<Plan name> *Participant Handbook*

* [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 User’s Guide in HPMS. Note thatthe 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 may add a front cover to the Participant Handbook that contains information such as the plan name, Participant Handbook title, and contact information for Participant Services. The plan may add a logo and/or photographs to the front cover as long as these elements do not make it difficult for Participants to read other information on the cover. If the plan adds a front cover, it must contain the Material ID.]
* [Where the template uses “medical care,” “medical services,” or “health care services” to explain services provided, plan may revise and/or add references to long-term services and supports and/or home and community-based services as applicable.]
* [Where the template instructs inclusion of a phone number, the FIDA-IDD Plan must ensure it is a toll-free number and include a toll-free TTY number, and days and hours of operation.]
* [The plan should refer Participants to other parts of the 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 throughout the handbook.]
* [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.]

**<start date> – <end date>**

**Your Health and Drug Coverage under <plan name>**

[Plan: Revise this language to reflect that the organization is providing both Medicaid and Medicare covered benefits, when applicable.]

[Optional: Insert Participant name.]

[Optional: Insert Participant address.]

Participant Handbook Introduction

This handbook tells you about your coverage under <plan name> (Medicare-Medicaid Plan) from the date you are enrolled with <plan name> through <end date>. It explains how <plan name> covers Medicare and Medicaid services, including prescription drug coverage, at no cost to you. It explains the health care services, developmental disability services, behavioral health services, prescription drugs, and long-term services and supports (LTSS) that <plan name> covers.

LTSS include long-term facility-based care and long-term community-based services and supports. Long-term community-based services and supports provide the care you need at home and in your community and can help reduce your chances of going to a nursing facility or hospital. Key terms and their definitions appear in alphabetical order in the last chapter of the *Participant Handbook*.

**This is an important legal document. Please keep it in a safe place.**

<Plan name> is a Fully Integrated Duals Advantage for Individuals With Intellectual and Developmental Disabilities (FIDA-IDD) Plan that is offered by [insert sponsor name]. When this *Participant Handbook* says “we,” “us,” or “our,” it means [insert sponsor name]. When it says “the plan” or “our plan,” it means <plan name>*.*

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.*]

[The plan must include an overall Table of Contents for the Participant Handbook after the Participant Handbook Introduction and before the Participant Handbook Disclaimers.]

Disclaimers

* [The plan must include all applicable disclaimers as required in the State-specific Marketing Guidance.]
* [The plan may insert additional disclaimers or state-required statements, including state-required disclaimer language, here.]
* 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.
* 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/).

Chapter 1: Getting started as a Participant

Introduction

This chapter includes information about <plan name>, a health plan that covers all your Medicare and Medicaid services, and your participation in it. It also tells you what to expect and what other information you will get from <plan name>. Key terms and their definitions appear in alphabetical order in the last chapter of the *Participant Handbook*.

[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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# Welcome to <plan name>

<Plan name> is a Fully Integrated Duals Advantage for individuals with Intellectual and Developmental Disabilities (FIDA-IDD) Plan. A FIDA-IDD Plan is an organization made up of doctors, hospitals, pharmacies, developmental disability providers, providers of long-term services and supports (LTSS), and other providers. It also has Care Managers and Interdisciplinary Teams (IDTs) to help you manage all your providers and services. They all work together to provide the care you need.

<Plan name> was approved by New York State and the Centers for Medicare & Medicaid Services (CMS) to provide you services as part of the FIDA-IDD Demonstration.

FIDA-IDD is a demonstration program jointly run by New York State and the federal government to provide better health care for individuals with intellectual and developmental disabilities and who have both Medicare and Medicaid. Under this demonstration, the state and federal government want to test new ways to improve how you get your Medicare and Medicaid health care services.

[Plan can include language about itself.]

# Information about Medicare and Medicaid

## B1. Medicare

Medicare is the federal health insurance program for:

* people 65 years of age or older,
* some people under age 65 with certain disabilities, **and**
* people with end-stage renal disease (kidney failure).

## B2. Medicaid

Medicaid is a program run by the federal government and New York State that helps people with limited incomes and resources pay for LTSS and medical costs. It covers extra services and drugs not covered by Medicare. In New York, Medicaid is called New York Medicaid.

Each state decides:

* what counts as income and resources,
* who qualifies,
* what services are covered, **and**
* the cost for services.

States can decide how to run their programs, as long as they follow the federal rules. Specialized developmental disability services are available to individuals who are deemed eligible for services authorized by the Office for People With Developmental Disabilities (OPWDD).

[Plan may add language indicating that Medicaid approves its plan each year, if applicable.] Medicare and New York State must approve <plan name> each year. You can get Medicare and Medicaid services through our plan as long as:

* you are eligible to participate in the FIDA-IDD Demonstration,
* we choose to offer the FIDA-IDD Plan, **and**
* Medicare and New York State approve <plan name> to participate in the FIDA-IDD Demonstration.

