*(Dual Benefits Member New Member Letter Template)*

<Date>

<Name>

<Address>

<City>, <State> <ZIP>

**Member ID: <Member #>**

**Rx ID: <RxID>**

**Rx GRP: <RxGRP>**

**Rx BIN: <RxBIN>**

**Rx PCN: <RxPCN>**

**Important Information about Your New MyCare Ohio Managed Care Plan**

**Keep This Notice for Your Records**

<Name>:

**You have new health coverage through <plan name>.**

Congratulations! Medicare and Medicaid have approved your application to get health and

prescription drug coverage through <plan name> (Medicare-Medicaid Plan). <Plan name> is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. Your new coverage begins on <**effective date**>. You’ll get a <plan name> Member Identification (ID) Card in the mail. If you haven’t gotten your Member ID Card by your effective date, you can show this letter to your doctors or pharmacy when getting services.

**What do I need to know about my new plan?**

<Plan name> will pay for medically necessary health care and prescription drug services from <plan name> providers. **Except as indicated below**, starting <**effective date**>, you must see a <plan name> provider for all your health services. You must also use a <plan name> pharmacy to get your medications. This means:

* If you need to see a provider who isn’t in <plan name>’s network, you must have “prior authorization” if you want <plan name > to cover the services. “Prior authorization” means that <plan name> gives you permission to see a provider who isn’t in <plan name>’s network.
* You don’t need prior authorization for certain out-of-network providers until after your “transition period.” Please see the attached *Transition of Care Time Period* chart for more information.
* Emergency care, urgent care, federally qualified health centers, rural health clinics, qualified family planning providers, [*plans insert any other applicable providers for example if not in network*: [and] certified nurse midwives [and] certified nurse practitioners] are covered even if you see an out-of-network provider. You can read your *Member Handbook* or contact Member Services at <phone and TTY/TDD numbers>, <days and hours of operation> for more information.
* **You** will be asked to choose a primary care provider (PCP). Your PCP will be available to treat you for most of your health care needs. Your PCP must be part of <plan name>’s provider network.
* You will also have access to at least one [*must be at least 30*]-day supply of prescription drugs you currently take during your first [*must be at least 90*]days in <plan name> 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.

**How much do I have to pay for health services?**

You don’t have to pay a deductible or coinsurance amount when getting health services through <plan name>. [*Insert if applicable*: You will have to pay a copay when you have a prescription filled.]

[*Insert if applicable*: **How much do 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’s 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.]

**What do I need as a new member?**

As a new member you will get the following information from <plan name>:

* Before or shortly after your enrollment effective date, you will get a Member ID card that lists the name and telephone number of your primary care provider (PCP). If you don’t want the PCP listed on your Member ID Card, you can contact Member Services and ask to change your PCP. **You will need to show your <plan name> Member ID Card to get health care services.**
* [*Insert as applicable*: Enclosed is *or* We have sent] a *Member Handbook* [*for members enrolled in a MyCare Ohio Waiver insert*: and a Home and Community-Based Services *Waiver Member Handbook*]. It is very important that you read your *Member Handbook*, as it gives you a lot of information you need to know as a <plan name> member. [*For* *members enrolled in MyCare Ohio Waiver insert*: Your *Waiver Member Handbook* gives information specific to your waiver services.]
* A *Provider and Pharmacy Directory* that lists the names of the providers and pharmacies that are part of <plan name>’s network. [*For plans that send a printed Provider and Pharmacy Directory to all new members, insert as applicable*: Enclosed is *or* We have sent <plan name>’s *Provider and Pharmacy Directory*]. [*For plans that do not send a printed Provider and Pharmacy Directory to all new members insert*: If you asked for a printed *Provider and Pharmacy Directory* when you called the Medicaid Hotline to select a My Care Ohio managed care plan, [*insert as applicable*: enclosed is *or* we have sent] the directory. If you did not contact the Medicaid Hotline to select a plan and you want a printed *Provider and Pharmacy Directory*, you can call Member Services at <phone and TTY/TDD numbers>, <days and hours of operation>.] [*Plans may insert any additional ways members can request a printed Provider and Pharmacy Directory – for example return enclosed post card, through on-line website, etc.*] Members can always view up-to-date provider and pharmacy network information on our website at <website address> or call Member Services at <phone and TTY/TDD numbers>, <days and hours of operation> for assistance.
* [*Insert as applicable*: Enclosed is *or* We have sent] a List of Covered Drugs (Formulary). 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. Each year, we will send you a copy of 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 <toll-free phone and TTY/TDD numbers>, <days and hours of operation>.
* [*Insert this section if plan limits DME* *brands and manufacturers*] [*Insert as applicable*: Enclosed is *or* We have sent] a list of durable medical equipment. The list tells you the brands and makers of durable medical equipment that we cover. The most recent list of brands, makers, and suppliers is also available on our website at <website address>.

