



CMS STRATEGIC LANGUAGE ACCESS PLAN (LAP)

FY 2010 OUTCOME REPORT





Administrator

Washington, DC 20201

DATE: **DEC 17 2010**

TO: Center/Office Directors
Consortia Administrators

FROM: Donald M. Berwick, M.D.
Administrator

A handwritten signature in blue ink, appearing to read "D. Berwick", is positioned to the right of the "FROM:" field.

SUBJECT: FY 10 CMS Strategic Language Access Plan (LAP) Outcome Report

On August 11, 2000, former President Clinton signed Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency (LEP)." The Executive Order requires agencies and programs to ensure that Federally-funded activities are accessible to all persons who, as a result of national origin, are not proficient or are limited in their ability to communicate in the English language.

On November 30, 2009, CMS implemented CMS' strategic LAP. The LAP outlines the 11 elements that will be implemented during the 2011 through 2014 fiscal years. As part of the implementation process, CMS has prepared the attached FY 10 CMS Strategic Language Access Plan Outcome Report which describes the outcome of CMS activities that meet LAP objectives in accordance with Title VI of the Civil Rights Act as amended, Executive Order 13166, and the Department of Health and Human Services (HHS) applicable implementing regulations.

In accordance with section four of Executive Order 13166, "...agencies shall ensure that stakeholders, such as LEP persons and their representative organizations, recipients, and other appropriate individuals or entities, have an adequate opportunity to provide input." Thus, comments and feedback are welcome.

You may submit your response via email to CMS' Office of Equal Opportunity and Civil Rights or via a survey link at [link TBD] by [Date TBD]. Questions related to the FY10 CMS Strategic Language Access Plan Outcome Report should be directed to Tasha Richburg, CMS Civil Rights Agency Liaison at (410) 786-5003.

Attachment

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PURPOSE

The purpose of this report is to provide an analysis of the Centers for Medicare and Medicaid Services (CMS) activities related to the strategic Language Access Plan (LAP). This report establishes the priority activities that CMS currently pursues in order to meet LAP objectives in accordance with Title VI of the Civil Rights Act as amended, Executive Order 13166 “Improving Access to Services for Persons with Limited English Proficiency (LEP)” and the applicable Department of Health and Human Services (HHS) implementing regulations and the outcome of those activities.

BACKGROUND

The Centers for Medicare and Medicaid Services is committed to ensuring the programs and services it offers are accessible to diverse populations. As such, CMS has developed a strategic Language Access Plan under the guidance of Executive Order 13166 in an effort to afford Limited English Proficient persons meaningful access and an equal opportunity to participate in CMS activities. Specifically, the Executive Order requires agencies and programs to ensure Federally-funded activities are accessible to all persons who, as a result of national origin, are not proficient or are limited in their ability to communicate in the English language.

The LAP outlines the overall goals for improving language access for beneficiaries who receive services from CMS and its contractors. Specifically, the LAP describes eleven (11) elements that will be implemented during the FY 11 through FY 13 period and finalized by FY 14 to ensure processes are in place to afford Limited English Proficient persons access and an equal opportunity to participate in CMS programs and activities. This report describes current CMS activities within each of those eleven elements under phase one of the LAP, documents the outcome of those activities, and identifies the tasks for implementation under the LAP’s second phase.

Phase one

CMS asked each Component/Consortium to survey its programs and activities with direct public contact to identify the needs of Limited English Proficient persons as well

as those current activities and resources available to support language access. This report has been developed to document the outcome of current CMS LEP programs and activities for FY 10.

Phase two

CMS will develop a three-year plan (FY 11 - FY 13) to institutionalize efforts to improve language access for our Limited English Proficient customers.

CURRENT STATUS

The Centers for Medicare and Medicaid Services and its contractors are engaged in a wide range of activities to provide language access services to Limited English Proficient beneficiaries.

Central to the oral language assistance service efforts are the multilingual services provided through the 1-800-MEDICARE Help Line, the toll-free number that is the principal means for Medicare beneficiaries to get their questions answered or lodge complaints about the Medicare services they receive. Spanish-speaking customers are provided with a bilingual customer service representative if they select that option while interpretation services are also available to callers for more than 150 different languages. Usually interpretation services are made available within two minutes of reaching a 1-800-MEDICARE Help Line Customer Service Representative (CSR). The 1-800-MEDICARE Help Line CSRs used multilingual services for callers 55,491 times in 2009.

