

ASSISTANCE WITH YOUR MEDICAID RENEWAL / FREE INTERPRETATION SERVICES

This booklet will help you complete your Renewal. We have included an English and a translated version. Return **only** one. For help with your Renewal, call the HRA Medicaid Helpline at 1-888-692-6116 or contact one of the Managed Care Plans listed on Page 4 of this booklet. Hearing impaired consumers may call 711 or 1-718-636-7783 with a Text Telephone (TTY) device (not a standard phone).

Free interpretation services are available over the phone or in any Medicaid office.

ÈD POU RENOUVÈLMAN MEDICAID/SÈVIS ENTÈPRÈT GRATIS

Tiliv sa a pral ede ou fè Renouvèlman ou a. Nou mete yon vèsyon ann Angle ak yon vèsyon ki tradwi. Retounen **sèlman** youn. Pou èd avèk Renouvèlman ou a, rele Liy Èd Medicaid la nan 1-888-692-6116 oswa kontakte youn nan Plan Swen Kontwole yo ki sou Paj 4 tiliv sa a. Kliyan ki gen pwoblèm pou tandè yo ka rele 711 oswa 1-718-636-7783 avèk yon aparèy Telefòn Tèks (TTY) (pa yon telefòn estanda).

Sèvis entèpretasyon gratis disponib sou telefòn oswa nan nenpòt biwo Medicaid.

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Se nou menm ki kite paj sa a vid**

MAIL RENEWAL CHANGES

You may continue to call the HRA Medicaid Helpline at 1-888-692-6116 if you have any questions about your Renewal Form. You can also contact one of the Managed Care Plans listed on Page 4 of the enclosed Guide to Complete your Medicaid Renewal Forms for assistance.

This is the **only Renewal** Application that will be automatically sent to you. Please keep it in a safe place until you are ready to return it to us. **We must receive your reply through the mail by the date printed on Page 1 of the Application, or your coverage may end.**

You can still pre-screen for additional benefits at the Access NYC site. It can be accessed by going to <http://www1.nyc.gov> and selecting Social Services from the menu located at the bottom of the page. The site is safe, secure and easy to use.

Note:

- You do not need to send proof of US citizenship at this time. You also do not need to send proof of income unless the Renewal Form instructs you to do so.
 - If you would like, you may send either or both now to help ensure that we have your most accurate information.
 - If you decide not to send proof now, we may write you to request that you do so at a later date. The “Documentation Guide” on Pages 5 and 6 of this booklet show you the types of proofs that we accept.
- If you tell us that you are a US citizen, we will attempt to verify citizenship using a computer match. If we are unable to do so, we will write to you to let you know that and request that you send us proof.
- We will also attempt to verify your income using a computer match. If the match results are different than your self-reported information, the match results may be used when determining your eligibility.
 - If you decide not to send proof now, we may write you to request that you do so at a later date. The “Documentation Guide” on Pages 5 and 6 of this booklet show you the types of proofs that we accept.
- If you recently moved from New York City to another county within New York State, but have not yet had a public health insurance case opened where you now live, you should complete and return this Renewal Form to us. We will assist you in transferring your coverage.

CHANJMAN NAN RENOUVÈLMAN PA LAPÒS

Ou ka kontinye rele Liy Èd Medicaid HRA a nan 1-888-692-6116 si ou gen nenpòt kesyon sou Fòm Renouvèlman ou a. Epi tou ou kontakte youn nan Plan Swen Kontwole yo ki sou Paj 4 Gid ki vini ak lèt sa a pou ranpli Fòm Renouvèlman Medicaid ou a pou jwenn èd.

Sa a se **sèl aplikasyon Renouvèlman** nou pral voye ba ou otomatikman. Tanpri kenbe li nan yon bon kote jiskaske ou pare pou retounen li bay nou. **Nou dwe resevwa repons ou pa lapòs avant dat ki enprime nan paj 1 nan aplikasyon an, oswa pwoteksyon asirans ou ka fini.**

Ou ka toujou fè yon evalyasyon davans pou plis avantaj nan sit Access NYC a. Pou fè sa, ale sou <http://www1.nyc.gov> epi chwazi Sèvis Sosyal nan meni ki nan pati anba paj la. Sit la san danje, li sekirize, epi li fasil pou itilize.

Remak:

- Ou pa bezwen voye prèv sitwayènte ameriken nan moman sa a. Epi tou ou pa bezwen voye prèv revni sòf si Fòm Renouvèlman an di pou fè sa.
 - Si ou vle, ou ka voye nenpòt nan yo oswa toude pou asire nou gen pi bon enfòmasyon posib sou ou.
 - Si ou decide pa voye prèv kounye a, nou ka ekri ou pou mande pou ou fè sa nan yon lòt dat. "Gid dokimantasyon" nan paj 5 ak 6 nan tiliv sa a montre w kalite prèv nou aksepte.
- Si ou di nou ou se yon sitwayen ameriken, nou pral eseye verifye sitwayènte w ak yon sistèm enfòmatak. Si nou pa kapab fè sa, nou pral ekri ou pou fè w konnen sa epi n ap mande pou ou voye prèv bay nou.
- Epi tou nou pral eseye tou verifye revni ou ak yon sistèm enfòmatak. Si rezilta nou jwenn yo diferan ak enfòmasyon ou te bay nou yo, nou ka itilize rezilta yo pou detèmine si ou kalifye.
 - Si ou decide pa voye prèv kounye a, nou ka ekri ou pou mande pou ou fè sa nan yon lòt dat. "Gid dokimantasyon" nan paj 5 ak 6 nan tiliv sa a montre w kalite prèv nou aksepte.
- Si ou te fèk kite Vil New York pou ale nan yon lòt konte ki nan Eta New York, men ou poko louvri yon dosye asirans sante piblik kote w ap viv kounye a, ou dwe ranpli Fòm Renouvèlman sa a epi voye li tounen bay nou. Nou pral ede ou nan transfere pwoteksyon asirans ou an.

