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| **New York**  **Medicaid Choice** | **New York State Medicaid**  **Managed Care Enrollment Program** |
| 1-855-600-FIDA | P.O. Box 5081, New York, NY 10274-0792 |

<Date>

<Barcode> <Letter Code>

<Name>

<Address>

<City>, <State>, <Zip>

**You will be in <Medical Plan> on <effective date>.**

Dear <Member Name>: <CIN>

You recently got a notice about important changes to your Medicare and Medicaid coverage. You will be in <Medical Plan> on <effective date>. It is one of the plans in the new FIDA program. Please call New York Medicaid Choice by <date> if you want to join a different FIDA plan or if you do not want to be in the FIDA program at all.

Once you are in <Medical Plan>, the way you get your services will change. You will keep access to all the Medicare and Medicaid services you have now. You will also get extra services you may not have now.

**Before you decide:**

* Read this letter carefully before making any decisions.
* Share this letter with your family or the people who help you make choices about your health care.
* Call New York Medicaid Choice (NYMC) at 1-855-600-3432 during Monday to Friday, from 8:30 am to 8:00 pm and Saturday, from 10:00 am to 6:00 pm, to discuss your options or read more online at www.nymedicaidchoice.com.

**What is the FIDA program?**

With the FIDA program, you can get all of your Medicare and Medicaid benefits – medical care like doctor and hospital visits, long-term care services like home care and nursing home care, and medicines and more – all from one health insurance plan. You will have one ID card and one customer service number. The goal of FIDA is to help you get all the care you need.

**What makes <Medical Plan> different?**

With <Medical Plan>, you can get all of your Medicare and Medicaid benefits from one plan, including:

* Prescription drugs covered by Medicare Part D and Medicaid
* All the benefits that you get now or that you might need like washing and bathing, getting around in your house, help getting dressed, help with taking medications. This includes home care if you are at home or nursing home care if you reside in a nursing home.

You do not have to pay <Medical Plan> for any of the following:

* No plan premiums
* No deductibles
* No copayments

You also get a Care Team who will:

* Help you create your new care plan
* Help to get your Medicaid and Medicare benefits
* Include you and any people you choose like your family members, your doctor, nurse or personal attendant to help you make decisions

**How will I get my benefits if I join <Medical Plan>?**

We want to make sure that your transition to <Medical Plan> is as smooth as possible. If you choose to join <Medical Plan> on <effective date>, you will be able to get all of your benefits the way you get them now for at least the first 90 days in which you are in <Medical Plan> until <date>:

* If you are already getting some services like home care, you will not need to ask if it is OK for you to keep them. This means that you may choose to get your current services like home care until <date>.
* If you are already seeing some doctors or other providers and they are not part of <Medical Plan> network, you will not need to ask if it is OK for you to see them. This means that you may choose to see your current providers, even if they are not in <Medical Plan> network, until <date>.
* If you are already getting some medicines, you will not need to ask if it is OK for you to keep them. This means that you may choose to keep your current medicines, even if they are not covered by <Medical Plan>, until

<date>.

**What happens after <transition date>**?

* You will need to see, for all of your services, only doctors or other providers who are part of <Medical Plan> network. For your medicines, you will also need to go to a pharmacy that is part of <Medical Plan> network.
* <Medical Plan> will only pay for the services and medicines that you got from providers who are part of <Medical Plan> network. However, at any time, you may go to doctors and other providers who are not part of <Medical Plan> network if you need certain services like urgent or emergency care, out-of-area dialysis or family planning. You may also go to providers who are not part of the network if your care team or <Medical Plan> says this is OK.

**Can I switch to a different plan?**

* You will be able to change your FIDA plan for any reason, for example, if you cannot keep your current doctors or other providers or you cannot keep your current services and medicines.
* You will have the right to leave the FIDA program and go back to Original Medicare and a Medicare drug plan at any time.

**What is the letter I got from Medicare Part D?**

You may have received a letter from your current Medicare Part D prescription drug plan. The letter should say that on <effective date> you will stop getting your prescription drugs through that plan. That is because if you don’t make another choice by <date>, you will become a member of <Medical Plan> on <effective date>, and you will be able to get all the services and all the medicines you need through that plan. This means that <Medical Plan> will become your new Medicare Part D plan. You will not be able to stay in your current Medicare Part D plan and be in <Medical Plan> at the same time.

