

New York

Medicaid Choice

New York State's Medicaid managed care enrollment program

1-855-789-4277

Ask • Choose • Enroll

P.O. Box 5009, New York, NY 10274-5009

[Date]

<Barcode> <Letter Code>

<Name>

<Address>

<City>, <State>, <Zip>

Dear [MemberName]:

[MedicaidCIN]

This letter is to tell you that you will be joining [**Company**]'s new Health and Recovery Plan, or HARP. You will be enrolled in [**MedicalPlan**] starting on [**PlanEffectiveDate**].

[**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**].

[**MedicalPlan**] will also provide extra benefits and support so that you can have the best possible results from your care. If you want help finding a job, help to find housing or to reach other goals, [**MedicalPlan**] may be able to help.

Call New York Medicaid Choice to be sure your primary care doctor and other care providers work with [**MedicalPlan**].

Why am I getting this letter?

Last month, the Medicaid Program sent you a letter about joining [**Company**]'s new HARP. This letter is to confirm that you will be leaving your current health plan, and you will join [**MedicalPlan**] on [**PlanEffectiveDate**].

If you do not want to join [MedicalPlan**], you must call us immediately. Call us at 1-855-789-4277.**

What happens next?

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.

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

- After [PlanEffectiveDate], [MedicalPlan] will send you a welcome letter and a plan ID card. Your plan will also call you to talk about the services you need. You may call your plan to ask any questions about your coverage. The phone number is [MedicalPlanPhone]. TTY: [MedicalPlanTTYPhone].
- Please call [MedicalPlan] if you do not get your plan ID card by [PlanEffectiveDate]. A [MedicalPlan] representative will also call you to talk about the services you need.
- You will have 3 months, starting on [PlanEffectiveDate], to change plans or return to your previous health plan. After those 3 months, you must stay with [MedicalPlan] for another 9 months, unless you have a good reason why you must change.

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