



<Date>

<Barcode> <Letter Code>

<Name>

<Address>

<City>, <State>, <Zip>

Dear <Consumer MemberName>:

<CIN>

**A new type of Medicaid health plan** will help you stay healthy and live a full and active life. This new plan is called a Health and Recovery Plan, or HARP.

HARPs can give you the services you need to take care of your physical and mental health, all from one plan. You may be getting some services outside the health plan you have now. With a HARP, services such as doctor visits, mental health and substance use disorder (drug and alcohol) services, medications and hospital care are in one plan.

**HARPs also provide extra benefits and support** so you can have the best possible results from your care. If you want help finding a job, finding housing, going to school, or reaching other goals, a HARP may be able to help.

### **Why am I getting this letter?**

We want you to know that you appear to meet the HARP requirements. You can join a HARP starting on October 1, 2015. <Company> runs your current health plan. It now offers a new HARP, <HARP MedicalPlan>.

By joining <HARP MedicalPlan>, you keep all the services you get now and you can also get extra services and supports you may need. HARPs will be able to give you these extra services starting on January 1, 2016. Call New York Medicaid Choice to be sure you can keep your primary care doctor and other care providers after you enroll in a HARP.

### **How do I join <HARP MedicalPlan>?**

You do not have to do anything to join <HARP MedicalPlan>. We will enroll you. It's your choice. You do not have to join <HARP MedicalPlan>. You can stay in the plan you have now, join another HARP, or not join any HARP.

**If you do not want to join a HARP**, you must call New York Medicaid Choice by <response date> at 1-855-789-4277.

Please turn this page for more information

### **Does my doctor or therapist know about HARPs?**

You may want to show this letter to your doctor, therapist or other providers you see to make sure you can continue to see them after you join a HARP. They can also call New York Medicaid Choice to learn more about HARPs.

### **What happens next?**

Next month, you will get a letter from New York Medicaid Choice. That letter is to confirm that you will be in <HARP MedicalPlan> starting on October 1, 2015. It is your choice if you want to join the HARP or stay in the health plan you have now.

**Remember**, if you do not want to join a HARP or change health plans, you must call New York Medicaid Choice by <response date> at 1-855-789-4277.

### **How do I learn more about HARPs?**

We included a brochure with more information about HARPs with this letter. There is also a list of plans you can join. If you have more questions, call New York Medicaid Choice.

### **Questions?**

If you have more questions about this letter or about HARPs, please call New York Medicaid Choice at **1-855-789-4277**. TTY: 1-888-329-1541. Counselors will be glad to talk to you or to the person who can speak on your behalf. Counselors can help in all languages.

Sincerely,  
New York State Department of Health