PLAN SWEN KOWÓDONE K AP PATISIPE NAN PWOGRAM MEDICAID LA

MEDICAID PARTICIPATING MANAGED CARE PLANS PLANES DE ATENCIÓN ADMINISTRADA PARTICIPANTES DE MEDICAID 參與 MEDICAID 的管理式醫療計畫 (MANAGED CARE PLAN) PLAN SWEN KONTWOLE MEDICAID K AP PATISIPE УЧАСТВУЮЩИЕ В ПРОГРАММЕ MEDICAID ПЛАНЫ КООРДИНИРОВАННОГО ОБСЛУЖИВАНИЯ MANAGED CARE MEDICAID 참여 의료 관리 플랜 (Participating Managed Care Plan) خطط الرعاية المدقرا المشاركة التابعة لـ MEDICAID MEDICAID এ অংশগ্রহণকারী পরিচালিত পরিচর্যার পরিকল্পনাসমূহ RÉGIMES DE SOINS GÉRÉS PARTICIPANT À MEDICAID PLANY UCZESTNICZĄCE W OPIECE ZARZĄDZANEJ MEDICAID MEDICAID میں شرکت کرنے والے منضبط نگہداشت کے منصوبے 参与 MEDICAID 的管理式护理计划	TELEPHONE NUMBER NUMERO TELEFONO 電話號碼 NIMEWO TELEFÒN НОМЕР ТЕЛЕФОНА 전화번호 رقم الهاتف টেলিফোন নম্বর NUMÉRO DE TÉLÉPHONE NR TELEFONU تیلیفون نمبر 电话号码	CURRENT SERVICE AREA Area Actual de Servicio 目前服務地區 Zòn Sèvis Aktyèl Район обслуживания 현재 서비스 지역 منطقة الخدمة الحالية বর্তমান পরিষেবা ক্ষেত্র ZONE DE SERVICE ACTUELLE OBEKNY REGION USŁUG خدمت کا موجودہ علاقہ 当前服务地区				
		Bronx	Brooklyn	Manhattan	Queens	Staten Island
AFFINITY HEALTH PLAN	866-247-5678	●	●	●	●	●
EMBLEM HEALTH (formerly GROUP HEALTH INSURANCE/HIP HEALTH PLAN OF GREATER NY- GHI/HIP)	800-447-8255	●	●	●	●	●
HEALTHFIRST PHSP, INC.	866-463-6743	●	●	●	●	●
HEALTHPLUS AN AMERIGROUP COMPANY	800-950-7679	●	●	●	●	●
METRO-PLUS (METROPOLITAN HEALTH PLUS)	800-303-9626	●	●	●	●	
NY STATE CATHOLIC HEALTHPLAN/FIDELIS	888-343-3547	●	●	●	●	●
UNITED HEALTHCARE COMMUNITY PLAN (formerly AMERICHoice BY UNITED/ AMERCHOICE OF NY INC.)	800-493-4647	●	●	●	●	●
WELLCARE OF NY, INC.	800-308-2571 800-215-1531	●	●	●	●	
MEDICAID RENEWAL SITE	785 Atlantic Ave. Brooklyn, NY 11238	888-692-6116				

DOCUMENTATION GUIDE TO CONTINUE YOUR HEALTH CARE COVERAGE

Here is a list of proofs the Medical Assistance Programs accepts. Please use this guide with the Instructions on the cover of the Renewal Notification Booklet to determine what documents you may need to provide in order to continue health care coverage.

INCOME:

Wages and Salary/Employment

- Current paycheck/stub(s) or payroll records
- Detailed written statement from employer
- W-2 (MBI-WPD consumers only)
- Income tax return (MBI-WPD consumers only)

Self Employment

- Signed income tax return
- Records of earnings and expenses

Work Income

- If salary stays the same -----> Copy of last pay stub or letter from employer.
- If salary changes from pay period to pay period -----> Copies pay stubs covering last 4 weeks or letter from employer.
- If any part of your salary/income is paid in cash and your employer will not provide written proof -----> Answer "Yes" to the first question at the bottom of the **INCOME** section of Page 2 of Renewal Booklet
- If self-employed -----> Copy of most recent tax return and letter (signed by you) of current income. If income has changed, explain why.
- If receiving unemployment benefits -----> Send copy of unemployment insurance award letter or internet Printout from the NYS Department of Labor: <https://ui.labor.state.ny.us/UBC/home.do>

Type of Proof

- Copy of last pay stub or letter from employer.
- Copies pay stubs covering last 4 weeks or letter from employer.
- Answer "Yes" to the first question at the bottom of the **INCOME** section of Page 2 of Renewal Booklet
- Copy of most recent tax return and letter (signed by you) of current income. If income has changed, explain why.

