

NOTICE DATE	1/6/2018	NAME AND ADDRESSES OF AGENCY/CENTER OR DISTRICT OFFICE	
CASE NUMBER	[REDACTED]	CIN/RID NUMBER	[REDACTED]
CASE NAME: (and C/O name if Present) AND ADDRESS		HRA/FIA Special Projects Center Cooper Station PO BOX 982 New York NY 10211-1072	
[REDACTED]		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	(929) - 252 - 5746
[REDACTED]		Agency Conference	(929) - 252 - 5767
[REDACTED]		Fair Hearing Information and Assistance	(929) - 252 - 5767
[REDACTED]		Record Access	(929) - 252 - 5731
[REDACTED]		CHILD/TEEN HEALTH Legal Assistance Information	(718) - 557 - 1399 See "Conference and Fair Hearing Information" attachment

THIS LETTER CONTAINS IMPORTANT INFORMATION ABOUT YOUR MEDICAID COVERAGE

On 12/18/2017 we sent you a notice about your Medicaid coverage that may have been confusing. The notice mistakenly informed you that you were no longer eligible for Medical Assistance and even though you were no longer eligible for Medical Assistance. Please disregard the notice.

A revised notice is enclosed. Please read the revised notice as it will require you to take action in order to continue to be eligible for benefits under the Medicaid program.

ESTA CARTA CONTIENE INFORMACIÓN IMPORTANTE SOBRE SU COBERTURA DE MEDICAID.

El 12/18/2017 le enviamos un aviso sobre su cobertura de Medicaid que puede haber sido confusa. El aviso le informó erróneamente que usted ya no era elegible para recibir Asistencia Médica. Por favor ignore el aviso.

Se adjunta un aviso revisado. Por favor lea el aviso revisado ya que le requerirá tomar medidas para continuar siendo elegible para beneficios bajo el programa de Medicaid.

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT OF ANY CHANGES IN NEEDS, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS

LAS REGULACIONES VIGENTES EXIGEN QUE USTED NOTIFIQUE INMEDIATAMENTE A ESTE DEPARTAMENTO SOBRE TODO CAMBIO NECESIDADES INGRESOS RECURSOS SITUACION DE VIVIENDA O DOMICILIO

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	Legal Assistance Information	See "Conference and Fair Hearing Information" attachment	

Our records indicate that you are 65 years of age or older and do not have MEDICARE. When you turn age 65, you are required to apply for MEDICARE as a condition of eligibility for Medicaid.

Name

Client I.D. #

In order to continue to be eligible for benefits under the Medicaid program, you must apply for MEDICARE coverage if it is available to you.

You must apply by calling the Social Security Administration at 1-800-772-1213 or by applying on-line at: <https://www.ssa.gov/medicare/>.

You have until **February 7th, 2018** to apply for Medicare and send us proof that you applied.

Proof can be:

- Your award or denial letter from the Social Security Administration, OR
- Your online confirmation letter stating that you have applied for MEDICARE with the Social Security Administration
- A copy of your Medicare card

Proof should be returned in the self-addressed stamped envelope included with this letter.

Or

Mall copy to the address below or Fax to 212 896-5654

**HRA/FIA Special Projects Center
Cooper Station
PO BOX 982
New York NY 10211-1072**

What is the difference between MEDICARE and Medicaid?

• MEDICARE is a federal program that gives you health care coverage if you are 65 or older regardless of your income. You may now be entitled to additional medical benefits through the MEDICARE program.

• Medicaid is a State-run program that covers medical expenses for people with low or limited incomes.

When a person has both MEDICARE and Medicaid, MEDICARE pays first and Medicaid pays second. Individuals with MEDICARE also have more medical providers to choose from.

There are Medicaid programs that may help you with your MEDICARE premium costs and prescription drug costs.

The MEDICARE Savings Program (MSP) helps pay the MEDICARE premiums. If you are eligible for the MEDICARE Savings Program, Medicaid will pay the cost of your MEDICARE premiums. This program has higher income levels than the Medicaid program and, also has no resource test. To find out if Medicaid can pay your MEDICARE premiums, contact the NY State of Health or your local Department of Social Services. If you live in New York City you can call 311 to find an office near you.

• The MEDICARE Prescription Drug Program (Medicare Part D) is the part of MEDICARE that provides prescription drug coverage. If you are determined eligible for MEDICARE, you will receive more information from the Centers for MEDICARE and Medicaid Services (CMS) about what you need to do to join the MEDICARE Prescription Drug Program (Part D), how MEDICARE will help pay for your drug costs, and what other steps you will need to take. It is very important that you keep this information and read it carefully. If you have any questions regarding MEDICARE, call 1-800-633-4227. For free, personalized counseling regarding your MEDICARE plan choices and benefits, call The Health Insurance Information Counseling and Assistance Program (HIICAP) at 1-800-701-0501.

Apply for MEDICARE Today. This notice is based on Section 366 (2)(b)(1) of the Social Services Law.

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