In addition to the 1-800-MEDICARE Help Line, multilingual services are provided by Medicare Prescription Drug and Health Plans, Medicare Administrative Contractors and State Health Insurance Assistance Programs (SHIPS). CMS recently contracted with a telephone interpretation service to assist CMS Components, Consortia and Regional Offices in their communication with Limited English Proficient customers, expanding the capabilities of multilingual CMS employees who currently provide such communication.

Written translation of key documents into multiple languages used by Limited English Proficient Medicare beneficiaries is another important component of the CMS LAP. The “Medicare &

You” handbook, which serves as an important reference manual and notice of benefit changes for fee-for-service Medicare beneficiaries, is translated each year into Spanish. In 2010, 683,474 Spanish copies were mailed to Spanish-speaking beneficiaries. In 2010, CMS compiled a provisional list of 160 vital documents as priorities for translation—most of these are available in Spanish and 15 have been translated into Chinese, Vietnamese and Korean (see Appendix). Subject to the availability of funding, the CMS LAP program will work to translate documents on the list of vital documents in additional languages other than English (five languages FY 11), (five additional languages FY 12), (five additional languages FY 13). Translation of these vital documents into the priority languages identified in the CMS needs assessment is one of the principal activities of phase two of the LAP.

Information technology is an increasingly important tool for CMS communication with beneficiaries, including Limited English Proficient beneficiaries. Plan Finder, the online tool for comparing Medicare Prescription Drug and Health Plans on Medicare.gov, is available in Spanish, as are many documents that provide important information to Medicare beneficiaries. Further description of CMS’ use of information technology is provided in Element 11—Information Technology.

The CMS activities under the remaining eight elements of the CMS LAP are described in the body of this outcome report. Highlights of the CMS activities under the remaining eight elements are provided below:

- Element 1—Assessment: Needs and Capacity. The Department of Health and Human Services (HHS), Office for Civil Rights (OCR) guidance recommends a four-factor assessment to help determine what language access services to offer. These four factors are: 1) the number of Limited English Proficient persons; 2) the frequency of contact with a provider; 3) the importance, nature and urgency of a plan; and 4) the resources available to providers.

CMS will gather data on a continuous basis regarding the number and/or proportion of Limited English Proficient persons in the populations served by our programs. This

assessment will build on the LEP needs assessment methodology already in use for Medicare Prescription Drug and Health Plans and in consultation with stakeholders, assess additional methodologies suitable for prioritizing LAP activities, such as translation. Not later than FY 13, CMS will outline the processes used to gather data on the number of Limited English Proficient persons in the Medicare population.

- Element 4—Policies and Procedures. CMS will develop written policies and procedures related to each of the strategic Language Access Plan elements by FY 11.
- Element 5—Notification of the Availability of Free Language Services. CMS and its contractors will continue to provide notification of LEP call center services, such as the 1-800-MEDICARE Help Line, Part C and Part D plan toll-free lines, as well as translated written material to accommodate Limited English Proficient beneficiaries. The oral interpretation services in concert with written translations will facilitate language access to CMS services, programs and activities. CMS will develop a comprehensive notification plan in FY 11 in consultation with stakeholders.
- Element 6—Staff Training. CMS will implement a training strategy to inform CMS staff and front-line managers of the importance of understanding Title VI of the Civil Rights Act, as amended, Executive Order 13166, and the CMS strategic LAP as related to CMS programs, activities, and services provided to beneficiaries. The trainings that will begin no later than FY 12 will include, but not be limited to: civil rights, cultural competency, cultural outreach, cultural sensitivity, ethics of interpreting, and understanding the requirements of the LAP.
- Element 7—Assessing Accessibility and Quality. LEP services provided by the 1-800-MEDICARE Help Line and Medicare Prescription Drug and Health Plans are monitored consistently for accessibility and quality.
- Element 8— Resource Utilization. A telephonic interpretation service has been employed to supplement the LEP services provided by multilingual CMS staff.

- Element 9—Stakeholder Consultation. CMS is engaged in stakeholder consultation on its LEP activities on an ongoing basis. CMS received stakeholder recommendations in FY 09 which have been included in the LAP. CMS looks forward to receiving additional recommendations on the processes and services related to the CMS strategic Language Access Plan that will help improve access to CMS federally-conducted activities by persons with Limited English Proficiency.
- Element 10—Emergency Preparedness. The 1-800-MEDICARE Help Line has a contingency plan in place to ensure continuous service for Limited English Proficient callers in the event of an emergency.

