

IMPORTANT INFORMATION ABOUT A CHANGE IN YOUR PRESCRIPTION DRUG COVERAGE

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	
				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.	

You are receiving this notice because; we have information that the following person(s), who is enrolled in Medicaid, may be entitled to MEDICARE or is receiving Medicare benefits as of effective date _____.

Name _____ Client I.D. # _____

Name _____ Client I.D. # _____

When you receive full Medicaid benefits and are enrolled in MEDICARE, you must enroll in a MEDICARE Part D prescription drug plan. If you do not participate in a MEDICARE Part D (Part D) prescription drug plan, you may lose all of your Medicaid benefits. This program is based on Section 1935 (d)(1) of the Social Security Act, requiring Medicaid to stop paying for prescription drugs as soon as Medicare starts to pay.

Medicaid will still pay for your other health care costs. Medicaid will also continue to cover a few specific drugs such as benzodiazepines and certain over-the-counter medications.

If you are not already enrolled in a Part D prescription drug plan, the Centers for Medicare and Medicaid Services (CMS) will automatically enroll you into a Part D benchmark plan and send you a letter telling you in which plan you have been enrolled. The plan will send you information about their services and a prescription membership card, which you must use at the pharmacy to get your medications. You will not have to pay a monthly premium as long as you are enrolled in a benchmark plan. You will need to pay only a small co-payment for each prescription under the Medicare drug plan. If you live in a medical facility, such as a nursing home for one full month or more, you will not have to pay a co-payment. A benchmark plan will provide prescription medications at minimal cost to you. A benchmark plan may not offer all the drugs you need. However, all Part D plans must have a way for you to obtain medically necessary drugs that they do not cover.

You may choose to change plans at any time, up to once a month. You can choose to enroll in a different plan, but note it may be more expensive to you. If you need help choosing a plan that best meets your prescription needs, please call 1-800-MEDICARE (1-800-633-4227), or the Health Insurance Information Counseling & Assistance Program (HIICAP) at 1-800-701-0501 for assistance. TTY users should call 1-877-486-2048. A list of benchmark plans available at **no cost** to you is included with this letter. If you choose a non-benchmark plan, you will be responsible for a portion of the monthly premium payments.

All Medicare Part D prescription drug plans must have a process for you to obtain medically necessary drugs that they do not cover. MEDICARE prescription plans are required to provide you at least a short-term supply of medications you are currently taking (usually one month supply). But if you find that your new MEDICARE prescription plan will not cover a medically necessary drug you take, you should talk to your provider (your doctor, clinic, etc). They can decide whether another drug, covered by the prescription plan, will work as well.

If your provider thinks that you should not change medications, then either you or your provider must contact your MEDICARE prescription plan to ask for an "exception". Your doctor will need to provide information to the plan about why you need this specific drug.

If the plan denies your exception request, you can appeal the plan's decision. Contact your plan directly or review your plan's handbook for directions on filing an appeal. You, your prescribing physician or other appointed representative can file an appeal on your behalf.

Some people are not required to join a MEDICARE prescription drug plan because they have an employer/union retiree health plan. If you have received a letter that said you will lose your health insurance coverage if you enroll in a MEDICARE prescription drug plan, you must provide a copy of that letter to your local Medicaid office.

You have the right to an appeal if you think the law does not apply to you or if you think we do not have the right information about you. If you ask for an appeal because you think the law is wrong, your appeal will be decided without a hearing. If you want to appeal this action, please read the conference and fair hearing section of this letter.

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.

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. If you call or write to us, we will also make available to you without charge specific policy materials necessary for you to decide whether to request a fair hearing or to prepare for the hearing. Policy materials that may be available to you include documents such as: Administrative Directives, General Information System messages, Informational Letters, portions of the Medicaid Reference Guide, Department of Health Medicaid Update newsletters and Local Commissioner Memorandums. To ask for specific policy materials, documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of the front of this notice or write us at the address printed at the top of the front of this notice. If you want free copies of specific policy materials or 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.

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.ny.gov/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, pay stubs, 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 Medicaid 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 Medicaid 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.

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 Medicaid or other health insurance may be eligible for the Child Health Plus Insurance Plan for kids. The plan provides health care insurance for children. Call 1-800-698-4543 for information.