If at any time our plan stops operating, your eligibility for Medicare and Medicaid services will not be affected.

# Advantages of this FIDA-IDD Plan

In the FIDA-IDD Demonstration, you will get all your covered Medicare and Medicaid services from <plan name>, including LTSS and prescription drugs. **You do not pay anything to join or get services from this plan**. However, if you have Medicaid with a “spend-down” or “excess income,” you will have to continue to pay your spend-down to the FIDA-IDD Plan.

<Plan name> will help make your Medicare and Medicaid benefits work better together and work better for you. Here are some of the advantages of having <plan name>:

* You will be able to work with **one** health plan for **all** of your health insurance needs.
* You will have an IDT that you help put together.
  + An IDT is a group of people that will get to know your needs and work with you to develop and carry out a Life Plan specific to your needs.
  + Your IDT will include your Care Manager, your primary provider(s) of developmental disability services, and other health professionals who are there to help you get the care you need.
* You will have a Care Manager. This person works with you, with <plan name>, and with your care providers to make sure you get the care you need.
* You will be able to direct your own care with help from your IDT and your Care Manager.
* The IDT and Care Manager will work with you to come up with a Life Plan specifically designed to meet your needs. The IDT will be in charge of coordinating the services you need. This means, for example:
  + Your IDT will assist you to get the community-based services you need to live in the community.
  + Your IDT will make sure your doctors know about all medicines you take so they can reduce side effects.
  + Your IDT will make sure your test results are shared with all your doctors and other providers.
  + Your IDT will help you schedule and get appointments with doctors and other providers.

# <Plan name>’s service area

[Insert plan service area here or within an appendix. Include a map if one is available.

Use county name only if approved for entire county, for example: Our service area includes these counties in <State>: <counties>.

For an approved partial county, use county name plus approved ZIP code(s), for example: Our service area includes parts of <county> County with the following ZIP code(s): <ZIP code(s)>.

If needed, the plan may insert a table with more than one row or a short, bulleted list to describe and illustrate their service area in a way that is easy to understand.]

Only people who live in our service area can join <plan name>.

**If you move outside of our service area**, you cannot stay in this plan. Refer to Chapter 8 [the plan may insert reference, as applicable] for more information about the effects of moving out of our service area.

# What makes you eligible to be a plan Participant

You are eligible for our plan as long as:

* you live in our service area (incarcerated individuals are not considered living in the geographic service area even if they are physically located in it);
* you are entitled to Medicare Part A, enrolled in Medicare Part B, and eligible for Medicare Part D;
* you are eligible for Medicaid;
* you are a United States citizen or are lawfully present in the United States;
* you are age 21 or older at the time of enrollment;
* you are eligible for OPWDD services in accordance with New York State Mental Hygiene Law 1.03(22);
* you have been determined to be eligible for Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) level of care;
* if you are getting waiver services as an alternative to ICF-IID placement, you are enrolled in the OPWDD Comprehensive Waiver; **and**
* you are not excluded from enrollment based on one of the exclusions listed below.

You will be excluded from joining our plan if:

* you are a resident of a New York State (NYS) Office of Mental Health (OMH) facility;
* you are a resident of a Skilled Nursing Facility (SNF)/Nursing Facility (NF). Upon leaving the SNF/NF, an individual with I/DD is then eligible for the FIDA-IDD Demonstration or Medicaid Fee-for-Service. A FIDA-IDD Participant who after enrolling in the FIDA-IDD Demonstration subsequently requires placement in a SNF/NF will remain in the FIDA-IDD Demonstration.
* you are a resident of a Developmental Center. Upon leaving the Developmental Center an individual with I/DD is then eligible for the FIDA-IDD Demonstration or Medicaid Fee-for-Service. A FIDA-IDD Participant, who after enrolling in the FIDA-IDD Demonstration subsequently remains continuously in a Developmental Center for more than 90 days, will be disenrolled effective the first of the next month.
* you are under the age of 21;
* you are a resident of a psychiatric facility;
* you are expected to be Medicaid eligible for less than six months;
* you are eligible for Medicaid benefits only with respect to tuberculosis-related services;
* you are an individual with a "county of fiscal responsibility" code 99 (individuals eligible only for breast and cervical cancer services);
* you are getting hospice services (at time of enrollment);
* you are an individual with a "county of fiscal responsibility" code of 97 (individuals residing in an NYS OMH facility);
* you are eligible for the family planning expansion program;
* you are under 65 years of age (screened and require treatment) in the Centers for Disease Control and Prevention breast and/or cervical cancer early detection program, need treatment for breast or cervical cancer, and are not otherwise covered under creditable health coverage;
* you are a resident of an alcohol/substance abuse long-term residential treatment program;
* you are eligible for Emergency Medicaid only;
* you are enrolled in a Section 1915(c) waiver other than the OPWDD Comprehensive Waiver. Individuals enrolled in the following Section 1915(c) waivers programs are not eligible to participate in the FIDA-IDD Demonstration:
  + Traumatic Brain Injury (TBI)
  + Nursing Home Transition and Diversion (NHTD) Waiver
  + Long-Term Home Health Care Waiver
* you are a resident of an Assisted Living Program (ALP); **or**
* you are in the Foster Family Care Demonstration.