For More Information

For more information on the topic please visit:

<http://www1.cms.gov/EEOInfo/Downloads/StrategicLanguageAccessPlan.pdf>

Outcome Information

Centers for Medicare & Medicaid Services

FY 2010 Outcome Report

Prepared by:

**Office of Equal Opportunity and
Civil Rights**

The CMS strategic Language Access Plan (LAP) outlines eleven (11) elements to ensure processes are in place in an effort to afford Limited English Proficient persons access and an equal opportunity to participate in CMS activities. The eleven elements are: (1) Needs and Capacity Assessment, (2) Oral Language Assistance Services, (3) Written Translations, (4) Policies and Procedures, (5) Notification of the Availability of Free Language Services, (6) Staff Training, (7) Assessing Accessibility and Quality, (8) Resource Utilization, (9) Stakeholder Consultation, (10) Emergency Preparedness, and (11) Information Technology. These elements are fully described in the body of the outcome report.

This FY 2010 Outcome Report provides an analysis and describes the outcome of the procedures and services CMS has in place as of FY 10. The information is structured by each 'Element' reflected in the LAP and establishes

the priority activities currently taking place across CMS with regard to language access services for Limited English Proficient persons.

ELEMENT 1: ASSESSMENT: NEEDS AND CAPACITY

The Department of Health and Human Services (HHS), Office for Civil Rights (OCR) guidance recommends a four-factor assessment to help determine what language access services to offer. These four factors are: 1) the number of Limited English Proficient persons; 2) the frequency of contact with a provider; 3) the importance, nature and urgency of a plan; and 4) the resources available to providers. As described below, CMS has laid the groundwork for a needs and capacity assessment by:

- Adopting a methodology to estimate the Limited English Proficient populations served by Medicare Prescription Drug and Health Plans;
- Documenting the frequency of the 1-800-MEDICARE Help Line contacts with Limited English Proficient persons and;
- Developing a list of vital documents for written translation.

1) The CMS strategic LAP outlines a methodology to determine the number of Limited English Proficient beneficiaries served by CMS. Using U.S. Census Bureau data, CMS assesses the need for LEP services by focusing on populations for which the primary language of more than 10 percent of the service area population is a particular non-English language.

CMS employs this methodology in assessing the need for special outreach and assistance to the Limited English Proficient population served by Medicare Prescription Drug and Health Plans.

The plan sponsor is instructed to provide specific marketing materials (e.g., Annual Notice of Change, Enrollment materials, Evidence of Coverage, Provider/Pharmacy directories) in the specified language when the primary language of the population over five years old in the service area of a plan is a particular non-English language and the language exceeds the 10 percent threshold.

A similar methodology will form one element of CMS' assessment of the size of the Limited English Proficient population and the primary non-English languages spoken. In addition, the CMS needs assessment will incorporate national data from the U.S. Census Bureau's American Community Survey on English

proficiency among speakers of various primary languages, the Social Security Administration's methodology for assessing language access needs, the relative frequency of language assistance requests to the 1-800-MEDICARE Help Line, CMS regional offices, and other relevant data. Conducted in consultation with stakeholders, this assessment will allow CMS to prioritize the languages for the translation of vital documents.

2) CMS currently documents the frequency and nature of LEP services that are provided by the 1-800-MEDICARE Help Line, CMS' principal means of verbal communication with Medicare beneficiaries and CMS monitors the provision of interpreters by Medicare Prescription Drug and Health Plans. The CMS needs assessment will incorporate these measures as well as measures of the frequency of LEP contact with other CMS contractors and entities engaged in direct contact with Medicare beneficiaries, such as State Health Insurance Assistance Programs (SHIPS).

3) The vital documents list in the Appendix will serve as an important component of CMS' assessment of priorities for future written translation activities. The assessment of the importance of additional oral language

assistance services will focus on the need for oral language services for Limited English Proficient beneficiaries not already provided by the 1-800-MEDICARE Help Line, Medicare Prescription Drug and Health Plans, and SHIPs.

4) The needs assessment and capacity assessment will estimate resources, and in particular, the funding required for translation of vital documents and to meet the timely service standards for oral language assistance services.

The CMS timely service for language assistance will be measured as follows:

- a. If applicable, the Limited English Proficient individual contacting a call center is contacted by the Customer Service Representative interpreter within 10 minutes of the call.
- b. The Limited English Proficient individual obtains in person services of an interpreter within one hour on the first attempt 50% of the time for Calendar Year (CY) 2010.

Element 2: Oral Language Assistance Services

The 1-800-MEDICARE Help Line serves as the principal point of beneficiary verbal contact for CMS and provides oral language assistance

services for Limited English Proficient beneficiaries. The 1-800-MEDICARE Help Line also provides Spanish-speaking bilingual CSRs to Spanish-speaking callers. The Spanish-speaking bilingual CSRs are trained in Medicare subject matter. Callers also have interpreter services in 150 languages available when they call. In 2009, there were 707,693 callers who made use of Spanish-English bilingual CSRs and another 36,414 callers who accessed the interpreter services. The primary languages for which CSRs used interpreter services were Spanish, Russian, and Vietnamese.

