

ERIE COUNTY DEPT OF SOC SER
HOSPITAL UNIT POD18 ECMC
95 FRANKLIN STREET
BUFFALO, NY 14202

**NOTICE OF DECISION ON YOUR
MEDICAL ASSISTANCE.**

SE LE ENVIARA UNA COPIA EN ESPANOL DE ESTA NOTIFICACION EN UN SOBRE APARTE

NOTICE NUMBER:		DATE: January 24, 2012		CASE NUMBER:			
OFFICE MAE	UNIT MA	WORKER NYUTR	UNIT OR WORKER NAME MEDICAID		TELEPHONE NO. 716-858-8000		
AGENCY TELEPHONE NUMBERS GENERAL TELEPHONE NO. <u>716-858-8000</u> FOR QUESTIONS OR HELP <hr/> OR Agency Conference <u>716-858-8000</u> Fair Hearing information and assistance <u>800-342-3334</u> Record Access <u>716-858-8000</u> Child/Teen Health Plan <u>716-858-8000</u>			CASE NAME / AND ADDRESS MAE/MA/NYUTR 				
IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU MAY REQUEST A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. FOR MORE INFORMATION, CONTACT THE FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE.							
<div> <div> MEDICAL ASSISTANCE A Medicaid/Family Health Plus/Family Planning Benefit Program/Medicare or other health insurance plan will be assigned to the following individuals under the effective date of the new plan. </div> <div> Assistance Program/Family Health Plus will be opened for the new plan on the date noted below, </div> </div> <table> <tr> <td>Name</td> <td>Client I.D. #</td> </tr> </table> <p>This is because of the change in the plan of ERIE.</p> <p>Information for Family Health Plus Enrollees</p> <p>You will be assigned to the same Family Health Plus (FHP) plan if it is offered in this county. If the same plan is not available in this county, you will be assigned to a new plan. You will be notified about your new plan. You will be able to change plans under certain circumstances. All FHP enrollees will receive a new member packet from your new plan. If you have any questions about your health plan enrollment, call the managed care unit at the general phone number listed above.</p> <p>Important Information for Family Health Plus-Premium Assistance Program Enrollees</p> <p>The Family Health Plus-Premium Assistance Program will continue to make premium payments for your cost effective Employer Sponsored Health Insurance.</p> <p>Important Information for Medicaid Managed Care Enrollees</p> <p>You will be enrolled in the same Managed Care plan if it is offered in this county. Medicaid Managed Care enrollees whose current plan is not offered in your new county will need to use your New York State Benefit Identification Card to</p>						Name	Client I.D. #
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