<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. <Insert Federal-State contracting disclaimer from State-specific Marketing Guidance>. 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 a [*insert supply limit (must be the number of days in plan’s one-month supply)*]-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) [*Plans may delete and replace with the following if they elect not to send List of Covered Drugs to enrollees:* Instructions for getting more information about the drugs on our *List of Covered Drugs*]
* Information about how to access or ask for a copy of the *Provider and Pharmacy Directory*

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

* Member ID Card [*plans to insert if they continue to send a hard copy of the Member Handbook:* and
* *Member Handbook* (Evidence of Coverage)]

# [*If plans elect not to send the Member Handbook to enrollees, insert:* An up-to-date copy of the *Member Handbook* (Evidence of Coverage) is always available on our website at <web address>. You may also ask us to mail you a *Member Handbook* by calling 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.]

# 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 plans have 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 plans have any Medicaid cost sharing, insert copay information here*.]

[*If plans have 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>?

[*Plans in states that continue to implement a continuous Special Enrollment Period for dual eligible beneficiaries (duals SEP) insert:* **Yes.** You may leave <plan name> or choose a new One Care plan **at any time** **during the year** by calling <state/enrollment broker number>, <days and hours of operation>.]

[*Plans in states that implement the new duals SEP effective 2019, insert:* **Yes.** You may leave <plan name> or choose a new One Care plan before <**effective date of enrollment**>. You’ll also have from <**effective date of enrollment**> through <**three months after effective date of enrollment**> to change to another Medicare health plan.

If you don’t make a change during this time, you’ll be able to change plans during certain times of the year or in certain situations. Because you have MassHealth, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

* January to March
* April to June
* July to September

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods:

* The **Annual Enrollment Period,** which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in <plan name> will end on December 31 and your membership in the new plan will start on January 1.
* The **Medicare Advantage Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan will start the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. If you want to make a change, call <state/enrollment broker number>, <days and hours of operation>.]

If you leave <plan name> and don’t want to enroll in another One Care plan, your coverage will end the last day of the month after you tell us. If you leave <plan name> and don’t join a Medicare health or prescription drug plan, you’ll be covered under Original Medicare and Medicare will enroll you in a Medicare prescription drug 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’s staff can answer your questions or refer you to the right place to find what you need. My Ombudsman’s 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*](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](http://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  **One Care Website**: [www.mass.gov/one-care](http://www.mass.gov/one-care) |
| * 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**: use MassRelay at 711 to call 1-855-781-9898  **Email**: [info@myombudsman.org](mailto:info@myombudsman.org)  **Website**: [www.myombudsman.org](http://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’s 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](http://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  **One Care Website**:[www.mass.gov/one-care](http://www.mass.gov/one-care) |
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