

## **Important Changes in the Medicaid Program**

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The following tells you about important changes in the Medicaid Program not yet included in Books 1 and 2. You should read this information carefully.

### **Book 1, LDSS-4148A – What You Should Know About Your Rights and Responsibilities (When Applying For or Receiving Benefits)**

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##### **Application**

##### **Rights**

- You do not need an interview to apply for Medicaid. You can send your completed Medicaid application to your local department of social services or you can contact a facilitated enroller for application assistance. If you complete the LDSS-2921 application for Temporary Assistance and you are also applying for Medicaid, be sure to check the box for Temporary Assistance and Medicaid on page one of the application.

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##### **Responsibility to Provide Proof**

If you are turning 65 within the next 3 months or you are 65 years of age or older, you may be entitled to additional medical benefits through the Medicare program. You are required to apply for Medicare as a condition of eligibility for Medicaid.

Medicare is a federal health insurance program for people over 65 and for certain people with disabilities regardless of income. When a person has both Medicare and Medicaid, Medicare pays first and Medicaid pays second.

You are required to apply for Medicare if:

- You have Chronic Renal Failure or Amyotrophic Lateral Sclerosis (ALS); **OR**
- You are turning 65 in the next 3 months or are already age 65 or older **AND** your income is at or below 120% of the federal poverty level (based on the household size for a single individual or married couple), or is at the Medicaid standard. If so, then the Medicaid program can pay or reimburse your Medicare premiums. If the Medicaid program can pay your premiums, you will be required to apply for Medicare as a condition of Medicaid eligibility.

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##### **Responsibility to Provide Proof (2/07 version)**

- If you are not 65 years of age or older, certified blind or certified disabled, you do not need to tell us about your resources.

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### **Responsibility to Enroll in the Automatic Finger Image System (AFIS)**

- It is no longer a requirement for Medicaid for you to be finger imaged or to come into the local department of social services office specifically to have a photo taken to process an ID.

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### **Child Support Disregard – Medicaid**

- The first \$100.00 per child of current child support received each month is not counted when determining you and your child's Medicaid eligibility. When a child is certified blind or certified disabled, one third of any support payment the child receives from an absent parent is not counted in determining the child's Medicaid eligibility.

### **Responsibility to Complete Alcohol and Substance Abuse Screening for Medicaid**

- Medicaid applicants and recipients are no longer requested to undergo alcohol and substance abuse screening and evaluation or to be mandated into treatment for such conditions.

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### **Responsibilities Regarding the Use of Medicaid Providers**

When you are approved for Medicaid, you may join a Medicaid Managed Care health plan. In some counties, you may be mandated to join a plan. If you need information about what plans are available in your county, what plans your doctor is enrolled in and if you must join a Managed Care plan, please call New York Medicaid Choice at 1-800-505-5678. You can also call or visit your local department of social services. If you have a doctor you want to keep seeing, you need to check to see if he or she is enrolled in the Medicaid Managed Care health plan you join. When you join a Medicaid Managed Care health plan, you will get a separate health insurance card from your plan.

- You will use your Medicaid Managed Care health plan card to access most Medicaid covered services. A few services are still covered by regular Medicaid. Contact your health plan if you have questions about covered services.

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#### **Section B**

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#### **Prenatal Care Assistance Program (PCAP)**

- The term “Prenatal Care Assistance Program (PCAP)” is no longer used. References to PCAP should be replaced with, “Medicaid for pregnant women.”

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#### **Recipients Exempt From Co-Payments**

- Medicaid recipients and individuals in the Family Planning Benefit Program (FPBP) do not have to pay co-payments for any covered family planning service, treatment, or supplies, including prescriptions.

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#### **Why Join A Medicaid Managed Care Health Plan?**

- Most Medicaid Managed Care health plans offer more providers to choose from than regular Medicaid (Fee For Service). You get to choose your own Primary Care Provider (PCP), which means you don't need to use the emergency room for medical care that is not life threatening. Your Primary Care Provider will give you a referral when you need to see a specialist. You can call your Primary Care Provider or a health plan phone number 24 hours a day if you think you need medical care.

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- More information is available on the New York State Department of Health website at <http://www.health.ny.gov>

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#### **Should I Cancel Any Other Health Insurance I Already Have?**

- No. If you are paying health insurance premiums, Medicaid may help you pay for them.

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#### **If You Have Any Questions**

- New York Health Options is a call center for New York's Medicaid and Child Health Plus (CHP) programs, please call 1-800-541-2831. If you need information about what plans are available in your county, what plans your doctor is in and if you have to join, please call New York Medicaid Choice at 1-800-505-5678.

### **Page 25 – Section E**

#### **Q. What If My Medicaid Case Closes?**

- Transitional Medical Assistance (TMA) is available for 12 continuous months if you had been getting Low Income Family Medicaid in one out of the last six months.