Medicare Prescription Drug and Health Plans are required to provide multi-language interpreter services on their customer service telephone line. These services are monitored for timeliness and quality of service.

Medicare Administrative Contractors, as well as legacy contractors, are also instructed to have Spanish language capabilities for telephone communication with beneficiaries and to use support services for interpreting languages other than Spanish.

State Health Insurance Assistance Programs also provide oral language assistance services to beneficiaries who require more in-depth

counseling than provided by the 1-800-MEDICARE Help Line.

Non-English languages that are spoken by some SHIP counselors or available through the SHIP include: Spanish, Chinese (Cantonese and Mandarin), Tagalog, Hmong, Japanese, Vietnamese, Farsi, French, Creole, Korean, Russian, German, Visayan, Taiwanese, Hindi, Italian, Polish, Greek, Brazilian Portuguese, Portuguese Creole, Progreso Latino, Dutch, Cambodian, Thai, Filipino, Jamaican, Arabic, Yiddish and Czech.

Also, SHIPs may contract with:

- An American Sign Language interpreter;
- A statewide service offering Haitian Creole, Portuguese, Cape Verdean Creole, Khmer;
- Services offering access to Navajo and other Pueblo languages;
- TTY lines for deaf and hard of hearing populations.

Although the 1-800-MEDICARE Help Line serves as the primary point of verbal contact for Medicare beneficiaries, CMS staff, in particular caseworkers in regional offices, also engage directly with beneficiaries. To date, CMS has used the capabilities of bilingual internal staff, including speakers of Spanish, Vietnamese and

Chinese, when necessary. Starting in FY 10, a telephonic interpretation service with capabilities of more than 240 languages is also available to all CMS staff when engaging with Limited English Proficient beneficiaries.

Element 3: Written Translations

CMS has identified a list of vital documents that are essential in providing information for Limited English Proficient customers (see Appendix). Vital documents are defined as materials to assist beneficiaries and their families to make informed healthcare decisions.

To date, almost all of the documents on the vital documents list have been translated into Spanish. An additional 15 documents have been translated into Vietnamese, Chinese and/or Korean.

Spanish translations have been developed for important explanatory material, including the annual “Medicare & You” handbook, notices and explanations related to coverage of a range of services, as well as information related to preventive services, Medicare Prescription Drug and Health Plan choices and assistance for low-income individuals. Medicare Prescription Drug and Health Plans are required to translate specific marketing materials if more than

10 percent of the general population in their plan’s service area speaks a particular non-English language. CMS monitors plans’ compliance with this requirement. CMS has also established a dedicated funding line in the FY 11 budget to provide resources to support written translations.

Element 4: Policies and Procedures

CMS has in place policies and procedures for language access that govern the 1-800-MEDICARE Help Line, Medicare Prescription Drug and Health Plans and other CMS contractors. Medicare Prescription Drug and Health Plans are required to provide interpreters through their call centers, and CMS monitors plans’ compliance with this requirement. CMS will develop agency-wide language access policies by FY 11.

Element 5: Notification of the Availability of Free Language Services

Notification of the availability of free language services is currently:

- Provided through the 1-800-MEDICARE Help Line call centers;

- Provided through Medicare Prescription Drug and Health Plans’ marketing materials and call centers;
- Established in collaborative team efforts with partners and stakeholders;
- Provided through language included in the “Medicare & You” handbook and other publications;
- Included on Medicare.gov; and
- Provided through Spanish language press releases.

These notification efforts form the building blocks for the Language Access Notification plan that CMS will develop by FY 11 in consultation with stakeholders.

Element 6: Staff Training

Staff training across CMS varies based on the needs of each Component/Consortium. For example, the CMS Beneficiary Contact Center (BCC) 1-800 MEDICARE Help Line trains front-line and supervisory staff on the policies and procedures of its language assistance services. It achieves this through new hire training efforts specific to the 1-800-MEDICARE Help Line. CMS also holds cultural awareness and sensitivity trainings for interaction with the public that are developed and provided to staff. Training for bilingual staff and interpreters

includes ethics of interpreting ranging from confidentiality to cultural competency. The CMS training initiatives are continually refreshed in light of Limited English Proficient customer needs.



Consistent with the requirements of the strategic LAP, CMS has identified the need to develop and implement a culturally and linguistically relevant training for front-line managers across CMS.

