


NEW YORK HEALTH OPTIONS
PO BOX 11670
ALBANY, NY 12211-0670

**NOTICE OF RECERTIFICATION FOR
MEDICAL ASSISTANCE.**

SE LE ENVIARA UNA COPIA EN ESPANOL DE ESTA
NOTIFICACION EN UN SOBRE APARTE

NOTICE NUMBER: U0101Q1776		DATE: April 29, 2011		CASE NUMBER: MA305985	
OFFICE ENR	UNIT	WORKER	UNIT OR WORKER NAME ENR DEFAULT WORKER		TELEPHONE NO. 855-693-6765
AGENCY TELEPHONE NUMBERS			CASE NAME / AND ADDRESS		
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP			ENR//  CANTER, VINCENT 20 EAST ST, ALBANY, NY 12345		

OR Agency Conference					
Fair Hearing information and assistance					
Record Access					
Child/Teen Health Plan					
MEDICAL ASSISTANCE					
MEDICAID, FAMILY HEALTH PLUS, FAMILY PLANNING BENEFIT PROGRAM RENEWAL (RECERTIFICATION) FORM					
<ul style="list-style-type: none"> o It is time to renew your health insurance benefits. o YOU MUST CALL 1-855-693-6765 OR answer all the questions and RETURN THIS FORM with any required documentation to New York Health Options at the address below to renew your coverage by May 19, 2011. New York Health Options is open Monday through Friday between 8:00 A.M and 8:00 P.M. and Saturdays between 9:00 A.M and 1:00 P.M. 					
New York Health Options PO Box 11670 Albany, New York 12211-0670					
<ul style="list-style-type: none"> o If you do not call or complete and return this form; you will lose your health insurance. If we are paying your Medicare premium or other health insurance premium, we will also stop making these payments. o YOU MUST CALL OR COMPLETE, SIGN AND RETURN THIS FORM even if you told us you moved to another county so your eligibility can be re-determined. o If you return the form; you must sign and date it. It is not complete until you sign and date it. o Please read the Terms, Rights, and Responsibilities. 					



* Important Instructions-Please Read this Page *

- o Please have the following documents when you call the New York Health Options to renew your coverage:
 - o the renewal form,
 - o information about your current income and expenses, including mortgage or rent,
 - o identity information for any new household members you wish to add to your case (social security number, date of birth, etc.), and
 - o health insurance cards or policies, including Medicare and Managed Care.
- o You do not need to send proof of income at this time unless someone new is applying for health insurance or the renewal form says you must.
- o To determine your eligibility, the amount of income you report will be compared to available computer matches. In some cases, the data from the computer match may change your coverage from Medicaid to Family Health Plus.
- o However, since the amount you report may not match the amount found in the computer matches, you may wish to submit proof of your income to ensure that you receive the correct coverage. The enclosed "Documentation Checklist" shows you the things you can use as proof of these items.
- o If you decide not to send it now, you may be asked to provide proof of your income at a later date. You will be contacted and told what to send in.


You may call New York Health Options for help with this form at 1-855-693-6765 between the hours of 8:00 A.M. and 8:00 P.M. Monday through Friday, or 9:00 A.M. and 1:00 P.M. Saturday. There are also community organizations and health plans that can help you. You can call 1-855-693-6765 to find a health plan or community organization in your area that provides assistance. If you go to one of these organizations for help, bring this letter with you. You must still return the form and any documentation to the address provided or call New York Health Options by the date shown. You may wish to keep a copy of this form for your records.

**YOU MAY RENEW YOUR HEALTH INSURANCE BENEFITS BY PHONE OR BY MAIL.
IF YOU CALL, HAVE THIS FORM IN FRONT OF YOU. IF YOU RENEW BY MAIL, MAKE SURE YOU ANSWER EVERY QUESTION AND SIGN THE FORM. RETURN ALL PAGES AND ANY REQUIRED DOCUMENTATION BY MAIL TO NEW YORK HEALTH OPTIONS.
YOU DO NOT NEED TO COME IN FOR AN INTERVIEW.**

NEW YORK HEALTH OPTIONS
PO BOX 11670
ALBANY, NY 12211-0670

NOTICE OF RECERTIFICATION FOR
MEDICAL ASSISTANCE.

