

(Date)

(Name of Applicant)

(Street Address)

(City, State, ZIP)

Dear (Name of Applicant):

We regret to inform you that we cannot renew your HIP Healthy New York coverage at this time. The reason (s) is/are as follows:

- 1. Your recertification application is incomplete. Please provide the following:

- 2. The supporting documentation required to determine your eligibility did not accompany your recertification application. Please provide the following:

- 3. You are ineligible because you have other health insurance coverage.
- 4. You are ineligible because your employer contributes to the cost of health insurance coverage for which you are eligible.
- 5. You are ineligible because you or your spouse has not been employed during the 52 weeks preceding receipt of your application.
- 6. Your combined family income exceeds the eligible limit.
- 7. Other:

For items #1 and #2 above:

If your application is missing information or documentation and you want it reviewed again, please send your missing information or documentation together with this letter within 10 days of the date above to Enrollment Department (Attention: Healthy New York), HIP Health Plan of New York, P.O. Box 2806, New York, NY 10116-2806. We will notify you of our decision in writing.

CONVERSION TO DIRECT PAYMENT CONTRACT

You may continue receiving coverage through HIP by converting to a Direct Payment Contract. If you exercise this conversion privilege, there will be no interruption in your coverage. However, we must receive your premium payment for the Direct Payment Contract within 45 days from the date on this letter. We hope you will take advantage of this for your protection.

If you choose to convert to a Direct Payment Contract, your dependents who were covered under your previous Healthy New York contract must also convert to Direct Payment.

PLEASE NOTE THAT YOUR PREMIUM COVERS THE PERIOD BEGINNING ON THE DATE YOUR HEALTHY NEW YORK COVERAGE TERMINATES.

To convert to Direct Payment, simply fill out the enclosed application and return it to us with the appropriate premium payment. A self-addressed envelope is enclosed for your convenience.

If you have questions, you may write to: Enrollment Department (Attention: Healthy New York), HIP Health Plan of New York, P.O. Box 2806, New York, NY 10116-2806. You may also contact our Customer Service Department at 1-800-HIP-TALK (1-800-447-8255), Monday through Friday, 9 am to 6 pm. TDD: 1-888-447-4843.

If you wish to appeal the decision, you may write to: NYS Insurance Department, Consumer Services – Healthy NY, One Commerce Plaza, 20th Floor, Albany, NY 11257.

Thank you.

Sincerely,

HIP Health Plan of New York