Element 7: Assessing Accessibility and Quality

The CMS assessment of the accessibility and quality of language access services is tailored to how those services are delivered. For the 1-800-MEDICARE Help Line, timely access is having the Limited English Proficient caller connected to an interpreter or bilingual CSR within two minutes of the call. Quality monitoring of language access services is an

integral component of overall quality control for the 1-800-MEDICARE Help Line. All calls are recorded and 20 percent of calls are reviewed and analyzed. Samples of recorded calls are scored according to established measurements. Bilingual CSRs are monitored four times each month.

For Medicare Prescription Drug and Health Plans, adequate access to oral language services is defined as callers being connected to an interpreter on the first attempt more than 50 percent of the time. Timely access and quality of responses to Limited English Proficient customers are reviewed annually as part of the call center monitoring. In addition, the complaint tracking module incorporates complaints about plan customer service, including access to LEP services.

In addition to these formal mechanisms for monitoring quality and access, CMS is engaged with a range of partners on LEP issues and responds to complaints about problems with access and quality of LEP services.

Element 8: Resource Utilization

CMS utilizes its resources to support outreach in the following manner:

- Bilingual staff, on occasion, assisting with Medicare beneficiary outreach activities through translation services as necessary;
- Chief Medical Officers (CMOs) occasional participation in outreach to the Vietnamese population and working alongside the OCR to develop a patient-centered communications toolkit for hospitals;
- Participation in resource utilization with both the Social Security Administration (SSA) and the Administration on Aging (AOA) in addition to other collaborative outreach events;
- Involvement in interagency workgroups to promote customer service to enhance 1-800-MEDICARE Help Line services; and
- Regional offices working with their respective partners (i.e., SHIPs, AOA, etc.) at various outreach events to interact with the community.

Element 9: Stakeholder Consultation

CMS uses an enterprise-wide database to maintain stakeholder contact information. Participating in stakeholder consultation allows CMS to stay engaged with matters of

importance for the Limited English Proficient customer. The CMS staff:

- Participates regularly in conference calls with stakeholders;
- Attends various meetings relating to community outreach activities which focus on matters of importance for the Limited English Proficient customer;
- Executes targeted campaigns and partnerships to facilitate Limited English Proficient customers' meaningful access to CMS services; and
- Gains knowledge from input meetings regarding the services and information most frequently accessed or "in demand" by various language communities.

CMS is committed to following through with the commitments to our stakeholders and community members. It is the relationship with the stakeholders that ensures that CMS is positioned to implement processes of importance to the Limited English Proficient customer.

CMS maintains positive stakeholder rapport through:

- Meetings with stakeholder groups which continue to result in stronger partnerships;
- Allowing stakeholders to provide continued language access feedback; and
- Maintaining transparency in our language access efforts and services.

When collaborating with stakeholders and community-based organizations, CMS considers their priorities, motivations, and the constraints faced by them with regard to LEP services. We solicit feedback from stakeholders regarding the LEP services requested and monitor the frequency of those services. Such feedback will continue to be incorporated into the strategic LAP assessment process.

Element 10: Emergency Preparedness

CMS does not currently have an agency-wide emergency preparedness plan in place as it relates to language access services. Some components do have procedural Standard Operating Procedures (SOP) and Continuity of Operations Plans (COOP) in place in the event of an emergency – unrelated to LEP services.

As it relates to language access, the 1-800-MEDICARE Help Line has various SOPs and

other related documents for contingency plans, emergency situations, and call center closure situations. Specifically, CMS has a business continuity/contingency plan in place that supports its virtual call center with an overall availability requirement for the desktop and the telecommunication system. This ensures a continuous level of service for all callers including Limited English Proficient callers.

Other agency components do have visual aids, interpretive language cards, and bilingual staff that would be available to assist Limited English Proficient customers in the event of an emergency. CMS anticipates an agency-wide documented emergency preparedness plan to be in place within the next few years.

Element 11: Information Technology

Medicare.gov, CMS' website for Medicare beneficiaries, provides access to a range of translated documents. In addition, major tools on the site are available in Spanish. These include:

- Plan Finder, which enables Spanish-speaking/reading Limited English Proficient beneficiaries to select and enroll in the most appropriate Medicare health or prescription drug plan based

on their health status, prescription drug regimen, pharmacy preference and other factors;

- Nursing Home Compare and Home Health Compare, allowing Spanish-speaking beneficiaries to compare home

health agencies or nursing homes on the basis of the quality of services they provide;

- A full explanation of their rights and coverage options under Medigap supplemental plans.