Unemployment Benefits

- Award Letter/certificate
- Benefit statement or print-out
- Letter from NYS Department of Labor

Social Security

- Award Letter/certificate
- Benefit check
- Letter from Social Security Administration

Private Pensions/Annuities

- Statement from pension/annuity

Child Support/Alimony

- Letter from person providing support or letter from court
- Child support/alimony check stub

Worker's Compensation

- Award Letter
- Check stub

Income from Rent or Room/Board

- Letter from roomer, boarder, tenant
- Check stub

Military Pay

- Award Letter
- Check stub

Veteran's Benefits

- Award Letter
- Benefit check stub
- Letter from Veterans' Administration

Interest/Dividends/Royalties

- Letter from bank or credit union
- Letter from broker
- Letter from agent

CITIZENSHIP (If you are declaring to be a US citizen, you do not need to send proof at this time. If documents are needed, you will receive a letter requesting them.)

- US Passport
- Certificate of U.S. Citizenship
- Certificate of Naturalization
- U. S. Birth Certificate **and one** of the following **identity** proofs: (1) Driver's license with photograph, or other identifying information (2) School identification card with photograph, (3) U.S. military card or draft record, (4) ID card issued by Federal, State or local government with the same information included on a driver's license.

IMMIGRATION STATUS: The following are documents issued by United States Citizenship & Immigration Services (USCIS)

- I-551 Permanent Resident Card (Green Card)
- I-688B or 1-766 Employment Authorization Card
- I-94 Arrival/Departure Record
- I-797 (Notice Of Action) or other official correspondence to and from USCIS, ICE or EIOR

CHILDCARE/DEPENDENT CARE: Documents must include the amount you pay and how often

- Letter from day care center or other child/adult care provider
- Canceled checks or receipts that prove payment of care services

PREGNANCY:

- Statement from doctor/medical professional with expected date of delivery

PRIVATE HEALTH INSURANCE: Documents must include the amount you pay

- Insurance policy
- Certificate of insurance
- Insurance card
- Other proof of private insurance

WE ACCEPT PHOTOCOPIES OF ALL DOCUMENTS OTHER THAN THOSE REQUIRED TO PROVE YOUR CITIZENSHIP OR IDENTITY

GID DOKIMANTASYON POU KONTINYE GENYEN PWOTEKSYON SWEN SANTE OU

Isit la se yon lis prèw Pwogram Asistans Medikal yo aksepte. Tanpri, itilize gid sa a avèk enstriksyon ki sou kouvèti Tiliv Notifikasyon Renouvèlman andedan, a, an pou detèmine ki dokiman ou ka bezwen pou w ka kontinye genyen pwoteksyon swen sante.

REVNI:

Salè ak Travay

- Dènye chèk/souch chèk oswa dosye pewòl
- Deklarasyon patwon ki ekri avèk detay
- W-2 (MBI-WPD kliyan sèlman)
- Deklarasyon taks sou revni (MBI-WPD kliyan sèlman)

Travay Endepandan

- Deklarasyon taks sou revni ki siyen
- Dosye salè ak depans

Revni Travay

- Si salè a pa chanje ----->
- Si salè ou diferan nan chak peryòd ou touche ----->
- Si nenpòt pati nan salè / revni ou peye se ak lajan kach ou touche li epi patwon ou an pa p bay prèw alekri ----->
- Si ou se yon travayè endepandan ----->
- Si w ap resevwa avantaj chomaj ----->

Kalite Prèw

- Kopi dènye souch chèk oswa lèt nan men patwon ou.
- Kopi souch chèk ki kouvri dènye 4 semèn yo oswa lèt nan men patwon ou.
- Reponn "Wi" pou premye kesyon nan pati anba seksyon REVNI nan Paj 2 of Tiliv Renouvèlman an
- Kopi dènye deklarasyon taks sou revni ak lèt (ou siyen) ki endike revni ou nan moman an. Si revni ou chanje, eksplike poukisa.
- Voye kopi lèt prim asirans chomaj oswa kopi ou enprime sou entènèt la sou sitwèb Depatman Travay Eta New York:
<https://ui.labor.state.ny.us/UBC/home.do>

Avantaj Chomaj

- Lèt / sètifika Rekonpans
- Etadkont avantaj oswa kopi ou enprime
- Lèt nan men Depatman Travay Eta New York

Sekirite Sosyal

- Lèt / sètifika Rekonpans
- Chèk avantaj
- Lèt Administrasyon Sekirite Sosyal (Social Security Administration) bay

Pansyon / Anwite Prive

- Etadkont ki soti nan pansyon/anwite

Sipò Timoun/Pansyon Alimantè

- Lèt nan men moun ki bay sipò a oswa lèt ki soti nan tribinal la
- Souch chèk sipò timoun / sipò alimantè

Konpansasyon Travayè

- Lèt Rekonpans
- Souch chèk

Revni nan lwaye oswa nan lwaye/pansyon

- Lèt ki soti nan men kolokatè, moun ki abite lakay ou, lokatè a
- Souch chèk

Peman Militè

- Lèt Rekonpans
- Souch chèk

Avantaj Veteran

- Lèt Rekonpans
- Souch chèk avantaj
- Lèt ki soti nan Administrasyon Veteran

Enterè/Dividann/Wayote

- Lèt ki soti nan bank oswa sendika kredi
- Lèt ki soti nan koutye
- Lèt ki soti nan ajan

SITWAYÈNTE (Si ou deklare ou se yon sitwayen ameriken, ou pa bezwen voye prèw nan moman sa a. Si dokiman yo nesèsè, w ap resevwa yon lèt k ap mande yo.)

