

# Introduction to the Fox Re-assignment Notice

## What Is the Purpose of This Notice?

The notice informs people who currently have Medicare prescription drug coverage with Fox Insurance Company that CMS is ending its contract with Fox. Effective March 1, 2010, Fox members will be temporarily moved to the Limited Income Newly Eligible Transition (LI-NET) program run by Humana. People can either join another Medicare drug plan on their own, or Medicare will automatically enroll them in another Medicare drug plan effective May 1.

The notice is two pages on white paper, and includes a five-page attachment explaining their coverage with LI-NET.

## Who Gets This Notice?

Medicare is sending this notice to everyone currently enrolled in a Medicare prescription drug plan through Fox Insurance Company.

## When Do People Get This Notice?

The notice will be mailed by the middle of March, 2010.

## What Should People Do Next?

People who want more information about LI-NET can call the LI-NET Customer Care team at 1-800-783-1307. TTY users should call 1-877-801-0369.

People who have questions about their Medicare prescription drug coverage options can do the following:

- Visit [www.medicare.gov](http://www.medicare.gov) and get personalized drug plan information.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Call their State Health Insurance Assistance Program (SHIP) for free personalized health insurance counseling. See the “Medicare & You” handbook or call 1-800-MEDICARE for the telephone number for their state.

People can reference CMS Product No. 11460 when calling Medicare or their SHIP with questions about this notice.



7500 Security Boulevard  
Baltimore, MD 21244-1850

<BENEFICIARY FULL NAME>  
<ADDRESS>  
<CITY STATE ZIP>

HICN <1234>  
March 2010

## URGENT: YOUR MEDICARE DRUG PLAN IS CHANGING

Earlier in March, you got a notice from the Fox Insurance Company explaining that the Centers for Medicare & Medicaid Services (CMS) directed Fox to stop enrolling new members. CMS took this action because Fox wasn't following Medicare's rules for providing prescription drug coverage to Medicare enrollees. Since then, after a thorough review of Fox's operations, CMS has decided to end its contract with Fox. **So, as of March 10, 2010, CMS will no longer permit Fox Insurance Company to offer Medicare prescription drug coverage.** Current Fox members will be moved to another Medicare plan, as explained below.

### Your Fox Insurance Coverage Is Ending March 9

Because your coverage with Fox is ending, Medicare is enrolling you in our Limited Income NET Program (LI-NET) to make sure your Medicare drug coverage continues. LI-NET is a special CMS program, run by Humana, that's designed to provide temporary prescription drug coverage. LI-NET will cover your drug needs until you join a new Medicare drug plan or Medicare enrolls you in a new Medicare drug plan. LI-NET generally covers all Medicare-covered prescriptions, and there's no monthly premium.

### Your LI-NET Coverage Starts < effective date >

**This notice is proof of your LI-NET coverage – keep it for your records.** Tell your pharmacist to use the following billing codes. If they have a problem, have them call LI NET at 1-800-783-1307.

- BIN = 610649
- PCN = 05440000
- Cardholder ID = Your Medicare ID number (Beneficiary HICN)
- Group ID may be left blank

### Your LI-NET Coverage Lasts Through April 30, 2010

LI-NET will provide your drug coverage from <effective date> until April 30, 2010. **If you want to stay in LI-NET until April 30, you don't need to take any action.** If you want to, you can join a different Medicare drug plan for coverage starting April 1. Starting May 1, Medicare will enroll you in a new Medicare drug plan, unless you join a new Medicare drug plan on your own before that. Watch for another notice from Medicare letting you know what plan Medicare will enroll you into and explaining your options.