# What to expect when you first join the FIDA-IDD Plan

When you first join the plan, you will get a comprehensive assessment of your needs within the first 30 days. The assessment will be conducted by your Care Manager from <plan name>.

You can keep using the doctors you use now and getting your current services for a certain amount of time. This is called the “transition period.” In most cases, the transition period will last for 90 days or until your Life Plan is finalized and implemented, whichever is later. However, you may choose to begin getting services according to your approved Life Plan prior to 90 days.

Unless <plan name> or your IDT decides otherwise, after the transition period, you will need to use doctors and other providers in the <plan name> network. A network provider is a provider who works with <plan name>. Refer to Chapter 3 [plan may insert reference, as applicable] for more information on getting care.

There are two exceptions to the transition period described above:

* If you are getting services from a behavioral health provider at the time of your enrollment, you may continue to get services from that provider until treatment is complete, but not for more than two years. This is the case even if the provider does not participate in <plan name>’s network.
* If you reside in an OPWDD certified residence, you can continue to get residential services from your current provider as long as your Life Plan continues to describe the need for the service.

# Your Life Plan

After <plan name>’s Care Manager conducts the comprehensive assessment, you will meet with the members of your IDT to talk about your needs and develop your Life Plan. Your Life Plan is the plan for what health services, LTSS, prescription drugs and social needs you will get and how you will get them.

You will have a comprehensive re-assessment when necessary, but at least once annually after the initial assessment completion date. Within 30 calendar days of the comprehensive re-assessment, your IDT will work with you to update your Life Plan. At any time during the year, you may ask for a new assessment or an update to your Life Plan by calling your Care Manager.

# <Plan name> monthly plan premium

There is no monthly plan premium and there are no other costs for participating in <plan name>. However, if you have Medicaid with a “spend-down” or “excess income,” you will have to continue to pay your spend-down to the FIDA-IDD Plan.

# The *Participant Handbook*

This *Participant Handbook* is part of our contract with you. This means that we must follow all of the rules in this document. If you think we have done something that goes against these rules, you may be able to appeal, or challenge, our action. For information about how to appeal, refer to Chapter 9 [plan may insert reference, as applicable], call 1-800-MEDICARE (1-800-633-4227), or call the Independent Consumer Advocacy Network at 1-844-614-8800 (TTY users call 711). You may also complain about the quality of the services we provide by calling Participant Services at <phone number>.

You can ask for a *Participant Handbook* by calling Participant Services at <phone number>. You can also refer to the *Participant Handbook* at <web address> or download it from this website.

The contract is in effect for the months you are enrolled in <plan name> between <start date> and <end date>.

# Other important information you will get from us

You should have already gotten a <plan name> Participant ID Card, instructions on how to access the *Provider and Pharmacy Directory* online or have a copy mailed to you, [if the plan limits DME brands and manufacturers, insert: a List of Durable Medical Equipment,] and [insert if applicable: information about how to access] a *List of Covered Drugs* (Drug List).

## J1. Your <plan name> Participant ID Card

Under our plan, you will have one card for your Medicare and Medicaid services, including LTSS and prescriptions. You must show this card when you get any services or prescriptions. Here is a sample card to show you what yours will look like:

[Insert picture of front and back of Participant ID Card. Mark it as a sample card (for example, by superimposing the word “sample” on the image of the card).]

If your card is damaged, lost or stolen, call Participant Services right away and we will send you a new card.

As long as you are a Participant of our plan, you do not need to use your red, white, and blue Medicare card or your Medicaid card to get services. Keep those cards in a safe place, in case you need them later. If you show your Medicare card instead of your <plan name> Participant ID Card, the provider may bill Medicare instead of our plan, and you may get a bill. Refer to Chapter 7 [plan may insert reference, as applicable] to find out what to do if you get a bill from a provider.

## J2. *Provider and Pharmacy Directory*

The *Provider and Pharmacy Directory* is a list of the providers and pharmacies in the <plan name> network. While you are a Participant of our plan, you must use network providers to get covered services. There are some exceptions when you first join our plan (refer to page <page number>).