Appendix: Vital Documents/CMS Medicare Forms to Translate

MEDICARE FORMS THAT HAVE BEEN OR WILL BE TRANSLATED

UPDATED OCTOBER 2010

A. Forms Available on the Beneficiary Notices Initiative (BNI), <http://www.cms.hhs.gov/BNI/>

"T" = Translated

Form Name	Form Number	Available in Spanish
Advance Beneficiary Notice of Non-coverage (ABN)	CMS-R-131-G	T
Advance Beneficiary Notice – Lab Test	CMS-R-131-L	T
Home Health Advance Beneficiary Notice	CMS-R-296	T
Skilled Nursing Facility ABN	CMS-10055	
Skilled Nursing Facility Denial Letter		
Hospital Issued Notice of Non-Coverage (HINNs)		
Notice of Medicare Provider Non-Coverage	CMS-10123	T
Detailed Explanation of Non-Coverage	CMS-10124	T
Notice of Exclusions from Medicare Benefits – General Use (NEMB)	CMS-20007	T
Welcome to Medicare (Initial Enrollment Package) – Puerto Rico – Spanish Only		T
Welcome to Medicare (Initial Enrollment Package) – Foreign – English Only		
General Enrollment Period (Sent only to those who		T

declined Part B during Initial Enrollment Period)		
Re-Assignment Notice: Plan Premium Increase Version	CMS 11209	T
Choosers Letter	CMS 11267	T
Choosers Reminder Notice	CMS 11465	T
Facilitated Enrollment Notice: Partial Subsidy Version	CMS 11191	T
Part C and D Model Marketing Documents		
An Important Message From Medicare About Your Rights	CMS-R-193	T
Detailed Notice of Discharge	CMS-10066	T
Notice of Denial of Payment	CMS-10003-NDP	T
Notice of Denial of Medical Coverage	CMS-10003	T
Notice of Medicare Non-Coverage	CMS-10095-NOMNC	T
Detailed Explanation of Non-Coverage	CMS-10095-DENC	T

B. Other Medicare Forms, available at <http://www.cms.hhs.gov/CMSForms/>

Form Name	Form Number	Available in Spanish
Notice of Denial of Medicare Prescription Drug Coverage	CMS-10146	T
Patient's Request for Medical Payment	CMS-1490S	T
Health Insurance Claim Form	CMS-1500 (New)	

Appointment of Representative	CMS-1696	T
SSO Request for Carrier/ Intermediary Assistance	CMS-1938	
Medicare Redetermination Request Form	CMS-20027	
Transfer (Assignment) of Appeal Rights	CMS-20031	
Medicare Reconsideration Request Form	CMS-20033	
Request for Medicare Hearing by an Administrative Law Judge	CMS-20034A/B	
Section 1011 Dispute Resolution Request	CMS-20042	
Consent for Home Visit	CMS-36	T
Consent for Home Visit for PACE Services Evaluations	CMS-36P	T
Financial Statement of Debtor	CMS-379	
ESRD Beneficiary Selection Form	CMS-382	
Request for Enrollment in Supplementary Medical Insurance	CMS-4040	T
Medicare/Medicaid/CLIA Complaint Form	CMS-562	
Transmittal Notice Hearing Case	CMS-636	

Credible Coverage, available at <http://www.cms.hhs.gov/CreditableCoverage/>

Form Name	Form Number	Available in Spanish
Model Individual Creditable Coverage Disclosure Notice	CMS-10182-CC	T
Model Individual Non-creditable Coverage	CMS-10182-NC	T

Disclosure Notice		
Model Personalized Individual Disclosure Notice	CMS-10182-P	T
Creditable Coverage Guidance		

C. Publications, available at <http://www.medicare.gov/Publications/Home.asp>

Publications Name	Form Number	Available in Spanish
Dialysis Facility Compare Tool at www.medicare.gov	CMS-10208	
Getting a Second Opinion Before Surgery	CMS-02173	T
Medicare & You 2011	CMS-10050	T
Getting Medicare Before You Get Your Full Social Security Retirement Benefits	CMS-11038	T
Medicare Coverage Outside of the U.S.	CMS-11037	T
Medicare.gov Is Here for You	CMS-10108	T (also available in Chinese, Vietnamese, and Korean)
My Medicare.gov	CMS-11297	T (also available in Chinese, Vietnamese, and Korean)

