Instructions to the Health Plan

* [The plan may include the ANOC in the 2024 Participant Handbook (Evidence of Coverage) or provide it to Participants separately.]
* [Before use, the plan must upload in HPMS only (1) a standalone ANOC and (2) a standalone EOC (Participant Handbook). The plan should work with its marketing reviewers to withdraw any duplicate material submitted in error. The plan must enter Actual Mail Dates (AMDs) for ANOCs in accordance with CMS requirements as detailed in the “Update AMD/Beneficiary Link/Function” section of the Marketing Review Users Guide in HPMS. Note that the plan must enter AMD information for ANOC mailings only for mailings to current Participants. The plan should not enter ANOC AMD information for October 1, November 1, or December 1 effective enrollment dates or for January 1 effective enrollment dates for any new Participants.]
* [The plan should follow the instructions in the State-specific Marketing Guidance regarding use of the standardized plan type (Medicare-Medicaid Plan) following the plan name.]
* [Where the template uses “medical care,” “medical services,” or “health care services,” the plan may revise and/or add references to long-term services and supports and/or home and community-based services as applicable.]
* [The plan should refer Participants to the 2024 Participant Handbook using the appropriate chapter number, section, and/or page number. For example, “refer to Chapter 9, Section A, page 1.” An instruction [plan may insert reference, as applicable] is listed next to each cross reference.]
* [Where the template instructs inclusion of a phone number, the plan must ensure it is a toll-free number and include a toll-free TTY number and days and hours of operation.]
* [Wherever possible, the plan is encouraged to adopt good formatting practices that make information easier for English-speaking and non-English-speaking enrollees to read and understand. The following are based on input from beneficiary interviews:
* Format a section, chart, table, or block of text to fit onto a single page. In instances where plan-customized information causes an item or text to continue on the following page, enter a blank return before right aligning with clear indication that the item continues (for example, similar to the Covered Items and Services Chart in Chapter 4 of the Participant Handbook, insert: **This section is continued on the next page**).
* Ensure plan-customized text is in plain language and complies with reading level requirements established in the three-way contract.
* Break up large blocks of plan-customized text into short paragraphs or bulleted lists and give a couple of plan-specific examples as applicable.
* Spell out an acronym or abbreviation before its first use in a document or on a page (for example, Long-term services and supports (LTSS) or low income subsidy (LIS)).
* Include the meaning of any plan-specific acronym, abbreviation, or key term with its first use.
* Avoid separating a heading or subheading from the text that follows when paginating the model.
  + Use universal symbols or commonly understood pictorials.
* Draft and format plan-customized text and terminology in translated models to be culturally and linguistically appropriate for non-English speakers.
* Consider using regionally appropriate terms or common dialects in translated models.
* Include instructions and navigational aids in translated models in the translated language rather than in English.
* Consider producing translated models in large print.]

**<Plan name> [insert plan type] offered by [insert sponsor name]**

***Annual Notice of Changes* for 2024**

[Optional: insert Participant name]

[Optional: insert Participant address]

Introduction

[If there are any changes to the plan for 2024, insert: You are currently enrolled as a Participant of <plan name>. Next year, there will be changes to the plan’s [insert as applicable: benefits, coverage, [and] rules]. This [insert as applicable: section **or** Annual Notice of Changes] tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the Participant Handbook, which is located on our website at [insert URL]. Key terms and their definitions appear in alphabetical order in the last chapter of the Participant Handbook.]

[If there are no changes whatsoever for 2024 (e.g. no changes to benefits, coverage, rules, networks), insert: You are currently enrolled as a Participant of <plan name>. Next year, there are no changes to the plan’s benefits, coverage, [and] rules. However, you should still read this [insert as applicable: section **or** Annual Notice of Changes] to learn about your coverage choices. To get more information about costs, benefits, or rules please review the Participant Handbook, which is located on our website at [insert URL]. Key terms and their definitions appear in alphabetical order in the last chapter of the Participant Handbook.]

