

[Date]

<Barcode> <Letter Code>

<Name>

<Address>

<City>, <State>, <Zip>

Dear [MemberName]:

[CIN]

This letter is to confirm that you will be enrolled in [MedicalPlan] starting on [PlanEffectiveDate]. [MedicalPlan] is a Health and Recovery Plan, or HARP.

[MedicalPlan] can give you the services you need to take care of both your physical and behavioral health, all from the same plan. Now, services such as doctor visits, mental health, substance use disorder (drug and alcohol) services and hospital care can all be provided by [MedicalPlan].

If you want help finding a job, finding housing or reaching other goals, your plan may be able to help.

What happens next:

Print "711" for [MedicalPlanTTYPhone] when [MedicalPlanTTYPhone; B-7] in position 108-121 is NULL or Blank

- [MedicalPlan] will send you a welcome letter and plan ID card. You may reach [MedicalPlan] at [MedicalPlanPhone]. TTY: [MedicalPlanTTYPhone].
- Call New York Medicaid Choice or your plan member services to be sure your primary care doctor and other care providers work with [MedicalPlan]. If you need to choose a new doctor from your health plan, you should call the doctor's office to make sure the doctor is taking new patients.

Changing health plans

- During your first 3 months enrolled in [MedicalPlan], starting on [PlanEffectiveDate], you can also transfer to another HARP or to a regular Medicaid health plan. After those first 3 months, you must stay enrolled in [MedicalPlan] for another 9 months unless you have a special situation, for example, you moved outside your plan's service area.

Print this bullet when [CountyCode; A-24] = 66

Please turn this page for more information

Questions? Call 1-855-789-4277 (TTY: 1-888-329-1541).

Monday–Friday, 8:30 a.m. to 8:00 p.m. and Saturday, 10:00 a.m. to 6:00 p.m.

- You may change to an HIV Special Needs Plan (SNP) at any time if you qualify to join a SNP.

Print this bullet when [CountyCode; A-24] = Not County 66

- If there is an HIV Special Needs Plan (SNP) available in your county, you may transfer to this plan at any time if you qualify.

Questions?

If you have any questions about this letter or need help understanding this letter, please call **New York Medicaid Choice** at **1-855-789-4277**. TTY: 1-888-329-1541. Counselors can help in all languages.

Thank you,
New York Medicaid Choice

Information about the Independent Consumer Advocacy Network:

You can call the Independent Consumer Advocacy Network (ICAN) to get free, independent advice about your coverage, complaint, and appeal options. They can help you manage the appeal process. Contact ICAN to learn more about their services:

Phone: 1-844-614-8800 (TTY Relay Service: 711)

Web: www.icannys.org | Email: ican@cssny.org