part A or Part B premium, we will discontinue payment of this premium at the end of the month in which your Medicaid case is being closed."**

Discontinuance / Undercare

Reason Code	Paragraph Number	Description	Case Type
*F10	C0195	Discontinue MA/FHP/FHP-PAP, Failed to Return Renewal Form D	20, 24
*E60	C0007	Unable to Locate D	20, 24

- Sentence Deleted from Language for the following code(s):
 - **"This is because we believe you are already receiving Medical Assistance."**

Discontinuance / Undercare

Reason Code	Paragraph Number	Description	Case Type
U78	C0141	Concurrent Benefits, Inter-State, Aid Continuing D	20, 24

- Sentences **added** to Language for the following code(s):
 - **"If we are paying your Employer Sponsored Health Insurance Premiums, we will discontinue payment of this premium."**
 - **"If we are also paying your Medicare Part A or Part B premium, we will discontinue payment of this premium at the end of the month in which your Medicaid case is being closed."**

Discontinuance / Undercare

Reason Code	Paragraph Number	Description	Case Type
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U20	C0063/ C0064	Discontinue MA/FHP/FHP-PAP/FPBP Due to Verification of Factors Which Affect Eligibility, Did Not State Unable to Get Information D	20, 24
U21	C0065/ C0066	Discontinue MA/FHP/FHP-PAP/FPBP Due to Verification of Factors Which Affect Eligibility, Unable to Get Information, But Not a Good Reason D	20, 24

Section 12-Miscellaneous Language Changes con't

- Sentences **added** to Language:
 - **"If we are paying your Employer Sponsored Health Insurance Premiums, we will discontinue payment of this premium."**

Discontinuance / Undercare

Reason Code	Paragraph Number	Description	Case Type
V94	C0099	Discontinue FHP/ FHP-PAP Due to Excess Income and/or Resources, FPBP Ineligible Due to Excess Income or Eligible but Declines # D	20, 24
MCL	N0017	End of Managed Care Lock-In	

- Minor Language changes and Message Added:
 - "Important"***
 - "You must continue to recertify/renew your Medicaid or FHP case when your Local Department of Social Services sends you a renewal form."***

Section 13-Notices being Eliminated

***** Note:** The elimination of the codes listed below, except for Z61, Z62/8302, will now be put on hold until the auto-assignment process is ready and will remain in production until further notification:

Renewals

Reason Code	Paragraph Number	Description
Z61, Z62	8302	Question #2 – Living Arrangements

Undercare

Reason Code	Paragraph Number	Description	Case Type
T03	U0108	MA to FHP, Must Choose a Plan, S/CC or FNP Parent	20

T04	U0107	MA to FHP, Spenddown Eligible, Must Choose a Plan, FP	20
T05	U0128	MA to FHP, Spenddown Eligible, 60 Days Post-Partum, Must Choose a Plan	20
T09	U0134	FPBP to FHP, Must Choose a Plan, FP	20
T10	U0136	FPBP to FHP, Must Choose a Plan, S/CC or FNP Parent	20

Section 13-Notices being Eliminated con't

Undercare / Discontinuance

Reason Code	Paragraph Number	Description	Case Type
V90	C0230	Discontinue FPBP, FHP Eligible but Failed to Choose a Health Plan # D	20

Undercare / Discontinuance

Reason Code	Paragraph Number	Description	Case Type
X42	C0207	Discontinue MA Due to Excess Income and/or Resources, Failed to Choose a Health Plan for FHP, FP # D	20
X43	C0208	Discontinue MA Due to Excess Income, Failed to Choose a Health Plan for FHP, S/CC # D	20
X44	C0209	Discontinue MA Due to Excess Income and/or Resources, Failed to Choose a Health Plan for FHP, FNP Parent # D	20

Section 14-HIPAA Privacy Notice

- The HIPAA Privacy Notice attachment language has been changed to:

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The New York Medicaid program must tell you how we use, share, and protect your health information. The New York Medicaid program includes regular Medicaid, Medicaid Managed Care, and Family Health Plus. The program is administered by the New York State Department of Health and the Local Department of Social Services.

A copy of the Notice may be obtained at your local Department of Social Services. It is also available at:

http://www.health.state.ny.us/health_care/medicaid/publications/docs/inf/06inf-03att1.pdf