- Paspò Ameriken
- Sètifika Sitwayènte Ameriken
- Sètifika Natiralizasyon
- Batistè ameriken ak youn nan prèw idantite sa yo : (1) Lisans chofè ki gen foto, oswa lòt enfòmasyon ki idantifye ou (2) Kat idantifikasyon lekòl ki gen foto, (3) Kat militè ameriken oswa dosye yo te rekrute ou, (4) Kat idantite gouvènman federal la, Eta a oswa gouvènman lokal la ki gen menm enfòmasyon ki sou yon lisans chofè.

SITIYASYON AK IMIGRASYON: Men yon lis dokiman Sèvis Sitwayènte ak Imigrasyon Etazini (United States Citizenship & Immigration Services, USCIS) bay:

- I-551 Kat Rezidan Pèmanan (Grinkat)
- I-688B oswa I-766 Kat Otorizasyon Travay
- I-94 Dosye Arive/Depa
- I-797 (Avi Aksyon) oswa lòt korespondans ofisyèl USCIS, ICE oswa EIOR te voye oswa te resevwa

GADRI/ SWEN DEPANDAN: Dokiman yo dwe gen ladan kantite lajan ou peye ak konbyen fwa

- Lèt ki soti nan sant gadri a oswa lòt founisè swen timoun/ granmoun
- Chèk anile oswa resi ki pwouve ou te peye pou sèvis la

GWOSÈS:

- Deklarasyon nan men doktè / pwofesyonèl medikal ak dat ou sipoz akouche

ASIRANS SANTE PRIVE: Dokiman yo dwe gen kantite lajan ou peye

- Kontra asirans
- Sètifika asirans
- Kat Asirans
- Lòt prèw asirans prive

NOU AKSEPTE FOTOKOPI TOUT DOKIMAN YO SOF POU SA KI OBLIGATWA POU PWOUE SITWAYÈNTE OSWA IDANTITE OU YO

TERMS, RIGHTS AND RESPONSIBILITIES

By completing and signing this form, I am applying to renew Medicaid and/or Family Planning Benefit Program coverage.

I understand that I must provide the information needed to prove my eligibility for each program. I agree to immediately report any changes to the information on this form. If I am unable to get the information, I will tell the social services district. The social services district may be able to help in getting the information.

I understand that workers from the programs for which family members or I are renewing may check the information given by me on this form. The agencies that run these programs will keep this information confidential according to 42 U.S.C. 1396a (a) (7) and 42 CFR 431.300-431.307, and any federal and state laws and regulations.

I understand that Medicaid and/or Family Planning Benefit Program coverage will not pay medical expenses that insurance or another person is supposed to pay, and that I am giving to the agency all of my rights to pursue and receive medical support from a spouse or parents of persons under 21 years old and my right to pursue and receive third party payments for the entire time I am in receipt of benefits.

I will file any claims for health or accident insurance benefits or any other resources to which I am entitled. I understand that I have the right to claim good cause not to cooperate in using health insurance if its use could cause harm to my health or safety or to the health and safety of someone I am legally responsible for.

I understand that my eligibility for these programs will not be affected by my race, color, or national origin. I also understand that depending on the requirements of these individual programs, my age, sex, disability or citizenship status may be a factor in whether or not I am eligible.

I understand that if my child is on Medicaid, he or she can get comprehensive primary and preventive care, including all necessary treatment through the Child/Teen Health Program.

I understand that anyone who knowingly lies or hides the truth in order to receive services under these programs is committing a crime and subject to federal and state penalties and may have to repay the amount of benefits received and pay civil penalties. The New York State Department of Tax and Finance has the right to review income information on this form.

CERTIFICATION OF CITIZENSHIP/IMMIGRATION STATUS I certify under penalty of perjury, by signing my name on this form, that I, and/or any person for whom I am signing is a U.S. citizen or national of the United States or has satisfactory immigration status. The term "satisfactory immigration status" means an immigration status that does not make the person ineligible for benefits. **Important Information:** The United States Citizenship and Immigration Services (USCIS) has said that enrollment in Medicaid CANNOT affect a person's ability to get a green card, become a citizen, sponsor a family member or travel in and out of the country (except if Medicaid pays for long term care in a place like a nursing home or psychiatric hospital). **The State will not report any information on this application to the USCIS.**

SOCIAL SECURITY NUMBER All applicants must provide a social security number or proof that they have applied for one or tried to apply for one. The only exceptions are pregnant women, undocumented immigrants and temporary non-immigrants applying for the treatment of an emergency medical condition, and certain battered immigrants. SSNs are not required for members of my household who are not applying for benefits. I understand that this is required by Federal Law at 42 U.S.C. 1320b-7 (a) and by Medicaid regulations at 42 CFR 435.910. SSNs are used in many ways, both within Department of Social Services (DSS) and between the DSS and federal, state, and local agencies, both in New York and other jurisdictions. Some uses of SSNs are: to check identity, to identify and verify earned and unearned income, to see if non custodial parents can get health insurance coverage for applicants, to see if applicants can get medical support, and to see if applicants can get money or other help. SSNs may also be used for identification of the recipient within and between central governmental Medicaid agencies to insure proper services are made available to the recipient.