If you do not get the above information or do not understand the information, please contact <plan name>’s <Member Services> at <toll-free phone and TTY/TDD numbers>, <days and hours of operation> for help.

**What if I need help getting to my providers?**

[*Plans that* ***provide transportation*** *as an additional benefit, insert the following paragraph:* If you **must** travel 30 miles or more from your home to get covered health care services, <plan name> will provide transportation. In addition we also provide [*insert a brief explanation of additional transportation provided*] as explained in your *Member Handbook*.Whenyou are a member you can call <toll-free phone and TTY/TDD numbers>, <days and hours of operation> [*include any advance notification requirements*] to schedule transportation.]

[*Plans that* ***do not provide transportation*** *as an additional benefit, insert the following paragraph:* If you **must** travel 30 miles or more from your home to get covered health care services, <plan name> will provide transportation. Whenyou are a member you can call <phone and TTY/TDD numbers>, <days and hours of operation> [*include any advance notification requirements*] to schedule a ride to and from your provider’s office.]

Because you are eligible for Medicaid, you can also contact your County Department of Job and Family Services and ask for transportation assistance through the Non-Emergency Transportation (NET) program.

**What makes you eligible to be a plan member?**

To be a MyCare Ohio managed care plan member you must:

* live in our service area; and
* have Medicare Parts A, B and D; and
* have full Medicaid benefits; and
* be 18 years of age or older at time of enrollment.

You should not be enrolled in a MyCare Ohio managed care plan if you:

* have other third party creditable health care coverage except for Medicare; or
* have intellectual or other developmental disabilities and get services through a waiver or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF- IID); or
* are enrolled in PACE (Program of All-Inclusive Care for the Elderly).

Additionally, you have the choice to disenroll from a MyCare Ohio managed care plan if you are a member of a federally recognized Indian tribe.

**Can I select a new plan or change my membership in <plan name>?**

**Yes.** You may choose a new MyCare Ohio plan at any time by calling the Ohio Medicaid Consumer Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call Ohio Relay Service at 7-1-1.

* If you don’t want to get your Medicare benefits, including Part D prescription drugs, through a MyCare Ohio plan, your Medicare coverage with <plan name> will end the last day of the month after you tell us you want to make the change. If you end your Medicare services in <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. If you have questions about Medicare plans in your area, call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week or visit the Medicare home page at http://www.medicare.gov. Call 1-877-486-2048 if you use TTY.
* You must get your Medicaid benefits from a MyCare Ohio managed care plan. Even if you don’t want to get your Medicare benefits through a MyCare Ohio plan, you must still get your Medicaid benefits from <plan name> or another MyCare Ohio managed care plan.

**What if I have questions?**

* For questions about **<plan name> or this notice**, call Member Services at <toll-free phone and TTY/TDD numbers>, <days and hours of operation> or visit <web address>.
* For questions about **Medicare**, call 1-800-MEDICARE (1-800-633-4227) (TTY: 1-877-486-2048), 24 hours a day, 7 days a week, or visit the Medicare home page at http://www.medicare.gov.
* For questions about **the MyCare Ohio program**, call the Ohio Medicaid Consumer Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. Call Ohio Relay at 7-1-1 if you use TTY or visit www.ohiomh.com.
* For questions or concerns about **any aspect of care available through the MyCareOhio program**, call the Office of the State Long-Term Care Ombudsman (1-800-282-1206) (TTY Ohio Relay Service: 1-800-750-0750), Monday through Friday from 8:00 am to 5:00 pm or email MyCareOmbudsman@age.ohio.gov. The Office of the State Long-Term Care Ombudsman is a consumer advocacy program.