SE LE ENVIARA UNA COPIA EN ESPANOL DE ESTA
NOTIFICACION EN UN SOBRE APARTE

NOTICE NUMBER: U0101Q1877		DATE: April 29, 2011		CASE NUMBER: MA313299	
OFFICE ENR	UNIT	WORKER	UNIT OR WORKER NAME ENR DEFAULT WORKER		TELEPHONE NO. 855-693-6765
AGENCY TELEPHONE NUMBERS			CASE NAME / AND ADDRESS		
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP			ENR//  RISER, PAULENE 12 E ST, ALBANY, NY 12345		

OR Agency Conference					
Fair Hearing information and assistance					
Record Access					
Child/Teen Health Plan					

MEDICAL ASSISTANCE

**FAMILY PLANNING BENEFIT PROGRAM
RENEWAL FORM**

**IF YOU DO NOT CALL OR RETURN THIS FORM BY Thursday, May 19, 2011,
YOU WILL LOSE YOUR HEALTH CARE COVERAGE.**

- o It is time to renew your Family Planning Benefit Program coverage. You may do this by phone or by mail.
- o **By Thursday, May 19, 2011**, you must call 1-855-693-6765 **OR** complete the enclosed renewal application form and return it to New York Health Options at the address below **with this letter** and include any documentation that may be required.

New York Health Options is open Monday through Friday from 8:00 A.M. to 8:00 P.M. and Saturday from 9:00 A.M. to 1:00 P.M.

**New York Health Options
PO Box 11670
Albany, New York 12211-0670**

- o If you choose to renew your Family Planning Benefits by phone, please have this form and the following documents with you when you call:
 - o The enclosed renewal application form;
 - o Information about your current income and expenses;
 - o Identity information for any new household members you wish to add to your case (Full legal name, social security number, date of birth, etc.); and
 - o Health insurance cards, policies or health insurance termination notices.
- o If you choose to renew by mail:
 - o Make sure you answer every question **AND** sign the enclosed renewal application form.
 - o Be sure to write your case number in the top box that says, "Tell us who you are and how to contact you". Your case number can be found at the top of this letter.

- o You do not need to send proof of your income.
- o If you have private or employer sponsored health insurance that is new, has ended or has changed since your last application/renewal, you must provide us with that information. Examples of this proof include:
 - o A letter from your employer showing start/end date and type of health insurance, insurance premium or termination statement, health insurance card, including Medicare card (red, white and blue card) or copy of health insurance policy.
 - o If you are under age 21 and do not want your available health insurance to be billed due to confidentiality concerns, you do not have to provide us with that health insurance information.
 - o If you are age 21 or over, you must provide us with all other available health insurance information. The exception to this requirement is when you have told us about a good reason (good cause) for us not to bill that insurance and we have approved that request.
- o To request Good Cause approval, please call this phone number (1-855-693-6765) to speak confidentially with a representative who can assist you.
- o If you pay a health insurance premium, you must send proof of the amount of your premium. Examples of this proof include:
 - o A letter from your employer stating the premium amount you pay, premium billing statement or pay stub showing the premium deduction amount.
- o You may call 1-855-693-6765 for help with this form. Be sure to have this form with you when you call.
- o Currently, you are only covered for family planning services. **If you want to be evaluated for Medicaid and Family Health Plus coverage, call 1-855-693-6765 to request an application.** You cannot use the enclosed form to apply for Medicaid or Family Health Plus coverage.

TO RENEW YOUR HEALTH INSURANCE BENEFITS:

CALL 1-855-693-6765

OR

**RETURN THE ENCLOSED RENEWAL APPLICATION FORM,
THIS LETTER AND ANY REQUIRED DOCUMENTATION TO THE
ADDRESS LISTED ON THE
FRONT OF THIS FORM.**

**MAKE SURE YOU ANSWER EVERY QUESTION AND SIGN THE
FORM IF YOU ARE RENEWING BY MAIL.**

YOU DO NOT NEED TO COME IN FOR AN INTERVIEW