[*Any plan that does not include a particular section (e.g., Section C, Section F) deletes the section, orders all remaining sections and subsections sequentially, and updates the Table of Contents accordingly.* The plan must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template.]

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# Disclaimers

* [The plan must include all applicable disclaimers as required in the State-specific Marketing Guidance.]
* The State of New York has created a Participant ombudsman program called the Independent Consumer Advocacy Network (ICAN) to provide Participants free, confidential assistance on any services offered by <plan name>. ICAN may be reached toll-free at 1-844-614-8800 (TTY users call 711, then follow the prompts to dial 844-614-8800) or online at [icannys.org](http://icannys.org/).
* [The plan may insert additional disclaimers or state-required statements, including state-required disclaimer language, here.]

# Reviewing your Medicare and Medicaid coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section G2 for more information.

If you leave our plan, you will still be in the Medicare and Medicaid programs as long as you are eligible.

* You will have a choice about how to get your Medicare benefits (refer to page <page number>).
* [The plan should include language that describes how Participants will get their Medicaid benefits, whether through Medicaid fee-for-service, or whether they will need to choose a Medicaid managed care plan.]

| B1. Additional resources  * ATTENTION: If you speak [insert language of the disclaimer], language assistance services, free of charge, are available to you. Call [insert Participant Services toll-free phone and TTY numbers and days and hours of operation]. The call is free. [This disclaimer must be included in all non-English languages that meet the Medicare and/or state thresholds for translation.] * You can get this document for free in other formats, such as large print, braille, or audio. Call [insert Participant Services toll-free phone and TTY numbers and days and hours of operation]. The call is free. * [The plan also must simply describe: * how it will request a Participant’s preferred language other than English and/or alternate format, * how it will keep the Participant’s information as a standing request for future mailings and communications so the Participant does not need to make a separate request each time, **and** * how a Participant can change a standing request for preferred language and/or format.]  B2. Information about <plan name>  * [Insert plan’s legal or marketing name] is a managed care plan that contracts with Medicare and the New York State Department of Health (Medicaid) to provide benefits to Participants through the Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities (FIDA-IDD) Demonstration. * Coverage under <plan name> is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement. * <Plan name> is offered by [insertsponsor name]. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means [insert sponsor name]. When it says “the plan” or “our plan,” it means <plan name>. |
| --- |
| B3. Important things to do:  * **Check if there are any changes to our benefits that may affect you.**    + Are there any changes that affect the services you use?   + It is important to review benefit changes to make sure they will work for you next year.   + Look in sections <section number> [plan may insert reference, as applicable] and <section number> [plan may insert reference, as applicable] for information about benefit changes for our plan. * **Check if there are any changes to our prescription drug coverage that may affect you.**    + Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?   + It is important to review the changes to make sure our drug coverage will work for you next year.   + Look in section <section number> [plan may insert reference, as applicable] for information about changes to our drug coverage. * **Check if your providers and pharmacies will be in our network next year.**    + Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?   + Look in section <section number> [plan may insert reference, as applicable] for information about our *Provider and Pharmacy Directory*. * **Think about whether you are happy with our plan.** |

| **If you decide to stay with <2024 plan name>:** | **If you decide to leave <2024 plan name>:** |
| --- | --- |
| If you want to stay with us next year, it’s easy – you don’t need to do anything. If you don’t make a change, you will automatically stay enrolled in our plan. | [The plan should revise this paragraph as necessary] If you decide other coverage will better meet your needs, you may be able to switch plans (refer to section G2 for more information). If you leave our plan, your new coverage will begin on the first day of the following month. Look in section <section number>, page <page number> [plan may insert additional reference, as applicable] to learn more about your choices. |

# Changes to the plan’s name

[A plan not changing the plan name may delete this section. A plan with an anticipated name change at a time other than January 1 may modify the date below as necessary.]

On January 1, 2024, our plan name will change from <2023 plan name> to <2024 plan name>.

[Insert language to inform Participants whether they will get new Participant ID Cards and how, as well as how the name change will affect any other Participant communication.]