Preparing for Emergencies: A Guide for People on Dialysis	CMS-10150	T
Welcome To Medicare	CMS-11095	
You Can Live - Your Guide for Living with Kidney Failure	CMS-02119	T
Get Help With Your Medicare Costs: Getting Started	CMS-10126	T (also available in Chinese, Vietnamese, and Korean)
Withholding Medicare Prescription Drug Premiums from your 2010 Social Security Payment	CMS-11400	T
Medicare Prescription Drug Coverage: How to File a Complaint, Coverage Determination, or Appeal	CMS-11112	T (also available in Vietnamese and Korean)
Medicare Prescription Drug Coverage: How to Join a Medicare Drug Plan	CMS-11111	T
My Medicines	CMS-11085	T
Quick Facts About Medicare Prescription Drug Coverage and How to Protect Your Personal Information	CMS-11147	T
Quick Facts about Medicare's Coverage for Prescription Drugs for People who have Coverage from an Employer or Union	CMS-11107	T
Quick Facts about Medicare's Prescription Drug Coverage for People in a Medicare Advantage Plan or Medicare Cost Plan with Prescription Drug	CMS-11135	T (also

Coverage		available in Chinese, Vietnamese, and Korean)
Quick Facts about Medicare's Coverage for Prescription Drugs	CMS-11102	T (also available in Chinese, Vietnamese, and Korean)
Your Guide to Medicare Prescription Drug Coverage	CMS-11109	T
2010 Choosing A Medigap Policy: A Guide To Health Insurance For People With Medicare	CMS-02110	T
Guide to Choosing a Nursing Home	CMS-02174	T
Things to Think about when You Compare Medicare Drug Coverage	CMS-11163	T
Your Guide to Medicare Medical Savings Account Plans	CMS-11206	T (also available in Chinese, Vietnamese, and Korean)
Your Guide to Private Fee-for-Service Plans	CMS-10144	T
Bridging the Coverage Gap	CMS-11213	T
Medicare & Clinical Research Studies	CMS-02226	T
Medicare and Home Health Care	CMS-10969	T
Medicare and Other Health Benefits: Your Guide to Who Pays First	CMS-02179	T

Medicare and Your Mental Health Benefits	CMS-10184	T
Medicare Coverage of Ambulance Services	CMS-11021	T
Medicare Coverage of Diabetes Supplies and Services	CMS-11022	T (also available in Chinese, Vietnamese, and Korean)
Medicare Coverage of Durable Medical Equipment and Other Devices	CMS-11045	T
Medicare Coverage of Kidney Dialysis and Kidney Transplant Services	CMS-10128	T
Medicare Coverage of Skilled Nursing Facility Care	CMS-10153	T
Medicare Hospice Benefits	CMS-02154	T
Medicare Limits on Therapy Services	CMS-10988	T
Billing for Certain Injectable and Infused Medicare Part B Drugs	CMS-11148	T
Medicare's Wheelchair and Scooter Benefits	CMS-11046	T
Your Medicare Benefits	CMS-10116	T
How the Medicare Beneficiary Ombudsman Works For You	CMS-11173	T
Protecting Medicare and You from Fraud	CMS-10111	T
Protecting your Health Insurance Coverage	CMS-10199	T
Your Medicare Rights and Protections	CMS-10112	T
A Healthier US Starts Here	CMS-11308	T

Pap Tests for Older Women	CMS-10149	
Staying Healthy: Medicare's Preventive Services	CMS-11100	T (also available in Chinese, Vietnamese and Korean)
Have You Done Your Yearly Medicare Plan Review?	CMS-11220	T (also available in Chinese, Vietnamese, and Korean)
Women and Heart Disease: Things You Need To Know	CMS-11294	T
Women with Medicare - Visiting Your Doctor for a Pap Test, Pelvic Exam, and Clinical Breast Exam	CMS-02248	T
Your Guide to Medicare's Preventive Services	CMS-10110	T also available in Chinese, Vietnamese, and Korean)
1-800 Medicare Billing Questions Fact Sheet	CMS-11365	
Are You Having Trouble Paying for Prescription Drugs?	CMS-11318	T (also available in Chinese, Vietnamese, and Korean)

Bringing Better Health Care to Indian Communities	CMS-11368-N	
Do You Need Extra Help with Medicare Drug Costs?	CMS-11318-AA	
Get Your Medicare Questions Answered with the 1-800-MEDICARE Help Line	CMS-11386	T
Getting Medical Care and Prescription Drugs in a Disaster or Emergency Area	CMS-11377	T
Medicaid: Getting Started	CMS-11409	T
Medicare Basics: A Guide for Families and Friends of People with Medicare	CMS-11034	T
Medicare Physician Quality Reporting Initiative (PQRI) Letter	CMS-11317	T
New Rules for How Medicare Pays Suppliers for Oxygen Equipment	CMS-11405	T
Personal Health Records	CMS-11397	T
Your Discharge Planning Checklist	CMS-11376	T
Quality of Care Concerns	CMS-11362	
What are Long-Term Care Hospitals?	CMS-11347	T
What is Medicare? What is Medicaid?	CMS-11306	T (also available in Chinese, Vietnamese, and Korean)
4 Ways to Help Lower your Medicare Prescription Costs	CMS-11417	T

