

New York

**Medicaid Choice**

New York State's Medicaid managed care enrollment program

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1-888-401-6582

P.O. Box 5009, New York, NY 10274-5009

Ask • Choose • Enroll

<Date>

<Barcode> <Letter Code>

<Name>

<Address>

<City>, <State>, <Zip>

**Second Reminder to Enroll in a Managed Long Term Care Plan <or Medicaid Managed Care Plan>**

Dear <Consumer Name>:

<CIN>

We are writing to remind you that after <choose date>, you must be in a Managed Long Term Care Plan <or Medicaid Managed Care Plan> (also called a Plan) to get Nursing Home Transition and Diversion (NHTD)/Traumatic Brain Injury (TBI) Waiver services.

If we do not hear from you by <choose date> the Medicaid Program will enroll you in the following Plan:

<Plan Name>

Share this letter with your family or someone who knows about your health care needs. Please call *New York Medicaid Choice*. If you want someone to speak on your behalf, please call us to arrange for this. Our counselors will be glad to discuss any questions or concerns you may have about joining a Plan. They can also help you enroll in a Plan **over the phone or TTY**.

If you have trouble reading or understanding this letter or if you have any questions – we can help. Please call *New York Medicaid Choice*:

**Call: 1-888-401-MLTC or 1-888-401-6582, Monday – Friday, from 8:30 am – 8:00 pm and Saturday, from 10:00 am – 6:00 pm.**

**TTY Service: 1-888-329-1541.**