

No Easy-to-Recognize Logo

<Date>

<Barcode> <Letter Code>

<Name>

<Address>

<City>, <State>, <Zip>

Attention-Grabbing  
Headline

**You are not in <FIDA Plan> anymore. You will NOT be placed in <MLTC Medicaid plan> starting <date>.**

Dear <Member Name>:

<CIN>

On <date >, we confirmed that you would not be in <FIDA plan> after <eff. disenrollment date>. We also told you that you might have to be placed in <MLTC plan> for a short period of time if your safe discharge process was not complete by the end of the month.

Need Language that Emphasizes Consumer Rights

As of <letter date> you are NOT in <FIDA plan name> anymore. Additionally, you will NOT be placed in <MLTC Medicaid plan> starting <eff. enrollment date> because you and <FIDA plan> completed the safe discharge process.

### **How will I get my Medicaid services?**

After < date>, you will need to use your New York State Benefit Identification Card (BIC) to get your Medicaid services. Please keep in mind that you will not be able to get your long term care services any more, including personal care, adult day care, and nursing home care. This is because you chose to leave the FIDA program and the Managed Long-Term Care (MLTC) altogether.

### **How will I get my Medicare services?**

- Starting <date>, you will get your Medicare health services like doctor visits from Original Medicare. To get services from Original Medicare, including doctors and hospital care, you will need to use your red-white-and-blue Medicare card.

- **IMPORTANT: You need to choose a Medicare Prescription Drug Plan**

When <FIDA plan> services end on <eff. disenrollment date>, <FIDA plan> prescription drug coverage ends too. You can enroll in a Medicare Advantage plan that includes prescription drug coverage or a Medicare Prescription Drug Plan. If you don't select a new prescription drug plan, Medicare will enroll you in one.

- If you have questions or would like to join a Medicare Advantage or Medicare Prescription Drug Plan in your area, call Medicare at the phone number on the last page of this letter.

**Can I join a FIDA plan in the future?**

Yes! You can join a FIDA Plan at another time. Call New York Medicaid Choice to join a FIDA plan.

**If you have any questions, call the ombudsman office through the Independent Consumer Advocacy Network (ICAN) at the phone number on the other side of this letter.**

Thank you,  
New York Medicaid Choice



Ombudsman Information Included

## Questions?

### **New York Medicaid Choice (NYMC)**

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)

**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.