Are You Paying the Right Amount for Your Prescriptions?	CMS-11324	T
e-Prescribing: Connecting to Better Health Care	CMS-11382	T
How Medicare Drug Plans Use Pharmacies, Formularies, and Common Coverage Rules	CMS-11136	T
Quick Tips for People with Medicare: Using Your New Medicare Drug Coverage	CMS-11343	T
What to do if you no longer automatically qualify for extra help with Medicare drug coverage costs	CMS-11215	T
Looking for a Doctor (bookmark)?	CMS-11383	
Marketing Rules for Medicare Private Fee-for-Service Plans	CMS-11327	T
Medicare's Nursing Home Compare	CMS-11385	T
Medicare's Hospital Compare	CMS-11342	T
Quick Facts About Programs of All-Inclusive Care for the Elderly (PACE)	CMS-11341	T
Use Information About Quality on Medicare.gov: Compare Plans and Providers	CMS-11226	T
Withholding Medicare Prescription Drug Premiums from your 2010 Social Security Payment	CMS-11400	T
Your Guide to Medicare's Preferred Provider Organization (PPO) Plans	CMS-11152	T
Your Guide to Special Needs Plans (SNPs)	CMS-11302	T
How Medicare Covers Self-Administered Drugs Given in Hospital Outpatient Settings	CMS-11333	T
Medicare and Ambulance Services	CMS-11398	T
Medicare and Hospice Benefits: Getting Started	CMS-11361	T

Medicare and Skilled Nursing Facility Benefits: Getting Started	CMS-11359	T
Medicare and Your Hospital Benefits: Getting Started	CMS-11408	
Medicare and Your Mental Health Benefits: Getting Started	CMS-11358	T
Medicare for Children with End-Stage Renal Disease	CMS-11392	T
Medicare: Getting Started	CMS-11389	T
Medicare's Coverage of Dialysis and Kidney Transplant Benefits: Getting Started	CMS-11360	T
Medicare's Home Health Benefit: Getting Started	CMS-11357	T
Quick Facts About Paying for Outpatient Services for People with Medicare Part B	CMS-02118	T
Filing a Complaint Concerning Dialysis or Kidney Transplant Care	CMS-11314	
How to File a Medicare Part A or Part B Appeal in the Original Medicare Plan	CMS-11316	T
Medicare Advantage Plans and Medicare Cost Plans: How to File a Complaint (Grievance or Appeal)	CMS-11312	T
Medicare Health and Safety Standards: How to File a Complaint	CMS-11313	
What to do if you have concern regarding care you received while on Medicare	CMS-11348	
Are You Up-To-Date on Your Preventive Services?	CMS-11420	T
Medicare and the New Health Care Law: What It Means For You	CMS-11467	T

		(also available in Chinese, Vietnamese, and Korean)
Are You a Hospital Inpatient or Outpatient? If you have Medicare – Ask!	CMS-11435	T
How is Medicare Funded?	CMS-11396	T
A Quick Look at Medicare	CMS-11514	T
Help Prevent Fraud	CMS-11491	T
Closing the Prescription Drug Coverage Gap	CMS-11464	T (also available in Chinese, Vietnamese, and Korean)
What You Should Know if You Need Medicare-covered Equipment or Supplies	CMS-11307	T

Forms

<http://www.medicare.gov/medicareonlineforms/>

1-800- MEDICARE Authorization to Disclose Personal Health Information	CMS-10106	T
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Low Income Subsidy Mailings

<http://www.cms.gov/LimitedIncomeandResources/LISNoticesMailings/list.asp>

Auto-Enrollment Notice	CMS-11154	T
Deemed Notice	CMS-11166	T
Facilitated Enrollment Notice: Full Subsidy Version	CMS-11186	T
Facilitated Enrollment Notice: Partial Subsidy Version	CMS-11191	T
Loss of Deemed (Extra Help) Status Notice	CMS-11198	T
Change in Extra Help Co-payment Letter	CMS-11199	T
Re-assignment Notice: Plan Termination Version	CMS-11208	T
Re-assignment Notice: Plan Premium Increase Version	CMS-11209	T
Choosers Notice	CMS-11267	T
Letter to Full Duals with RDS	CMS-11334	T