There are also some exceptions if you cannot find a provider in our plan who can meet your needs. You will need to discuss this with your IDT.

* You can call Participant Services and ask them to mail you a copy of the *Provider and Pharmacy Directory* (electronically or in hard copy form). Requests for hard copy Provider and Pharmacy Directories will be mailed to you within three business days.
* You can also refer to the *Provider and Pharmacy Directory* at <web address> or download it from this website.

Both Participant Services and the website can give you the most up-to-date information about changes in our network providers.

**Definition of network providers**

* [The Plan should modify this paragraph to include all services covered by the state, including LTSS.] <Plan’ name>’s network providers are:
  + specialized developmental disability service providers;
  + doctors, nurses, health care professionals, and other providers that you can use as a Participant of our plan;
  + clinics, hospitals, nursing facilities, and other places that provide health services in our plan; **and**
  + home health agencies, durable medical equipment suppliers, and others who provide goods and services that you get through Medicare or Medicaid.

Network providers have agreed to accept payment from our plan for covered services as payment in full. By using these providers, you will not have to pay anything for covered services.

**Definition of network pharmacies**

* Network pharmacies are pharmacies (drug stores) that have agreed to fill prescriptions for our plan Participants. Use the *Provider and Pharmacy Directory* to find the network pharmacy you want to use.
* Except during an emergency, you must fill your prescriptions at one of our network pharmacies if you want our plan to pay for them. There are no costs to you when you get prescriptions from network pharmacies.

Call Participant Services at <phone number> for more information. Both Participant Services and <plan name>’s website can give you the most up-to-date information about changes in our network pharmacies and providers.

[If the plan limits DME brands and manufacturers insert the following section (for more information about this requirement, refer to the Medicare Managed Care Manual, Chapter 4, Section 10.12.1 et seq.):

List of Durable Medical Equipment (DME)

With this Participant Handbook, we sent you <plan name>’s List of Durable Medical Equipment. This list tells you the brands and makers of DME that we cover. The most recent list of brands, makers, and suppliers is also available on our website at <website address>. Refer to Chapter 4, [the plan may insert reference, as applicable] to learn more about DME equipment.]

## J3. *List of Covered Drugs*

The plan has a *List of Covered Drugs*. We call it the “Drug List” for short. It tells which prescription drugs are covered by <plan name>.

The Drug List also tells you if there are any rules or restrictions on any drugs, such as a limit on the amount you can get. Refer to Chapter 5 [plan may insert reference, as applicable] for more information on these rules and restrictions.

Each year, we will send you [insert if applicable: information about how to access] the Drug List, but some changes may occur during the year. To get the most up-to-date information about which drugs are covered, visit <web address> or call <phone number>.

## J4. The *Explanation of Benefits*

When you use your Part D prescription drug benefits, we will send you a summary to help you understand and keep track of payments for your Part D prescription drugs. This summary is called the *Explanation of Benefits* (or EOB).

The EOB tells you the total amount we have paid for each of your Part D prescription drugs during the month. The EOB has more information about the drugs you take [*insert, as applicable:* such as increases in price and other drugs with lower cost sharing that may be available. You can talk to your prescriber about these lower cost options]. Chapter 6 [*the plan may insert reference, as applicable*]gives more information about theEOB and how it can help you keep track of your drug coverage.

An EOB is also available when you ask for one. To get a copy, contact Participant Services.

[The plan may insert other methods that Participants can get their EOB.]

# How to keep your Participant record up to date

[In the heading and this section, the plan should substitute the name used for this file if it is different from “Participant record.”]

You can keep your Participant record up to date by letting us know when your information changes.

The plan’s network providers and pharmacies need to have the right information about you. **They use your Participant record to know what services and drugs you get.** Because of this, it is very important that you help us keep your information up-to-date.

Let us know the following:

* changes to your name, your address, or your phone number
* changes in any other health insurance coverage, such as from your employer, your spouse’s employer or your domestic partner’s employer, or workers’ compensation
* any liability claims, such as claims from an automobile accident
* admissions to a nursing facility or hospital
* care in an out-of-area or out-of-network hospital or emergency room
* changes in who your caregiver (or anyone responsible for you) is
* you are part of or become part of a clinical research study (NOTE: You are not required to tell your plan about the clinical research studies you intend to participate in but we encourage you to do so).

If any information changes, please let us know by calling Participant Services at <phone number>.

[If the Plan allows Participants to update this information online, it may describe that option here.]

## K1. Privacy of personal health information (PHI)

The information in your Participant record may include PHI. Laws require that we keep your PHI private. We make sure that your PHI is protected. For more information about how we protect your personal PHI, refer to Chapter 8 [plan may insert reference, as applicable].