RELEASE OF MEDICAL INFORMATION I consent to the release of any medical information about me and any members of my family for whom I can give consent: by my Primary Care Provider, any other health care provider or the New York State Department of Health (SDOH) to my health plan and any health care providers involved in caring for me or my family, as reasonably necessary for my health plan or my providers to carry out treatment, payment, or health care operations; by my health plan and any health care providers to SDOH and other authorized federal, state, and local agencies for purposes of administration of the Medicaid; and, by my health plan to other persons or organizations, as reasonably necessary for my health plan to carry out treatment, payment, or health care operations. I also agree that the information released may include HIV, mental health or alcohol and substance abuse information about me and members of my family, to the extent permitted by law. If more than one adult in the family is joining a Medicaid health plan, the signature of each adult applying is necessary for consent to release information.

MEDICAID MANAGED CARE If I am adding a family member to a Medicaid case and I live in a county that requires Medicaid recipients to join a health plan, I understand that this family member will be enrolled in the same health plan as my family, unless he or she is exempt or excluded.

RELEASE OF EDUCATIONAL RECORDS I give permission to the Local Department of Social Services and New York State to obtain any information regarding the educational records of my child(ren), herein named, necessary for claiming Medicaid reimbursements for health-related educational services, and to provide the appropriate federal government agency access to this information for the sole purpose of audit.

EARLY INTERVENTION PROGRAM If my child is evaluated for or participates in the New York State Early Intervention Program, I give permission to the local Department of Social Services and New York State to share my child's Medicaid eligibility information with my county Early Intervention Program for the purpose of billing Medicaid. I consent to sharing this information with any school-based health center that provides services to the applicant(s).

KONDISYON, DWA AK RESPONSABLITE YO

Depi mwen ranpli ak siyen fòm sa a, sa vle di mwen aplike pou renouvle pwoteksyon mwen nan Medicaid ak/oswa Pwogram Avantaj Planing Familyal (Family Planning Benefit Program).

Mwen rekonèt mwen dwe bay enfòmasyon ki nesèsè pou pwouve kalifikasyon mwen pou chak pwogram. Mwen dakò pou mwen rapòte imedyatman nenpòt chanjman nan enfòmasyon ki nan fòm sa a. Si mwen pa kapab jwenn enfòmasyon yo, m ap fè distri sèvis sosyal konnen sa. Distri sèvis sosyal la ka gen posibilite pou ede mwen jwenn enfòmasyon yo.

Mwen rekonèt anplwaye ki nan pwogram kote manm fanmi mwen oswa mwen-menm aplike a ka verifye enfòmasyon mwen bay yo sou fòm sa a. Ajans ki alatèt pwogram sa yo ap kenbe enfòmasyon sa yo konfidansyèl dapre 42 U.S.C. 1396a (a) (7) ak 42 CFR 431.300-431.307, epitou dapre nenpòt lwa ak règleman federal ak lwa ak règleman federal eta a.

Mwen rekonèt Medicaid ak/oswa pwoteksyon Pwogram Avantaj Planing Familayil p ap peye pou depans medikal asirans lan oswa yon lòt moun sipoze peye, epi m ap bay ajans lan tout dwa pou pouswiv epi pou resevwa sipò medikal yon madanm/mari oswa paran moun ki poko gen laj 21 ane ak dwa pou pouswiv epi pou resevwa peman tyès pati pou tout tan mwen resevwa avantaj yo.

M ap depoze nenpòt reklamasyon pou avantaj asirans sante ak asirans pou aksidan oswa nenpòt lòt resous mwen gen dwa pou resevwa. Mwen rekonèt mwen gen dwa pou deklare mwen gen rezon valab pou mwen pa kolabore nan itilize asirans sante si itilizasyon an kapab vin nuizib pou sante oswa sekirite mwen oswa pou sante ak sekirite lòt moun mwen responsab legalman.

Mwen rekonèt kalifikasyon mwen pou pwogram sa yo p ap afekte mwen akòz ras mwen, koulè mwen oswa peyi kote mwen fèt. Mwen rekonèt tou selon kondisyon chak pwogram sa yo apa, yo ka baze sou laj mwen, sèks mwen, andikap mwen oswa kondisyon sitwayènte mwen pou yo detèmine si mwen kalifye oswa si mwen pa kalifye.

Mwen konprann si timoun mwen an gen Medicaid, li ka jwenn swen prensipal jeneral ak prevantif konplè, tankou tout tretman ki nesèsè yo atravè Pwogram sante pou timoun/jenn (Child/Teen Health Program) lan.

Mwen rekonèt si yon moun fè espere pou bay manti oswa pou kache laverite pou li kapab resevwa sèvis yo nan pwogram sa yo, moun sa a fè yon zak epi li ka tonbe anba sanksyon federal ak Eta a epitou li ka gen pou ranbouse kantite lajan avantaj li te resevwa yo epi peye sanksyon sivil. Depatman Eta New York pou Taks ak Finans (New York State Department of Tax and Finance) gen dwa pou revize enfòmasyon sou revni ki nan fòm sa a.