**What are my choices?**

* **Join <Medical Plan> on <effective date>.** You do not have to do anything. You will automatically become a member of the plan. If you join <Medical Plan>, you will stop being a member of your current plan. Call New York Medicaid Choice at the phone number on the last page of this letter to find out more about <Medical Plan >. You will be able to learn what services you can get through the plan and whether you will be able to keep your current doctors or other providers if you decide to join the plan. The call and the help are free.
* **Join <Plan name> now.** If you want to join the plan on <date>, call New York Medicaid Choice at the phone number below to sign up by <date>. If you sign up after 12 noon on <date>, the earliest date you would be able to join the plan is <date>.
* **Choose a different FIDA Plan**. Call New York Medicaid Choice at the phone number on the last page of this letter before <date>. You will get help learning about other plans that are part of the FIDA program. Remember that you can always join any FIDA plan if you do not like <Medical Plan>. You can also choose to leave the FIDA program at any time and go back to your current plan.
* **Stay in the Medicare and Medicaid programs you have now**. Call New York Medicaid Choice at the phone number on the last page of this letter by <date>. Tell them that you do not want to be in the FIDA program (you want to “opt out”). They can help you keep your current Medicare and/or Medicaid coverage. You can also call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

IMPORTANT! If you are getting hospice services or participating in an alcohol and/or drug abuse residential treatment program, you cannot be in a FIDA plan. You must call New York Medicaid Choice at the phone number on the last page of this letter. Their representatives will update your records and make sure that you are in the best plan for you.

If you need help understanding this letter, if you have questions about differences between various Medicare and Medicaid programs, or if you have questions about your rights, please call the ombudsman office through the Independent Consumer Advocacy Network (ICAN) at the phone number on the last page of this letter.

Thank you,

New York Medicaid Choice

**Questions?**

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| **New York Medicaid Choice**  For questions about FIDA program and your Medicaid benefits |  | | Call: 1-855-600-3432  TTY users: 1-888-329-1541  A free interpreter: 1-855-600-3432  Monday-Friday, 8:30 am – 8:00 pm  Saturday, 10:00 am – 6:00 pm  The call and the help are free.  Online: [www.nymedicaidchoice.com](http://www.nymedicaidchoice.com/) | |
| **Medicare**  For questions about your Medicare benefits |  | | Call: 1-800-MEDICARE (1-800-633-4227)  TTY users: 1-877-486-2048.  24 hours a day, 7 days a week  The call and the help are free.  Online: [www.medicare.gov](http://www.medicare.gov) | |
| **Independent Consumer Advocacy Network (ICAN)**  For questions about your rights |  | Call: 1-844-614-8800  A free interpreter: 1-844-614-8800  Monday-Friday, 8:00 am – 8:00 pm  The call and the help are free.  Online: [www.icannys.org](http://www.icannys.org) | |

**FIDA plans available in your county.** Please see, in the left column below, a list of FIDA plans available in your county. For your convenience, we included, in the right column, short versions of corresponding Managed Long-Term Care (MLTC), Medicaid Advantage, or PACE plan names.

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| **FIDA PLAN** | **MLTC/MAP/PACE PLAN** |
| [FIDA\_PLAN] | [MLTC\_PLAN] |
| [FIDA\_PLAN] | [MLTC\_PLAN] |
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| [FIDA\_PLAN] | [MLTC\_PLAN] |
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| [FIDA\_PLAN] | [MLTC\_PLAN] |

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| **English** |  | This is an important document. If you need help to understand it, please call 1-855-600-3432. We can give you an interpreter for free. |
| **Español**  Spanish |  | Éste es un documento importante. Si necesita ayuda para entenderlo, por favor llame al 1-855-600-3432. Le proporcionaremos un intérprete gratuito. |
| **繁體字**  Traditional Chinese |  | **這是一份重要文件, 如果您需要翻譯服務閱讀此文件, 請撥打電話至 1-855-600-3432. 該項服務免費。** |
| **Kreyòl Ayisyen**  Haitian Creole |  | Sa a se yon dokiman enpòtan. Si ou bezwen èd pou konprann li, tanpri rele: 1-855-600-3432. Y ap ba ou yon entèprèt gratis. |
| **Italiano**  Italian |  | Il presente documento è importante. Per qualsiasi chiarimento può chiamare il numero 1-855-600-3432. Un interprete sarà disponibile gratuitamente. |
| **한국어**  Korean |  | 이것은 중요한 문서입니다. 문서를 이해하는 데 있어 도움이 필요하시면, 연락해 주십시오: 1-855-600-3432. 무료통역이 제공됩니다. |
| **Русский**  Russian |  | Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-600-3432. Переводчик предоставляется бесплатно. |