



Medicaid Advantage Plus (MAP) Integrated Notice Submission Cover Sheet

Form with fields: Date, Plan Name, Plan Unique Identifier, Vendor Name (if applicable)

1) Identify the integrated notice type (Check one):

Form with checkboxes for: Appeal Decision, Coverage Determination, Appeal Extension / Decision Delay, Fast Complaint Letter

Comments/Notes: [Empty text box]

I affirm that the attached MAP integrated notice will be utilized as indicated above and that all information is true and accurate to the best of my knowledge. I understand that the New York State Department of Health is relying upon this attestation as part of its review and approval process, and that should it be determined that this attestation is materially false or incomplete or incorrect or includes incorrect, false, or misleading information, appropriate regulatory action will be taken.

Signature and Email fields

Title and Phone fields

Only the Plan representatives may submit MAP Integrated Notices for review. Submit a completed cover sheet with each template to mltc.docs@health.ny.gov.