SÈTIFIKASYON SITIYASYON SITWAYÈNTE/IMIGRASYON Depi mwen siyen non mwen sou fòm sa a, mwen sètifye, mwen menm ak/oswa nenpòt moun mwen siyen pou li a se yon sitwayen ameriken oswa yon nasyonal Etazini, oswa gen kondisyon imigrasyon satisfèzan, sinon m ap pran sanksyon pou fo temwayaj. Tèm “kondisyon imigrasyon satisfèzan” vle di yon kondisyon imigrasyon ki pa fè moun nan pa kalifye pou avantaj yo. **Enfòmasyon Enpòtan:** Sèvis Sitwayènte ak Imigrasyon Etazini (United States Citizenship and Immigration Services, USCIS) deklare enskripsyon nan Medicaid PA KAPAB afekte posibilite yon moun pou li resevwa yon grinkat, pou li vin yon sitwayen ameriken, pou li sipòte yon manm fanmi oswa pou li vwayaje andedan ak deyò peyi a (sof si Medicaid peye pou swen sante pou anpil tan nan yon kote tankou yon mezon retrèt oswa yon lopital sikyatrik). **Eta a p ap rapòte okenn enfòmasyon ki nan aplikasyon sa a ba USCIS.**

NIMEWO SEKIRITE SOSYAL Tout moun ki aplike yo dwe bay yon nimewo sekirite sosyal oswa prèv ki montre yo te aplike pou youn oswa prèv ki montre yo te eseye aplike pou youn. Sèl eksepsyon nan sa se fanm ansent yo, imigran ki pa gen papye imigrasyon ak moun ki pa imigran pou yon ti tan epi ki aplike pou tretman yon pwoblèm medikal annijans, ak sèten imigran yo bat. SSN yo pa obligatwa pou moun lakay mwen ki pa aplike pou avantaj yo. Mwen rekonèt sa obligatwa dapre lwa federal nan 42 U.S.C. 1320b-7 (a) epi dapre règleman Medicaid nan 42 CFR 435.910. Nou itilize SSN yo nan anpil fason, nan Depatman Sèvis Sosyal (Department of Social Services, DSS) epi ant DSS ak ajans federal yo, ajans Eta yo ak ajans lokal yo, nan jiridiksyon New York ak nan lòt jiridiksyon yo. Men kèk itilizasyon SSN yo: pou verifye idantite epi pou verifye revni ou touche nan travay ak revni ou touche san travay, pou wè si paran ki pa gen responsablite pitit yo kapab resevwa pwoteksyon asirans sante pou aplikan yo, pou wè si aplikan yo kapab resevwa sipò medikal, epitou pou wè si aplikan yo kapab resevwa ed lajan oswa lòt ed. Nou ka itilize SSN yo tou pou idantifye moun k ap resevwa avantaj yo andedan ak ant ajans Medicaid gouvènman santral pou asire nou mete bon jan sèvis yo disponib pou moun k ap resevwa avantaj yo.

DIVILGASYON ENFÒMASYON MEDIKAL Mwen bay konsantman mwen pou yo divilge nenpòt enfòmasyon medikal sou mwen ak sou nenpòt manm fanmi mwen kapab bay konsantman pou yo: Pwofesyonèl Swen Sante Prensipal mwen, nenpòt lòt pwofesyonèl swen sante oswa Depatman Deta pou Lasante (State Department of Health, SDOH) nan plan sante mwen ak nenpòt pwofesyonèl swen sante ki patisipe nan ban mwen swen sante oswa nan bay fanmi mwen swen sante, jan sa nesèsè yon fason rezonab pou plan sante mwen oswa pwofesyonèl swen sante mwen yo pou bay tretman, peman, oswa fonksyonman swen sante; plan sante mwen ak nenpòt pwofesyonèl swen sante nan SDOH ak lòt ajans federal, ajans Eta a ak ajans lokal ki otorize pou objektif administrasyon Medicaid; epitou pou plan sante mwen ba lòt moun oswa òganizasyon, jan sa nesèsè yon fason rezonab pou plan sante mwen pou fè tretman, peman, oswa fonksyonman swen sante. Mwen dakò tou pou enfòmasyon y ap divilge y ka gen ladan enfòmasyon sou HIV, enfòmasyon sou sante mantal oswa enfòmasyon sou abi alkòl ak dwòg sou mwen ak moun ki nan fanmi mwen, nan limit lalwa bay otorizasyon pou sa. Si plis pase yon adilt ki nan fanmi mwen antre nan yon plan Medicaid, siyati chak adilt ki aplike ap nesèsè pou bay konsantman pou divilge enfòmasyon yo.

SWEN KONTWOLE MEDICAID Si mwen ajoute yon manm fanmi nan yon dosye Medicaid epi si m ap viv nan yon konte ki egzije moun ki nan Medicaid pou yo antre nan yon plan sante, mwen rekonèt manm fanmi sa a ap enskri nan menm plan sante ak fanmi mwen, sof si yo egzante oswa eskli li.

DIVILGASYON DOSYE EDIKASYONÈL Mwen bay pèmisyon pou Depatman Sèvis Sosyal Lokal ak Eta New York jwenn nenpòt enfòmasyon konsènan dosye edikasyonèl pitit mwen (yo), ki genyen non yo endike a, ki nesèsè pou fè demann ranbousman Medicaid pou sèvis edikasyon ki asosye ak sante, epitou pou bay ajans gouvènman federal apwopriye aksè nan enfòmasyon sa yo pou zafè verifikasyon sèlman.

