**Instructions to the Health Plan**

* [The plan may include the ANOC in the 2019 Participant Handbook (Evidence of Coverage) or provide it to Participants separately.]
* [Before use and under the appropriate, State-specific material code(s), 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 is subject to the notice requirements under Section 1557 of the Affordable Care Act. For more information, refer to* [*https://www.hhs.gov/civil-rights/for-individuals/section-1557*](https://www.hhs.gov/civil-rights/for-individuals/section-1557).]
* [The plan should follow the instructions in the Medicare Marketing Guidelines and the State’s 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 2019 Participant Handbook using the appropriate chapter number, section, and/or page number. For example, "see 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/TDD 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 an item or text continues on to the following page, enter a blank return before right aligning with clear indication that the item continues (for example, similar to the Benefits 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 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 dialect 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 2019**

[Optional: insert beneficiary name]  
[Optional: insert beneficiary address]

**Introduction**

[If there are any changes to the plan for 2019, insert: You are currently enrolled as a Participant of <plan name>. Next year, there will be some 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. Key terms and their definitions appear in alphabetical order in the last chapter of the *Participant Handbook*.]

[If there are no changes whatsoever for 2019 (e.g., no changes to benefits, coverage, rules, networks, etc.), 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. 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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A. Disclaimers

* [*The plan must include all applicable disclaimers as required in the Medicare Communications and Marketing Guidelines and 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](file:///C:/Users/573139/AppData/Local/Microsoft/Windows/Temporary%20Internet%20Files/Content.Outlook/KWVPSLMA/icannys.org).
* [The plan may insert additional disclaimers or state-required statements, including state-required disclaimer language, here.]

B. 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. See 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 (go to page <page number> to see your choices).
* [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.]

**NOTE**: If you are in a drug management program, you may not be able to join a different plan. See Chapter 5 [The plan may insert reference, as applicable] of your Participant Handbook for information about drug management programs.

| 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/TDD 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/TDD numbers and days and hours of operation*]. The call is free. * [*The plan must simply describe how it will request a Participant’s preferred language and/or format and keep the information as a standing request for future mailings and communications. The plan must also describe 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> qualifies as minimum essential coverage (MEC). It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Please 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 for MEC. * <Plan name> is offered by [*insert sponsor 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> [*The plan may insert reference, as applicable*] and <section number> [*The 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> [*The* *plan may insert reference, as applicable*] for information about changes to our drug coverage. * **Check to see if your providers and pharmacies will be in our network next year.** * Are your doctors in our network? What about your pharmacy? What about the hospitals or other providers you use? * Look in section <section number> [*The 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 <2019 plan name>:** | **If you decide to leave <2019 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 (see 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> [The plan may insert additional reference, as applicable] to learn more about your choices. |

C. 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, 2019, our plan name will change from <2018 plan name> to <2019 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 beneficiary communication.]

# D. 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, see Chapter 3 of your Participant Handbook.]

[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 Directories Requirements subsection in the Introduction to the State’s specific Marketing Guidance, inserts: Our[insert if applicable: provider] [and] [insert if applicable: pharmacy] network[s] [insert as applicable: has or have] changed for 2019.

We strongly encourage you to **review our current *Provider and Pharmacy Directory***to see if your providers or pharmacy are still 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, see Chapter 3 of your *Participant Handbook*.]

# E. 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 2019 as they are in 2018.]

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 2018 benefits that will end for 2019; and
* new limitations or restrictions on benefits for 2019.]

|  | **2018 (this year)** | **2019 (next year)** |
| --- | --- | --- |
| **[Insert benefit name]** | [For benefits that were not covered in 2018, insert:  [insert benefit name] is **not** covered.] | [For benefits that will not be covered in 2019, insert:  [insert benefit name] is **not** covered.] |
| **[Insert benefit name]** | [Insert 2018 coverage, using format described above.] | [Insert 2019 coverage, using format described above.] |

## 

## E2. Changes to prescription drug coverage

**Changes to our Drug List**

[*A plan that did not include a List of Covered Drugs in the envelope, inserts*: You will get a 2019 *List of Covered Drugs* in a separate mailing].

[*A plan that did not include a List of Covered Drugs in the envelope and will not mail it separately unless requested, inserts*: An updated *List of Covered Drugs* is 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 included a List of Covered Drugs in the envelope, inserts*: We sent you a copy of our 2019 *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. The drugs included on our Drug List will be the same in 2019 as in 2018. 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. See the 2019 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 see 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, see Chapter 9 of the *2019 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]. See Chapter 2 and Chapter 3 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, see 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 2019. 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 see 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.]

|  | 2018 (this year) | **2019 (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 2018 cost sharing: Your copay for a one-month ([insert number of days in a one-month supply]-day) supply is **$0 per prescription**.] | [Insert 2019 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 2018 cost sharing: Your copay for a one-month ([insert number of days in a one-month supply]-day) supply is **$0 per prescription**.] | [Insert 2019 cost sharing: Your copay for a one-month ([insert number of days in a one-month supply]-day) supply is **$0 per prescription.**] |

# F. Administrative changes

[This section is optional. A plan with administrative changes that impact Participants (e.g., changes in prior authorization requirements, 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.]

|  | **2018 (this year)** | **2019 (next year)** |
| --- | --- | --- |
| [Insert a description of the administrative process/item that is changing] | [Insert 2018 administrative description] | [Insert 2019 administrative description] |
| [Insert a description of the administrative process/item that is changing] | [Insert 2018 administrative description] | [Insert 2019 administrative description] |

# G. 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 2019.

## G2. How to leave <plan name>

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

[*A plan in states that implement the new duals 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 are getting care in a nursing home or a long-term care hospital, or
* You have moved.]

**NOTE**: If you are in a drug management program, you may not be able to join a different plan. See Chapter 5 [The plan may insert reference, as applicable] of your Participant Handbook for information about drug management programs.

You have three options for getting your Medicare services.

|  |  |
| --- | --- |
| **1. You can change to:**  **A Medicare health plan (such as a Medicare Advantage Plan)** | **Here is what to do:**  Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048 to enroll in the new Medicare-only health plan.  If you need help or more information:   * Call the Health Insurance Information, Counseling and Assistance Program (HIICAP) at 1-800-701-0501. [*TTY/TDD 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, seven 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/TDD 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 get drug coverage from an employer, union or other source. 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, seven 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/TDD phone number is optional.*]   You will automatically be disenrolled from <plan name> when your Original Medicare coverage begins.  [The plan should add information about enrolling in a different Medicaid plan.] |

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 see any provider that accepts Medicaid.

# H. 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 *2019 Participant Handbook***

The *2019* *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 2019 Participant Handbook will be available by October 15. An up-to-date copy of the *2019 Participant Handbook* is always available on our website at <web address>. You may also call Participant Services at <phone number> to ask us to mail you a *2019* *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 the state enrollment broker

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 1-1-844-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

The Independent Consumer Advocacy Network (ICAN) is an ombudsman program that can help you if you are having a problem with <plan name>. The ombudsman’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/TDD 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 (<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, go to <http://www.medicare.gov> and click on “Find health & drug plans.”)

***Medicare & You 2019***

You can readthe *Medicare & You 2019* 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 (<http://www.medicare.gov>) 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.]