

PROVISION RELATED TO MEDICAID, MANAGED LONG TERM CARE AND FAMILY HEALTH PLUS MEMBERS

The following provision applies to health care services rendered by Provider to: (i) Medicaid Managed Care, (ii) Family Health Plus (FHPlus) and (iii) Managed Long Term Care (MLTC) members covered under a Benefit Plan pursuant to the Plan's contracts with the New York State Department of Health.

- a. Participating Providers who wish to let their patients know of their affiliations with one or more Managed Care Organizations (MCOs) must list each MCO with whom they have contracts.
- b. Participating Providers who wish to communicate with their patients about managed care options must advise patients, taking into consideration ONLY the managed care options that best meet the health needs of the patients. Such advice, whether presented verbally or in writing, must be individually based and not merely a promotion of one MCO over another.
- c. Participating Providers may display the Plan's outreach materials provided that appropriate material is conspicuously posted for all other MCOs with whom the Participating Provider has a contract.
- d. Upon termination of a Provider Agreement with the Plan, a Provider who has contracts with other MCOs that offer Medicaid, FHPlus or MLTC products may notify their patients of the change in status and the impact of such change on the patient.