PWOGRAM ENTÈVANSYON BONÈ Si yo evalye pitit mwen pou pwogram entèvansyon pou timoun piti Eta New York oswa si pitit mwen patisipe nan pwogram sa a, mwen bay pèmisyon pou Depatman Sèvis Sosyal lokal ak Eta New York revele enfòmasyon sou kalifikasyon pitit mwen pou Medicaid avèk pwogram Entèvansyon pou timoun piti konte kote m ap viv la pou zafè faktirasyon Medicaid sèlman. Mwen bay konsantman mwen pou yo divilge enfòmasyon ba nenpòt sant sante ki baze nan lekòl ki bay sèvis pou aplikan(yo).

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. 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 and Medicaid Managed Care. The program is administered by the New York State Department of Health and the Local Departments of Social Services.

Your Health Information is Private.

We are required to keep your information private, share your information only when we need to, and follow the privacy practices in this notice. We must make special efforts to protect the names of people who get HIV/AIDS or drug and alcohol services.

What Health Information Does the New York Medicaid Program Have?

When you applied for Medicaid, you may have provided us with information about your health. When your doctors, clinics, hospitals, managed care plans and other health care providers send in claims for payment, we also get information about your health, treatments, and medications.

How Does the New York Medicaid Program Use and Share Your Health Information?

We must share your health information when:

- **You or your representative requests your health information.**
- **Government agencies request the information as allowed by law such as audits.**
- **The law requires us to share your information.**

In your Medicaid application, you gave the New York Medicaid Program the right to use and share your health information to pay for your health care and operate the program. For example, we use and share your information to:

- **Pay your doctor, hospital, and/or health care provider bills.**
- **Make sure you receive quality health care and that all the rules and laws have been followed.**

We may review your health information:

- **To determine whether you received the correct medical procedure or health care equipment.**
- **Contact you about important changes in your health benefits.**
- **Make sure you are enrolled in the right health program.**
- **Collect payment from other insurance companies.**
- **To determine eligibility in Medicare Part D or other insurance programs that might be more economical to you.**

We may also use and share your health information under limited circumstances to:

- **Study health care.** We may look at the health information of many consumers to find ways to provide better health care.
- **Prevent or respond to serious health or safety problems for you or your community as allowed by federal and state law.**

Your written authorization is required for other uses and disclosures:

- **Psychotherapy notes**
- **Uses and disclosures of Protected Health Information for marketing purposes, including subsidized treatment communications**
- **Disclosures that constitute a sale of your Protected Health Information.**

We must have your written permission to use or share your health information for any purpose not mentioned in this notice unless we are required to do so by the laws that apply to us.

What Are Your Rights?

You or your representatives have the right to:

- Get a paper copy of this notice.
- See or get a copy of your health information. If your request is denied, you have the right to review the denial.
- Ask to change your health information. We will look at all requests, but cannot change bills sent by your doctor, clinic, hospital or other health care provider.
- Ask to limit how we use and share your information. We will look at all requests, but do not have to agree to what you ask except where required by law to make such a disclosure.
- Ask us to contact you regarding your health care information in different ways (for example, you can ask us to send your mail to a different address).
- Ask for special forms that you sign permitting us to share your health information with whomever you choose. You can take back your permission at any time, as long as the information has not already been shared.
- Get a list of those who received your health information. This list will not include health information requested by you or your representative, information used to operate the New York Medicaid Program or information given out for law enforcement purposes.
- Be notified upon a breach of any of your unsecured Protected Health Information.

See the New York City Human Resources Administration web site for an electronic copy of this notice (https://www1.nyc.gov/assets/hra/downloads/pdf/services/micsa/privacy_notice.pdf). You may also visit the New York State Department of Health web site to see an alternate version (https://www.health.ny.gov/health_care/medicaid/program/hipaa/noticepriveng.htm).

***You will not be penalized for filing a complaint. If we change the information in this notice, we will post the amended version on our website at:**

https://www1.nyc.gov/assets/hra/downloads/pdf/services/micsa/privacy_notice.pdf

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

AVI KONSÈNAN PWOTEKSYON ENFÒMASYON PRIVE

AVI SA A DEKRI FASON NOU KA UTILIZE AK PATAJE ENFÒMASYON MEDIKAL OU AK FASON OU KAPAB JWENN AKSÈ NAN ENFÒMASYON SA YO. PRAN SAN W POU W LI L.

Pwogram Medicaid New York la dwe di w kijan nou itilize, pataje, ak pwoteje enfòmasyon sou sante ou. Pwogram Medicaid la gen ladan Medicaid nòmal la ak Swen Kowòdone Medicaid. Se Depatman Sante Eta New York (New York State Department of Health) ak Depatman Sèvis Sosyal Lokal (Local Departments of Social Services) ki jere pwogram nan.

Enfòmasyon sante ou se yon bagay Prive.

Nou oblije kenbe enfòmasyon ou sekre, pataje enfòmasyon ou sèlman lè nou oblije, epi swiv pratik pwoteksyon enfòmasyon prive ki nan avi sa a. Nou dwe fè efò espesyal pou pwoteje non moun ki gen VIH / SIDA (HIV/AIDS) oswa sèvis pou moun ki gen pwoblèm dwòg ak alkòl.

Ki Enfòmasyon sou Sante Pwogram Medicaid New York la genyen?

Lè ou aplike pou Medicaid, ou gendwa te bay nou enfòmasyon sou sante ou. Lè doktè, klinik, lopital, plan swen sante ak lòt pwofesyonèl swen sante ou yo voye reklamasyon pou peman, nou jwenn enfòmasyon sou sante, tretman, ak medikaman ou yo tou.

Kijan Pwogram Medicaid New York la Itilize ak Pataje Enfòmasyon sou Sante ou?

