



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

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Commissioner

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Executive Deputy Commissioner

**December 01, 2006**

## **Reduction of Benefits Notice**

### Important Information about Your Drug Coverage

FOR INDIVIDUALS WHO RECEIVE BOTH MEDICARE AND MEDICAID

**Our files show that you have both MEDICARE and Medicaid. If you think this information is wrong, call your Medicaid eligibility worker at your county Department of Social Services right away. In New York City, call (877) 472-8411.**

On January 1, 2006, MEDICARE Part D began providing prescription coverage for people with both MEDICARE and Medicaid. Because some people with both MEDICARE and Medicaid had problems getting their drugs from their new MEDICARE prescription drug program, Medicaid continued to pay for many drugs on a temporary basis. However, in accordance with New York State law, this coverage will change.

**Beginning on January 1, 2007, Medicaid will cover only the following types of drugs when your MEDICARE prescription drug plan will not pay for them: antidepressants, atypical antipsychotics, antiretrovirals used in the treatment of HIV/AIDS and anti-rejection drugs used for the treatment of organ and tissue transplants.** Medicaid will also continue to pay for a few types of drugs which are excluded from the MEDICARE prescription drug benefit. These drugs are benzodiazepines, barbiturates, select prescription vitamins and certain non-prescription drugs.

You have the right to request an appeal if you think this reduction in benefits is wrong, but you will have a hearing only if you think the law does not apply to you or if you think we do not have the right facts about you. If you want to appeal this action, please read the information on the back of this notice.

To ensure that all of your prescriptions will be available to you on January 1, 2007 talk to your pharmacist as soon as possible. Ask your pharmacist if Medicaid is still paying for drugs that should be paid for by your MEDICARE Part D Prescription Drug Plan. If so, either you or your pharmacist should talk to your doctor or nurse practitioner about whether another drug covered by your MEDICARE Prescription Drug Plan will work just as well. You, your doctor, your nurse practitioner, or your pharmacist can call your plan or review your plan's handbook to find out what drugs are covered by your plan. Your plan should tell you if you have to meet any special requirements to get the drug. Your plan should also tell you how you may get coverage for your drug if it is not covered by your plan.

Remember: Because you have both MEDICARE and Medicaid, you need to be enrolled in a MEDICARE prescription drug plan to receive prescription coverage \*. If you have received an Annual Notice of Change letter from your MEDICARE Prescription drug plan stating that your monthly Part D premium has increased and that you are responsible for paying part of that premium, you may want to consider choosing a different plan. If you need help choosing the plan that covers your medications, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can also call New York's Health Insurance Information Counseling & Assistance Program (HIICAP) at 1-800-701-0501 for assistance. A list of prescription drug plans available to you at no premium cost is also included with this letter

*\*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.*

## RIGHT TO A CONFERENCE OR FAIR HEARING

**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. 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.

**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 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 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, hearing 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 under certain circumstances. Your benefits will not be continued pending the appeal decision when the sole issue is the change in law. If the appeal is for other reasons, such as the application of the law to your situation, or if there is another factual issue, then your benefits will be continued pending the decision. However, if you lose the fair hearing, we may recover the cost of any Medical Assistance 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 Medical Assistance 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.

**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. To ask for documents or to find out how to look at your file, contact your local Department of Social Services or, in NYC, contact the NYC Human Resources Administration. If you need help to get the phone number or address of your local Department of Social Services office or the NYC Human Resources Administration, call the NYS Medicaid Hotline at 1-800-541-2831.

If you want copies of 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.

**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.