<Date>

**Member ID: <Member #>**

**Rx ID: <RxID>**

**Rx GRP: <RxGRP>**

**Rx BIN: <RxBIN>**

**Rx PCN: <RxPCN>**

<Name>

<Address>

<City>, <State> <ZIP>

**Important: You have been enrolled into a new plan for your Medicare and MassHealth Services. Keep this letter as proof of your coverage.**

<Name>:

# Welcome to <plan name> (Medicare-Medicaid Plan)!

Starting **<effective date>**, you will get your MassHealth and Medicare benefits from <plan name>, a One Care plan. <Plan’s legal or marketing name> is a health plan that contracts with both Medicare and MassHealth to provide all the benefits of both programs to enrollees. It is for people with both Medicare and MassHealth ages 21 through 64 at the time of enrollment.

<Plan name> will cover all your Medicare, MassHealth, and prescription drug benefits,including Medicare Part D. It will also provide care coordination and access to community-based services as described in the *One Care Enrollment Guide*. <Plan name> will manage all of your health care and long-term services and supports through a Care Team. This includes primary care, behavioral health care, hospital care, specialty care, and care from other providers.

**This letter is proof of your new coverage.** [*Plans that do not include the Member ID Card in the welcome mailing should insert:* **Please bring this letter with you to the pharmacy or office visit until you get your Member ID Card from us.**] If you have questions, call <plan name> Member Services at <toll-free number>, <days and hours of operation>. Call <toll-free number> if you use TTY (for people who are deaf, hard of hearing, or speech disabled). Contact information is also included in the List of Resources at the end of this letter. [*Plans must add their plan-specific List of Resources at the end of this letter.*]

# What happens next?

You may begin using <plan name>’s network of primary care providers and pharmacies for all of your health care services, as of **<effective date>**. If you need emergency or urgent care,or out-of-area dialysis services, you can use providers outside of <plan name>’s network.

You can keep seeing your current primary care provider and your other providers for 90 days, or until you and your Care Team develop your Personal Care Plan. You will also have access to at least one [*must be at least 30*]-day supply of the Part D drugs you currently take during your first [*must be at least 90*] days in the plan if you are taking a drug that is not on our List of Covered Drugs, if health plan rules do not let you get the amount ordered by your doctor, or if the drug requires prior approval by <plan name>. [*If applicable, insert other state-specific continuity of care requirements.*] This gives you time to talk with your provider about getting a different drug or to ask the plan to cover the drug.

[*Plans may revise the following section if the letter is being sent in the same package as other new member materials.*]

In the next few days, you should get a new member kit. The new member kit includes:

* Summary of Benefits
* List of Covered Drugs (Formulary)
* Information about how to access or ask for a copy of the Provider and Pharmacy Network Directory

<Plan name> will send the following items separately a few days before **<effective date>**:

* Member ID Card
* Member Handbook (Evidence of Coverage)

# How much will I have to pay for <plan name>?

You will not have to pay a plan premium, deductible, or copays when getting services through a <plan name> doctor or other service provider. If you pay a premium to MassHealth for CommonHealth, you must keep paying the premium to MassHealth to keep your coverage*.*

**How much will I have to pay for prescription drugs?**

[*If plan has any Part D cost sharing, insert the following paragraph and include LIS cost sharing information specific to the enrollee’s LIS level:* When you pick up your prescription drugs at our network pharmacy, you’ll pay no more than <**$\_\_\_**> each time you get a generic drug that’s covered by <plan name> and no more than <**$\_\_\_**> each time you get a brand name drug that is covered by <plan name>. Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact <plan name> for more details.]

[*If plan has any Medicaid cost sharing, insert copay information here*.]

[*If plan has no cost sharing for all Part D and/or Medicaid drugs, insert*: You pay **$0** for <all *or* the rest of> your prescription drugs covered by the plan.]

[*If applicable, insert:*

**How can I choose a primary care provider?**

*Information instructing member in simple terms on how to select a primary care provider/site, how to obtain services, explain which services do not need primary care provider’s approval (when applicable), etc.*]

# What if I don’t want to join <plan name> and I want to keep my coverage the way it is now?

You can call MassHealth Customer Service. Their contact information is in the List of Resources at the end of this letter. Tell the representative that you do not want to enroll in a One Care plan and you would like to keep your coverage the way it is now.

# What if I want to join a different One Care plan?

To join a different One Care plan, you can call MassHealth Customer Service. Their contact information is in the List of Resources at the end of this letter.

# Can I leave <plan name> or choose a new plan after <effective date>?

**Yes.** You can leave <plan name> or choose a new plan **at any time** by calling MassHealth Customer Service. Their contact information is in the List of Resources at the end of this letter.