### Get Help and More Information

See the attached fact sheet to learn more about LI-NET, or call LI-NET at 1-800-783-1307 Monday through Friday from 8 a.m. to 8 pm. TTY users call 1-877-801-0369. Get help comparing Medicare drug plans at [ww.medicare.gov](http://ww.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

## Other Important Information About Your LI-NET Coverage

**This letter is your proof of your LI-NET coverage, so take it with you to the pharmacy.**

- All Medicare-covered prescription drugs are paid for under LI-NET. There are some limits, such as standard limits on the number of pills per prescription and dosages, for safety reasons.
- You'll pay no more than <insert appropriate copay/coinsurance amounts> for each drug, and there's no premium or deductible.
- Drugs from any pharmacy are covered. The pharmacy doesn't need approval from LI-NET first.

### If You Have Paid for a Prescription

If you pay for a prescription between <effective date> and April 30, 2010, LI-NET will pay you back as long as the drug is covered by Medicare. You'll need to have your receipts to be reimbursed. Call the LI-NET at 1-800-783-1307 to see if you qualify for reimbursement. TTY users should call 1-877-801-0369.

### Find Out More about LI-NET

Read the attached fact sheet to learn more about LI-NET. For help and information, please call the Limited Income NET Program's Customer Care team at 1-800-783-1307. TTY users should call 1-877-801-0369. You can call them Monday through Friday from 8 a.m. to 8 p.m. Their automated phone system may answer your call after 8 p.m. and on Saturdays, Sundays, and some public holidays. Please leave your name and telephone number, and they'll call you back by the end of the next business day.

### Where to Go for More Information

If you need help understanding this notice, please show it to a family member, friend, case manager, or someone else you trust. You can also call your local Office on Aging or your State Health Insurance Assistance Program at <SHIP phone number> for free personalized health insurance counseling, or call 1-800-MEDICARE for help.

**Again, please keep this notice for your records.**

**Para obtener información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios con teléfono de texto (TTY) deben llamar al 1-877-486-2048.**

# The Limited Income Newly Eligible Transition (NET) Program Fact Sheet

This fact sheet explains how the Limited Income NET program, which is run by Humana, works, including:

- What it means to qualify for the Limited Income NET Program
- How to get paid back if you paid for a prescription yourself
- What to do if you think you qualify for a lower copayment
- Your rights if we won't pay for a prescription
- How to get more information

## What It Means to Qualify for the Limited Income NET Program

Why you qualify for this program

You qualify for the Limited Income NET Program because you have been disenrolled from Fox Prescription Drug Plan on an emergency basis, and Medicare needs time to enroll you in a standard Medicare Prescription Drug Plan.

If you want to join another Medicare Prescription Drug Plan

If you want to join a different Medicare Prescription Drug Plan starting next month, call that plan to find out how to join. **However, the only way to get coverage for the current month is to stay enrolled in this program through the end of this month.**

Why is the Limited Income NET Program temporary?

This is a special type of Medicare prescription drug program that only offers short-term prescription drug coverage to certain people. It provides temporary coverage while Medicare gets you enrolled in a standard Medicare Prescription Drug Plan for the future.

## How to Get Paid Back If You Paid for a Prescription Yourself

If you paid for a prescription during the dates you're covered by the Limited Income NET Program, we'll pay you back as long as the prescription is for a drug Medicare covers. To get paid back, you need to ask for a coverage determination in writing. Please send your receipt(s) to us at:

**The Limited Income NET Program  
P.O. Box 14310  
Lexington, KY 40512-4310**

After we get your written request, we have 72 hours to determine whether your drug is covered, and we'll notify you of our determination in writing. If we don't have enough information to

make a determination, we will contact you. If we determine we should pay you back, we'll mail you a check no later than 30 business days after that. We'll usually pay you back for the full amount you paid, but it may be reduced by the amount Medicare tells us you're responsible for paying for each prescription.

How much time do I have to ask to be paid back?

You must ask us for reimbursement within 180 days (6 months) after your coverage with the Limited Income NET Program ends. After that, we can't pay for prescriptions you paid for during the time period you qualified for this program.

## What to Do if You Think You Qualify for a Lower Copayment

The exact amount you pay for each prescription is listed on the second page of the letter that came with this fact sheet. If you think you qualify for a lower prescription copayment, please let us know.