Nou dwe pataje enfòmasyon sou sante ou lè:

- ou menm oswa reprezantan ou mande enfòmasyon sou sante ou.
- ajans gouvènman mande enfòmasyon yo jan lalwa pèmèt sa tankou pou verifikasyon.
- lalwa egzije pou nou pataje enfòmasyon ou yo.

Nan aplikasyon pou Medicaid ou a, ou te bay Pwogram Medicaid New York la dwa pou yo itilize ak pataje enfòmasyon sou sante ou pou peye pou swen sante ou ak pou jere pwogram nan. Pa egzanp, nou itilize ak pataje enfòmasyon ou pou:

- peye bòdwo doktè, lopital, ak / oswa pwofesyonèl swen sante ou.
- garanti ou resevwa bon kalite swen sante epi yo te respekte tout règ ak lwa yo.

Nou ka gade nan enfòmasyon sou sante ou:

- pou detèmine si ou te resevwa bon pwosedi medikal oswa ekipman swen sante an.
- kontakte ou sou chanjman enpòtan nan avantaj sante ou yo.
- asire nou ou enskri nan pwogram sante ki kòrèk la.
- touche nan men lòt konpayi asirans.
- pou detèmine si ou kalifye pou Medicare Pati D oswa pou lòt pwogram asirans ki te ka pi bon mache pou ou.

Epi tou, nou ka itilize ak pataje enfòmasyon sou sante tou nan sikonstans limite pou:

- **etid sou swen sante.** Nou ka gade enfòmasyon sou sante plizyè manm pou wè fason pou bay yo pi bon swen sante.
- **evite oswa reponn a pwoblèm sante oswa sekirite grav pou ou oswa kominote ou jan lwa federal ak Eta a pèmèt sa.**

N ap bezwen otorizasyon ekri ou pou itilize ak pataje enfòmasyon sante ou pou lòt rezon:

- **nòt sikoterapi**
- **itilize ak pataje Enfòmasyon Sante Pwoteje ou pou fè maketing, ak kominikasyon konsènan tretman sibvansyone ladan**
- **pataje enfòmasyon kote nou vann Enfòmasyon Sante Pwoteje ou.**

Nou dwe gen pèmision alekri ou pou itilize oswa pataje enfòmasyon sou sante ou pou nenpòt ki rezon ki pa endike nan avi sa a, sof si nou oblije fè sa selon lwa nou sipoze respekte.

Ki Dwa ou Genyen?

Ou menm oswa reprezantan ou yo gen dwa pou:

- jwenn yon kopi avi sa a sou papyè.
- gade oswa jwenn yon kopi enfòmasyon sou sante ou. Si yo ba ou refi pou demann ou, ou gen dwa pou wè demann nan.
- mande pou chanje enfòmasyon sou sante ou. Nou pral gade tout demann yo, men nou pa ka chanje bòdwo doktè, klinik, lopital oswa lòt pwofesyonèl swen sante ou te voye.
- mande pou limite fason nou itilize ak pataje enfòmasyon ou yo. Nou pral gade tout demann yo, men nou pa oblije dakò ak sa ou mande a eksepte kote lalwa egzije pou pataje enfòmasyon sa a.
- mande nou pou kontakte ou konsènan enfòmasyon swen sante ou nan divès fason (pa egzanp, ou ka mande nou ekri ou lapòs nan yon lòt adrès).
- mande fòm espesyal ou siyen ki pèmèt nou pataje enfòmasyon sou sante ou ak kèlkeswa moun ou chwazi. Ou ka anile pèmision ou a nenpòt ki lè, depi nou potko pataje enfòmasyon an.
- jwenn yon lis moun ki te resevwa enfòmasyon sou sante ou. Lis sa a pa pral gen enfòmasyon sante ou menm oswa reprezantan ou te mande, enfòmasyon nou itilize pou jere Pwogram Medicaid New York la oswa enfòmasyon yo bay pou mete lalwa anplas.
- Nou pral fè ou konnen si nou dekouvi yon vyolasyon Enfòmasyon Sante Pwoteje ou ki pa sekirize.

Gade sit wèb Administrasyon Resous Imèn Vil New York (New York City Human Resources Administration) pou yon kopi elektwonik avi sa a (https://www1.nyc.gov/assets/hra/downloads/pdf/services/micsa/privacy_notice.pdf). Epi tou ou ka ale sou sitwèb Depatman Sante Eta New York la pou wè yon lòt vèsyon (https://www.health.ny.gov/health_care/medicaid/program/hipaa/noticepriveng.htm).

Nou p ap ba ou okenn sanksyon paske ou te depoze yon plent. Si nou chanje enfòmasyon ki nan avi sa a, nou pral afiche vèsyon ki chanje a sou sit entènèt nou an nan:

https://www1.nyc.gov/assets/hra/downloads/pdf/services/micsa/privacy_notice.pdf

Èske ou gen yon pwoblèm medikal oswa sante mantal oswa andikap? Èske pwoblèm sa a fè li difisil pou ou konprann avi sa a oswa sa avi sa a mande pou ou fè? Èske pwoblèm sa a fè li difisil pou ou pou jwenn lòt sèvis nan HRA? **Nou kapab ede ou.** Rele nou nan nimewo 212-331-4640. Ou ka mande pou èd tou lè w vizite biwo HRA a. Ou gen dwa pou mande kalite èd sa a dapre lalwa.