Your coverage with <plan name> will end on the first day of the month after you leave. You will go back to getting your health care and drug services from MassHealth and Original Medicare, with prescription drug coverage. You will also have the choice to join a Medicare health plan.

# What if I have questions?

* **If you have questions about** <plan name>’s coverage**, call <plan name> Member Services.** Their contact information is included at the beginning of this letter and in the List of Resources at the end of this letter.
* If you would like **help** **understanding your choices**, call SHINE (Serving the Health Insurance Needs of Everyone). SHINE counselors can work with you and your caregivers to help you understand your choices. They are trained to assist people with disabilities who have Medicare and MassHealth and will provide impartial information about your health insurance choices. A counselor can work with you in person, by phone, or through e-mail. To schedule an appointment with a SHINE counselor, use the contact information in the List of Resources at the end of this letter.
* If you have **questions, concerns, or problems related to One Care**, you can contact My Ombudsman. My Ombudsman is an independent program and services are free. My Ombudsman staff can answer your questions or refer you to the right place to find what you need. Their contact information is in the List of Resources at the end of this letter.
* For **general questions about One Care, or to enroll, disenroll, or opt out**, call MassHealth Customer Service. Their contact information is in the List of Resources at the end of this letter.
* If you want to **join a Medicare health or prescription drug plan, know more about Medicare plans in your area, or have questions about Medicare,** call Medicare.Their contact information is in the List of Resources at the end of this letter.

[Plans are subject to the notice requirements under Section 1557 of the Affordable Care Act. For more information, refer to https://www.hhs.gov/civil-rights/for-individuals/section-1557.]

You can also get this document for freein other formats, such as large print, braille, or audio. Call [insert Member Services toll-free phone and TTY/TDD numbers, and days and hours of operation]. The call is free.

**GETTING HELP WITH ONE CARE**

|  |  |
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| **For Questions about:** | **Contact:** |
| * Contacting your care manager * Contacting your Long-Term Supports Coordinator * Making appointments * Transportation * Your One Care plan coverage * Other questions about your health care | **Commonwealth Care Alliance (CCA)**  (Member Services)  **Hours:** 7 days a week, 8:00a.m. – 8:00p.m.  **Phone:** 1-866-610-2273  **TTY**: use MassRelay at 711 to call 1-866-610-2273  **Website**: www.commonwealthonecare.org  You can also call your Care Manager |
| * MassHealth or One Care:   + eligibility   + enrollment or disenrollment, including changing One Care plans | **MassHealth Customer Service Center**  **Hours**: Monday – Friday, 8:00a.m. - 5:00p.m.  **Phone**: 1-800-841-2900  **TTY**: 1-800-497-4648 |
| * Medicare eligibility or enrollment (including Medicare Part D) | **1-800-Medicare**  **Hours**: 24 hours a day, 7 days a week  **Phone**: 1-800-633-4227  **TTY**: 1-877-486-2048 |
| * Addressing a problem or concern with your One Care plan * One Care benefits or rights * Information about how grievances or appeals work * Other One Care information | **My Ombudsman**  **Hours**: Monday – Friday, 9:00a.m. - 4:00p.m.  **Phone**: 1-855-781-9898  **TTY**: call 711  **Email**: info@myombudsman.org  **Website**: www.myombudsman.org  **Visit My Ombudsman at**:  11 Dartmouth St., Suite 301  Malden, MA 02148  **Walk-in Hours**: Mondays 1:00p.m. - 4:00p.m. and  Thursdays 9:00a.m. - 12:00p.m.  My Ombudsman offices are wheelchair accessible. You can also set up an in-person appointment outside of walk-in hours by calling or emailing My Ombudsman. |
| * How to choose a One Care plan * Other health care options through Medicare and/or MassHealth | **SHINE**  **(Serving the Health Insurance Needs of Everyone)**  **Hours**: Monday – Friday, 9:00a.m. - 5:00p.m.  **Phone**: 1-800-243-4636  **TTY**: 1-800-439-2370  A SHINE counselor can also work with you in person or through email. Call SHINE for more information. |

**GETTING HELP WITH ONE CARE**

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| **For Questions about:** | **Contact:** |
| * Contacting your care manager * Contacting your Long-Term Supports Coordinator * Making appointments * Transportation * Your One Care plan coverage * Other questions about your health care | **Tufts Health Unify**  (Member Services)     **Hours:** 7 days a week, 8:00a.m. – 8:00p.m.  **Phone:** 855-393-3154  **TTY**: 888-391-5535  **Website**: www.tuftshealthunify.org  You can also call your Care Manager. |
| * MassHealth or One Care:   + eligibility   + enrollment or disenrollment, including changing One Care plans | **MassHealth Customer Service Center**  **Hours**: Monday – Friday, 8:00a.m. - 5:00p.m.  **Phone**: 1-800-841-2900  **TTY**: 1-800-497-4648 |
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