<Date>

<Name>  
<Address>

<City>, <State> <ZIP>

<Name>:

IMPORTANT NOTICE!

YOU MAY NOT BE ABLE TO STAY IN <PLAN NAME>.

Your behavior is preventing <plan name> from providing you or someone else needed services:

<Plan to insert brief description, in plain English, of the disruptive behavior including the date(s) of the behavior, how it is disruptive, and to whom it is disruptive.>

Please make the changes below if you’d like to stay in <plan name>.

<Plan to insert brief description, in plain English, of the changes the plan wants to see made by the Participant.>

If you do not make these changes by <date>, we will ask Medicare and New York Medicaid to remove you from <plan name>. If this happens, we will send you another letter.

**If you need help understanding this letter or have questions about your rights,** please call the ombudsman office through the Independent Consumer Advocacy Network (ICAN) at the phone numbers in the enclosed List of Resources.

Thank you.

<Plan Name>

[*The plan must include all applicable disclaimers as required in the Medicare Communications and Marketing Guidelines and State-specific Marketing Guidance.*]

[*The plan is subject to the notice requirements under Section 1557 of the Affordable Care Act. For more information, refer to* [*https://www.hhs.gov/civil-rights/for-individuals/section-1557*](https://www.hhs.gov/civil-rights/for-individuals/section-1557)*.*]

You can get this document for free in other formats, such as large print, braille, or audio. Call [*insert Participant Services toll-free phone and TTY/TDD numbers and days and hours of operation*]. The call is free.

The State of New York has created a Participant ombudsman program called the Independent Consumer Advocacy Network (ICAN) to provide Participants free, confidential assistance on any services offered by <plan name>. ICAN may be reached toll-free at 1-844-614-8800 (TTY users call 711, then follow the prompts to dial 844-614-8800) or online at [icannys.org](http://icannys.org/).

**List of Resources**

| **Resource** | Information |
| --- | --- |
| **<Plan Name>**  For questions about your plan coverage | Call: <toll-free number>  TTY users: <toll-free TTY number>  <days and hours of operation>  The call and the help are free.  Online: <website> |
| **New York Medicaid Choice**  For questions about the FIDA-IDD program and your Medicaid benefits | Call: 1-844-343-2433  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](https://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](https://www.medicare.gov/) |
| **Independent Consumer Advocacy Network (ICAN)**  For questions about your rights | Call: 1-844-614-8800 (TTY users call 711, then follow the prompts to dial 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://icannys.org/) |