|  |  |
| --- | --- |
| **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>

**Final reminder: You will be in <FIDA Plan> on <effective date>.**

Dear <Member Name>: <CIN>

We are writing to remind you that you will be in <FIDA Plan> on <effective date>. As of this date, you will get all your Medicaid and Medicare services through this plan. New York State and the federal government created this type of health and long-term care plan to make it easier for you to get the services you need. Please be sure to read this letter carefully.

**What is a FIDA plan?**

* It is a type of plan that covers all health, long-term care, and Medicare Part D drug benefits. This means that you will be able to get all of your medical care like doctor and hospital visits, long-term care like home care, and medicines – all from one plan.
* A team of doctors and specialists will provide the most complete care for you. Why? Because they will have more time to spend with you and share with each other their expert opinions about the care you need.
* A dedicated person (“Care Manager”) will work with you to schedule your doctor's appointments, arrange transportation and help you get your medicine.
* A FIDA plan will *not* cost you more than what you pay today for your care. You will *not* pay deductibles, premiums, or copayments/coinsurance.
* Learning about your benefits will be easier: for all questions, you will call one phone number. So you will no longer need to make separate calls to 1-800 Medicare, your Medicare health or drug plan, and your current Medicaid plan about your coverage.

**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 at 1-855-600-3432 or the Independent Consumer Advocacy Network (ICAN) at 1-844-614-8800 to learn about FIDA plans and your options.

**What are my choices?**

* ***Join a FIDA plan now.*** Call New York Medicaid Choice at 1-855-600-3432 to sign up.
* ***Do nothing.*** We will move you from <current MLTC plan> to <FIDA Plan>, and your new coverage will start on <effective date>. <FIDA Plan> will send you a new card to use for all of your medical care and medicines. This new card will replace the cards you use now.
* ***Stay in the Medicare and Medicaid programs you have now.*** Call New York Medicaid Choice by <date>. Tell them that you do not want to be in a FIDA plan (you want to “opt out”).

**What are my choices after I join a FIDA plan?**

* You will be able to change your FIDA plan for any reason and at any time.
* You will have the right to go back, at any time, to your previous Medicaid plan, Original Medicare and a Medicare Part D drug plan.

**Will I get a letter from Medicare Part D?**

You will get a letter from your current Medicare health or Part D prescription drug plan. The letter says that on <effective date> you will stop getting your prescription drugs through that plan. This is because <FIDA plan> will cover all the medicines that you get now through your current Medicare health or Part D plan. <FIDA Plan> will become your new Medicare Part D plan starting <effective date>.

**Can someone help me understand this letter?**

If you have questions about this letter, please call the Independent Consumer Advocacy Network (ICAN) at 1-844-614-8800.

Thank you,

New York Medicaid Choice