

MANAGED LONG-TERM CARE PLAN (MLTC)/RECIPIENT LETTER
(Managed Long-Term Care Plan and Recipient Responsibilities)

To: MLTC Plan (Name/Address)	To: Recipient (Name/Address)	CIN Number
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This is to advise the MLTC plan that the amount an enrollee owes to the plan (Excess Income) has been adjusted.

The recipient has provided proof of paid or incurred medical expenses in the amount of \$_____ for the period of _____. After these medical expenses are deducted from the recipient's monthly excess income liability of \$_____, the adjusted amount that the recipient owes to the MLTC plan is \$_____ for the period of _____.

Eligibility Worker (Print)	Eligibility Worker (Signature)	Date
Supervisor (Print)	Supervisor (Signature)	Date

**MLTC PLAN AND RECIPIENT:
SEE REVERSE FOR IMPORTANT INFORMATION/INSTRUCTIONS.**

MLTC PLAN, PLEASE NOTE: The MLTC plan is responsible for collecting the excess income amount from the recipient. This letter advises the plan that the recipient submitted proof of paid or incurred medical expenses. The amount indicated in this letter has been applied to reduce their monthly excess income amount.

RECIPIENT, PLEASE NOTE: Since you are enrolled in a MLTC plan, you are required to pay your excess income to that plan. This letter is being sent to show you the amount of your reduced monthly excess income now that we have deducted your paid or incurred medical expenses from your excess income. Your reduced excess income amount will be collected by the MLTC plan.

If you submitted incurred bills, you may receive a separate letter advising of cost sharing between you and the provider.

If you live in New York City and have any questions about the information in this letter, please call the HRA Infoline at 718-557-1399.

If you live outside of New York City and have any questions about the information in this letter, please call your Local Department of Social Services. A list is available at the New York State Department of Health website at https://www.health.ny.gov/health_care/medicaid/ldss.htm.