# Changes to the network providers and pharmacies

[A plan with no changes to network providers and pharmacies inserts: We have not made any changes to our network of providers and pharmacies for next year.

However, it is important that you know that we may make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your Participant Handbook [plan may insert reference, as applicable].]

[A plan with changes to provider and/or pharmacy networks, as described in Chapter 4 of the Medicare Managed Care Manual, Chapter 5 of the Medicare Prescription Drug Benefit Manual, and the Provider and Pharmacy Directory Requirements in the State-specific Marketing Guidance, inserts: Our[insert if applicable: provider] [and] [insert if applicable: pharmacy] network[s] [insert as applicable: has **or** have] changed for 2024.

**Please review the 2024 Provider and Pharmacy Directory** to find out if your providers or pharmacy are in our network. An updated Provider and Pharmacy Directory is located on our website at <web address>. You may also call Participant Services at <phone number> for updated provider information or to ask us to mail you a Provider and Pharmacy Directory.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your Participant Handbook [plan may insert reference, as applicable].]

# Changes to benefits for next year

## E1. Changes to benefits for medical services

[If there are no changes in benefits, replace the rest of the section with: There are no changes to your benefits for medical services. Our benefits will be exactly the same in 2024 as they are in 2023.]

We are changing our coverage for certain medical services next year. The following table describes these changes.

[The table must include:

* all new benefits that will be added or 2023 benefits that will end for 2024; **and**
* new or changing limitations or restrictions, including prior authorizations (PA), on benefits for 2024.]

|  | **2023 (this year)** | **2024 (next year)** |
| --- | --- | --- |
| [**Insert benefit name**] | [For benefits that were not covered in 2023, insert:  [insert benefit name] is **not** covered.] | [For benefits that will not be covered in 2024, insert:  [insert benefit name] is **not** covered.] |
| [**Insert benefit name**] | [Insert 2023 coverage, using format described above.] | [Insert 2024 coverage, using format described above.] |

## E2. Changes to prescription drug coverage

**Changes to our Drug List**

[A plan that did not includea List of Covered Drugs in the envelope, inserts: You will get a 2024 List of Covered Drugs in a separate mailing.]

[A plan that did not includea List of Covered Drugs in the envelope and will not mail it separately unless requested, inserts: An updatedList of Covered Drugsis located on our website at <web address>. You may also call Participant Services at <phone number> for updated drug information or to ask us to mail you a List of Covered Drugs.]

[A plan that includeda List of Covered Drugs in the envelope, inserts: We sent you a copy of our 2024 List of Covered Drugs in this envelope.] The *List of Covered Drugs* is also called the “Drug List.”

[A plan with no changes to covered drugs, tier assignment, or restrictions may replace the rest of this section with: We have not made any changes to our Drug List for next year. However, we are allowed to make changes to the Drug List from time to time throughout the year, with approval from Medicare and/or the state. Refer to the 2024 Drug List for more information.]

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to find out if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

* Work with your doctor (or other prescriber) to find a different drug that we cover.
  + You can call Participant Services at <phone number> [insert if applicable: or contact your Care Manager] to ask for a list of covered drugs that treat the same condition.
  + This list can help your provider find a covered drug that might work for you.
* [The plan should include the following language if it has an advance transition process for current Participants:]Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
  + You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber’s supporting statement).
  + To learn what you must do to ask for an exception, refer to Chapter 9 of the *2024 Participant Handbook* [plan may insert reference, as applicable] or call Participant Services at <phone number>.
  + If you need help asking for an exception, you can contact Participant Services [insert if applicable: or your Care Manager]. Refer to Chapter 2 [plan may insert reference, as applicable] and Chapter 3 [plan may insert reference, as applicable] of the *Participant Handbook* to learn more about how to contact your Care Manager.
* [The plan should include the following language if all current Participants will not be transitioned in advance for the following year:]Ask the plan to cover a temporary supply of the drug.
  + In some situations, we will cover a **temporary** supply of the drug during the first [must be at least 90] days of the calendar year.
  + This temporary supply will be for up to [insert supply limit (must be the number of days in plan’s one-month supply)] days. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the *Participant Handbook* [plan may insert reference, as applicable].)
  + When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

[The plan may include additional information about processes for transitioning current Participants to formulary drugs when its formulary changes relative to the previous plan year.]

