<Date>

<Name>  
<Address>  
<City>, <State> <ZIP>

<Name>:

You will continue to be in <plan name>.

On <enter date of notice of request>, we wrote to tell you that we asked Medicare and New York Medicaid for permission to remove you from <plan name> because of your disruptive behavior.

Medicare and New York Medicaid decided that you can stay in <plan name>. This means you will keep getting all of your Medicare and Medicaid services as well as medicines (prescription drugs) from <plan name>.

[*Plan may insert CMT pre-approved language indicating that the plan still expects to see improved behavior and may describe specifically what the plan would like to see*.]

**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 number 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**

| **Resources** | 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/) |