If you have a problem reading or understanding this information, please contact <plan name> <Member Services> for help, at no cost to you. We can explain this information in English or in your primary language. We may have this information printed in some other languages. If you are visually or hearing-impaired, special help can be provided.

<Plan’s legal or marketing name> is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

[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 get this document for free in other formats, such as large print, braille, or audio. Call <toll-free phone and TTY/TDD numbers>. The call is free.

***(Dual Benefits New Member Letter - This information must be on a separate page.*)**

**Very Important Information**

For a specified time period after enrolling in the MyCare Ohio program to get both your Medicare and Medicaid benefits, you are allowed to get services from certain out-of-network providers and/or finish getting services that were authorized by Ohio Medicaid. This is called your transition of care time period.

**Please note, the transition periods below start on the first day you are effective with any MyCare Ohio managed care plan to get both your Medicare and Medicaid benefits. If you change your MyCare Ohio managed care plan, your transition period for coverage of a non-network provider does not start over.**

If you were getting the following Medicare or Medicaid services at the time of your enrollment in a MyCare Ohio managed care plan, it is important that you call Member Services **immediately** (today or as soon as possible) to prevent any access or billing issues.

[*Insert the applicable chart below depending on whether or not the member is enrolled in the MyCare Ohio waiver.*]

[*Chart for dual benefits non-waiver members:*]

**Transition of Care Time Period**

For members getting both Medicare and Medicaid benefits   
through their MyCare Ohio managed care plan

| Service | Services you were getting from a non-network provider at the time of your enrollment in the MyCare Ohio program will be covered from the first date of enrollment for: |
| --- | --- |
| * Physician * Community Mental Health * Addiction Treatment Centers | 365 days except if you are identified for high risk care management then your physician must be covered for 90 days. |
| Dialysis Treatment | 90 days (or more if authorized by plan). |
| * Ohio Medicaid Prior authorized Durable   Medical Equipment, Vision and Dental   * Scheduled Surgery * Chemotherapy/Radiation * Organ/Bone Marrow/Hematopoietic Stem Cell Transplant | Until you get the planned or authorized services. |
| Medicaid Home Health and Private Duty Nursing | 90 days. |
| Assisted Living or Medicaid Nursing Facility | Unlimited period if lived in the facility on the day you enrolled in the MyCare Ohio program and the service continues to be medically necessary. |

[*Chart for dual benefits waiver members:*]

**Transition of Care Time Period**

For members getting both Medicare and Medicaid benefits   
through their MyCare Ohio managed care plan

| Service | Services you were getting from a non-network provider at the time of your enrollment in the MyCare Ohio program will be covered from the first date of enrollment for: |
| --- | --- |
| * Physician * Community Mental Health * Addiction Treatment Centers | 365 days except if you are identified for high risk care management then your physician must be covered for 90 days. |
| Dialysis Treatment | 90 days (or more if authorized by plan). |
| * Ohio Medicaid Prior authorized Durable Medical Equipment, Vision and Dental * Scheduled Surgery * Chemotherapy/Radiation * Organ/Bone Marrow/Hematopoietic Stem Cell Transplant | Until you get the planned or authorized services. |
| Medicaid Home Health and Private Duty Nursing | 365 days unless a change is required due to a health or other life event that changes your needs. |
| Waiver Services – Direct Care including:   * Personal Care * Waiver Nursing * Home Care Attendant * Choice Home Care Attendant * Out of Home Respite * Enhanced Community Living * Adult Day Health * Social Work Counseling * Independent Living Assistance | 365 days unless a change is required due to a health or other life event that changes your needs. |
| All other waiver services | 90 days and only after an in-home assessment is completed to transition your services to a new provider. (The services amount is maintained for 365 days.) |

[*Insert as last paragraph of letter if plan requires PA for any medications:*] <Plan name> will tell you if any of your current medications require prior authorization the first time you fill the medication. If your medication(s) requires prior authorization, you cannot get the medication(s) until your provider submits a request to <plan name> and it is approved.