[Include language to explain whether current formulary exceptions will still be covered next year or a new one needs to be submitted.]

**Changes to prescription drug costs**

There are no changes to the amount you pay for prescription drugs in 2024. Read below for more information about your prescription drug coverage.

[Insert if applicable: We moved some of the drugs on the Drug List to a lower or higher drug tier. To find out if your drugs will be in a different tier, look them up in the Drug List.]

The following table shows your costs for drugs in each of our <number of tiers> drug tiers.

[The plan must list all drug tiers in the following table.]

|  | 2023 (this year) | **2024 (next year)** |
| --- | --- | --- |
| **Drugs in Tier <Tier number>**  ([Insert short description of tier (e.g., generic drugs)])  Cost for a one-month supply of a drug in Tier <Tier number> that is filled at a network pharmacy | [Insert 2023 cost sharing: Your copay for a one-month ([insert number of days in a one-month supply]-day) supply is **$0 per prescription**.] | [Insert 2024 cost sharing: Your copay for a one-month ([insert number of days in a one-month supply]-day) supply is **$0 per prescription**.] |
| **Drugs in Tier <Tier number>**  ([Insert short description of tier (e.g., generic drugs)])  Cost for a one-month supply of a drug in Tier <Tier number> that is filled at a network pharmacy | [Insert 2023 cost sharing: Your copay for a one-month ([insert number of days in a one-month supply]-day) supply is **$0 per prescription**.] | [Insert 2024 cost sharing: Your copay for a one-month ([insert number of days in a one-month supply]-day) supply is **$0 per prescription**.] |

# Administrative changes

[This section is optional. A plan with administrative changes that impact Participants (e.g., change in contract or PBP number) may insert this section, include an introductory sentence that explains the general nature of administrative changes, and describe the specific changes in the following table.]

|  | **2023 (this year)** | **2024 (next year)** |
| --- | --- | --- |
| [Insert a description of the administrative process/item that is changing] | [Insert 2023 administrative description] | [Insert 2024 administrative description] |
| [Insert a description of the administrative process/item that is changing] | [Insert 2023 administrative description] | [Insert 2024 administrative description] |

# How to choose a plan

## G1. How to stay in our plan

We hope to keep you as a Participant next year.

**You do not have to do anything to stay in your health plan.** If you do not sign up for a Medicare Advantage plan or change to Original Medicare, you will automatically stay enrolled as a Participant of our plan for 2024.

## G2. How to leave <plan name>

[A plan in states that continue to implement a continuous Special Enrollment Period for dual eligible Participants (duals SEP) inserts: You can end your participation at any time during the year. You will return to getting your Medicare and Medicaid services separately as described below.]

[A plan in states that implement the dual-eligible individual and other LIS-eligible individual quarterly SEP effective 2019, inserts:Most people with Medicare can end their membership during certain times of the year. Because you have Medicaid, you may be able to end your participation 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 participation 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 participation 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. For example, when:

* Your eligibility for Medicaid or Extra Help has changed,
* You recently moved into, currently are getting care in, or just moved out of a nursing home or a long-term care hospital, **or**
* You have moved out of our service area.]