If you have any proof of Medicaid coverage or Extra Help (the Medicare Low-Income Subsidy), it will help us charge you the correct amount. A state or county Medicaid staff person can call us on your behalf at 1-800-783-1307. If you have a speech or hearing impairment and use a TTY, call 1-877-801-0369 to verify your Medicaid status. You also can send us any of the following documents as proof that you qualify for Medicaid. Each item listed below must show that you were eligible for Medicaid as of the date of service:

- A copy of your Medicaid card
- A copy of a state document that shows you have Medicaid
- A printout from a state electronic enrollment file or screen print from your state's Medicaid systems that shows you have Medicaid
- Any other document from your state that shows you have Medicaid
- Proof you have Medicaid and live in an institution
  - A bill from the institution (like a nursing home) or a copy of a state document showing Medicaid payment to the institution for at least a month
  - A printout from your state's Medicaid systems showing that you lived in the institution for at least a month

If you don't have proof, we'll try to find proof for you. If you qualify for a lower copayment, we'll let you know.

## Your Rights if We Won't Cover a Prescription

If the Limited Income NET Program won't cover a drug you need  
If we or your pharmacist tells you that your Medicare Prescription Drug Plan won't cover a drug you think should be covered – or it will cover the drug at a higher cost than you think you're required to pay – you have the right to get a written explanation (called a "coverage

determination”) from us. This includes prescription drugs you need from now until Medicare enrolls you in a standard Medicare Prescription Drug Plan, or prescription drugs you already filled during the dates on the first page of the notice. If you pay for the prescription drugs yourself, be sure to save your receipt, and ask us to pay you back by requesting a coverage determination.

You, your prescriber (that is, your doctor), or someone who is acting for you (your representative) can ask us to cover the prescription you need by writing us a letter at:

**Humana Grievance and Appeal Department**  
**P.O. Box 14165**  
**Lexington, KY 40512-4165**

You can file either a standard or an expedited (fast) coverage determination request. Your request will be expedited if we determine, or your prescriber tells us, that your life or health may be seriously jeopardized by waiting for a standard request.

**Important:** For some types of coverage determinations called “exceptions,” you’ll need a supporting statement from your prescriber explaining why you need the drug you’re requesting. You may need this statement for any of the following:

- You’re asking us to cover a drug that isn’t covered by Medicare.
- The drug you need is subject to a coverage rule (e.g., quantity limit or dose limit) and your prescriber believes you can’t meet the rule.

After we’ve received your request (and supporting statement if required), we have 72 hours (for a standard request for coverage or for a request to pay you back) or 24 hours (for an expedited request for coverage) to notify you of our decision.

This process applies to prescription drugs you need from now until Medicare enrolls you in a standard Medicare Prescription Drug Plan, and also prescription drugs you already got during the dates on the first page of this notice. If you pay for the prescription drugs yourself, be sure to save your receipts, and ask us to pay you back by requesting a coverage determination.

## How to Appeal

If you ask for a coverage determination and we decide against you, you can appeal the decision. There are five levels of appeal available to you. You must follow the order listed below:

### 1. Appeal through us

The first level of appeal is called a “redetermination.” You must request this appeal within 60 calendar days from the date of the coverage determination notice. You, your representative, or your prescriber can file a request. Standard requests must be made in writing to the Humana Grievances and Appeals address listed on the previous page. Expedited requests can be made in writing or by calling 1-800-783-1307. If you have a speech or hearing impairment and use a TTY, please call 1-877-801-0369. Any unfavorable coverage determination decision you get

from us will tell you how to file this appeal. Once we get your request for an appeal, we have 7 calendar days (for a standard request for coverage or for a request to pay you back) or 72 hours (for an expedited request for coverage) to notify you of our decision.