You have three options for getting your Medicare services. By enrolling in one of these options, you will automatically end your participation in <plan name>.

|  |  |
| --- | --- |
| **1. You can change to:**  **A Medicare health plan, such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly (PACE)** | **Here is what to do:**  Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.  If you need help or more information:   * Call the Health Insurance Information, Counseling and Assistance Program (HIICAP) at 1-800-701-0501. [TTY phone number is optional.]   You will automatically be disenrolled from <plan name> when your new plan’s coverage begins. |
| **2. You can change to:**  **Original Medicare with a separate Medicare prescription drug plan** | **Here is what to do:**  Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.  If you need help or more information:   * Call the Health Insurance Information, Counseling and Assistance Program (HIICAP) at 1-800-701-0501. [TTY phone number is optional.]   You will automatically be disenrolled from <plan name> when your Original Medicare coverage begins. |
| **3. You can change to:**  **Original Medicare without a separate Medicare prescription drug plan**  **NOTE:** If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don’t want to join.  You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the Health Insurance Information, Counseling and Assistance Program (HIICAP) at 1-800-701-0501. | **Here is what to do:**  Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.  If you need help or more information:   * Call the Health Insurance Information, Counseling and Assistance Program (HIICAP) at 1-800-701-0501. [TTY phone number is optional.]   You will automatically be disenrolled from <plan name> when your Original Medicare coverage begins. |

If you leave <plan name>, you will still be able to get your Medicaid services.

* You will get your long-term services and supports and your Medicaid physical and behavioral health services through Medicaid Fee-for-Service.
* You can use any provider that accepts Medicaid.

# How to get help

## H1. Getting help from <plan name>

Questions? We’re here to help. Please call Participant Services at <phone number> (TTY only, call <TTY number>). We are available for phone calls <days and hours of operation>.

**Your *2024 Participant Handbook***

The *2024* *Participant Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The 2024 Participant Handbook will be available by October 15. [*Insert if applicable*: You can review the <attached ***or*** enclosed ***or*** separately mailed> *Participant* *Handbook* to find out if other benefit [*insert if applicable*: or cost] changes affect you.] An up-to-date copy of the *2024 Participant Handbook* is available on our website at <web address>. You may also call Participant Services at <phone number> to ask us to mail you a *2024* *Participant Handbook*.

**Our website**

You can also visit our website at <web address>. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

## H2. Getting help from New York Medicaid Choice

New York Medicaid Choice is New York State's managed care enrollment broker. New York Medicaid Choice counselors can tell you about your other options. You can call New York Medicaid Choice at 1-844-FIDA IDD or 1-844-343-2433, Monday through Friday from 8:30 am to 8:00 pm and Saturday from 10:00 am to 6:00 pm. TTY users should call 1-888-329-1541.

## H3. Getting help from the Independent Consumer Advocacy Network (ICAN)

ICAN is an ombudsman program that can help you if you are having a problem with <plan name>. ICAN’s services are free.

* ICAN is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
* ICAN makes sure you have information related to your rights and protections and how you can get your concerns resolved.
* ICAN is not connected with us or with any insurance company or health plan. ICAN may be reached toll-free at 1-844-614-8800 or online at [icannys.org](http://icannys.org/). (TTY users call 711, then follow the prompts to dial 844-614-8800.)

## H4. Getting help from the State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Assistance Program (SHIP). In New York State, the SHIP is called the Health Insurance Information, Counseling, and Assistance Program (HIICAP). HIICAP counselors can help you understand your choices and answer questions about switching plans. HIICAP is not connected with us or with any insurance company or health plan. HIICAP’s phone number is 1-800-701-0501. [TTY phone number is optional.]

## H5. Getting help from Medicare

To get information directly from Medicare, you can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**Medicare’s Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, refer to [www.medicare.gov](http://www.medicare.gov) and click on “Find plans.”)

***Medicare & You 2024***

You can read the *Medicare & You 2024* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don’t have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1‑800‑MEDICARE (1‑800‑633‑4227), 24 hours a day, 7 days a week. TTY users should call 1‑877‑486‑2048.

## H6. Getting help from Medicaid

To get information directly from Medicaid, call the Medicaid Helpline at 1-800-541-2831 (TTY: 1‑877-898-5849). The Medicaid Helpline is available Monday through Friday from 8:00 am to 8:00 pm and Saturday from 9:00 am to 1:00 pm.

[The plan may also insert similar sections for the QIO or additional resources that might be available.]