## 2. Review by an Independent Review Entity

If you disagree with our redetermination, you or your representative can request a review by an Independent Review Entity (IRE), called “reconsideration.” You can request a standard or expedited reconsideration. The request must be filed in writing within 60 calendar days from the date of our redetermination decision. Your request must be sent to the IRE at the address or fax number listed in our redetermination decision. This decision letter will be mailed to you and will fully explain how to file this appeal. The IRE generally has 7 days (for a standard request for coverage or for a request to pay you back) or 72 hours (for expedited requests for coverage) to notify you of its decision.

## 3. Hearing with an Administrative Law Judge

If you disagree with the IRE’s decision (reconsideration notice), you or your representative can request an Administrative Law Judge (ALJ) hearing. The request must be made in writing within 60 calendar days from the date of the IRE’s reconsideration notice. The request must be sent to the location listed in the IRE’s reconsideration notice that’s mailed to you. To get an ALJ hearing, the projected value of your denied coverage must meet a minimum dollar amount (you may be able to combine claims to meet the minimum dollar amount). The IRE’s notice will include this amount.

## 4. Review by the Medicare Appeals Council

If you disagree with the ALJ’s decision, you or your representative can request a review by the Medicare Appeals Council (MAC). The request must be sent to the MAC in writing within 60 calendar days from the date of the ALJ’s decision. You must send your request to the address listed in the ALJ’s decision that’s mailed to you.

## 5. Review by a Federal Court

If you disagree with the MAC’s decision, you or your representative can request a review by a Federal court. The request must be filed in writing within 60 calendar days from the date you received the MAC’s decision. You must send your request to the address listed in the MAC’s decision. To receive a review by a Federal court, the projected value of your denied coverage must meet a minimum dollar amount. The MAC’s decision will include the amount.

## If you have a complaint (also called a grievance) about the Limited Income NET Program

You have the right to file a complaint with us. Some examples of why you may file a complaint include the following:

- You believe our customer service hours of operation should be different.
- You have to wait too long for your prescription.
- The pharmacy charges you more than you think you should pay. You can file a complaint and ask for a coverage determination.
- We sent you materials that you didn’t ask for and aren’t related to our drug plan.

- We didn't give you a decision about a coverage determination or redetermination within the required timeframe.
- We didn't make a decision about a coverage determination or first-level appeal within the required timeframe and didn't send your case to the Independent Review Entity (IRE).
- You disagree with our decision not to grant your request for an expedited coverage determination or redetermination.
- We didn't provide the required notices.
- Our notices don't follow Medicare rules.

You can file your complaint with us by writing us a letter at the Grievances and Appeals address listed on page 3. You must file your complaint within 60 calendar days of the date of the event that led to your complaint. We must let you know of our decision generally no later than 30 days after we receive the complaint. If your complaint relates to our refusal to expedite a coverage determination or redetermination and you haven't yet purchased or received the drug, we must let you know of our decision no later than 24 hours after we receive the complaint.

If you think you were charged too much for a prescription, call us at the numbers listed below to get the most up-to-date price. If we don't take care of your complaint, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

## How to Get More Information

If you want more details about the Limited Income NET Program This fact sheet provides basic information you need to know about the Limited Income NET Program. Another document that provides more detail is the Evidence of Coverage (EOC). The EOC is a detailed description of how the Limited Income NET Program works. To get a copy of this document, please call us at 1-800-783-1307. If you have a speech or hearing impairment and use a TTY, call 1-877-801-0369.

Is this fact sheet available in other languages and formats?

This fact sheet is available in Spanish, audio tapes, and large print. Please call us at the above listed numbers, and we'll send you the format you need.

If you have other questions

For help and information, please call our Customer Care team at 1-800-783-1307. If you have a speech or hearing impairment and use a TTY, call 1-877-801-0369. You can call us Monday through Friday from 8 a.m. to 8 p.m. Our automated phone system may answer your call after 8 p.m. and on Saturdays, Sundays, and some public holidays. Please leave your name and telephone number, and we'll call you back by the end of the next business day.