

## Model Letter to Beneficiaries Who Could Not be Reached for Verification by Phone

[Member #]  
[RxID]  
[RxGroup]  
[RxBin]  
[RxPCN]

Dear [first and last name of applicant]:

We have received your application to enroll in [plan name and type of plan (all but HMOs spell out the type of plan in addition to giving the acronym, e.g., “Private Fee-For-Service (PFFS)], which is a [insert whichever is applicable: Medicare Advantage Plan or Medicare Prescription Drug Plan or Medicare Cost Plan]. [For Medicare health plans: It is not Original Medicare. And it not a Medigap or Medicare supplemental insurance plan].

Please review some important information below to make sure you understand how our plan works and how you can get care as a member of <plan name>. In this letter, we explain how you will be getting your Medicare coverage when you are a member of [plan name]. Because [plan name] is a [insert type of plan; all but HMOs spell out the type of plan in addition to giving the acronym, e.g., “Private Fee-For-Service (PFFS)], it has some special rules that you will need to follow. We want to help make sure you understand these rules before your enrollment becomes final.

At the end of this letter, we tell you:

- How to contact us by telephone if you have questions.
- What happens next in processing your enrollment in our plan.
- What to do if you change your mind about enrolling in our plan (the deadline for cancelling your enrollment is [insert date (date must be either 7 calendar days from the date of this letter or the last day of the month in which the enrollment request was received, whichever comes later)]).

It’s a good idea to share this letter with people who help you make important decisions, such as your spouse, children, trusted friends, or your doctor.

### **Important things to know about getting your Medicare as a member of our plan**

Below are some important things to know about getting the care and services you need while you are a member of our plan: Make sure you understand and accept the rules explained below.

[All MA plans must include the language that follows for showing the member card, cost sharing, and providers to use]

## **Show your [plan name] member ID card before you get any health care services**

Enrolling in [plan name] means that you will be getting your Medicare coverage through [plan name] and payment for your healthcare services will be processed through [plan name]. Once you are enrolled in our plan, we will send you a [plan name] member ID card and you must use this card whenever you get healthcare services.

(During the time you are a member of our plan, you must not use your red, white and blue Medicare card because it is used only when you are getting your Medicare through Original Medicare, and our plan is different from Original Medicare.)

(You should keep your red, white and blue Medicare card in a safe place because you will need it later on if you return to Original Medicare. But during the time you are a member of [plan name], be sure to use only your [plan name] member ID card. Otherwise, your care might not be covered and you'll have to pay for it yourself.)

## **Know what you will have to pay as your share of the costs of care you receive**

As with any Medicare coverage, you will need to pay your share of the cost for services you receive. When you filled out the enrollment form, there should have been written information for you that tells what you must pay for services you receive as a member of [plan name]. If you need this information, please call us at [Member Services/Customer Service] [insert number and calling days and hours] or visit our website at [insert website information].

## **Understand which providers you can use**

[All PFFS plans must include the following language:]

[Plan name], the plan you are enrolling in, is a Private Fee-For-Service plan. When you are in this type of plan, you may get your covered Medicare services from any doctor, hospital, or other healthcare provider who is allowed to bill Medicare as long as they have agreed to accept our plan's terms and conditions of payment before they provide you services.

To be sure your care will be covered, you must tell your doctors and other providers that you are a member of [plan name] by showing them your [plan name] member ID card. You must do this before you get any health care services and you must do it every single time you go in for care. Here's why:

- With a Private Fee-for-Service plan, doctors and other health care providers are allowed to decide each time you go in for care whether they want to accept or refuse [plan name]'s terms and conditions of payment. Just because a doctor accepted our plan the last time you went in for care does not guarantee that the doctor will accept our plan the next time you go in.
- Emergency care is an exception to this rule. If it's an emergency, you can get the care without having the provider agree in advance to accept our plan's terms and conditions of payment.

- To find out about our plan's terms and conditions of payment, health care providers can use the [insert as applicable: phone number or website] on your plan member ID card.
- If a provider has agreed to accept our plan's terms and conditions of payment, they will bill [plan name] for the services you receive and you will pay your share of the costs of your care.
- If a provider does not accept [plan name]'s terms and conditions of payment, they should not provide services to you. In this case, you will need to find another provider that will accept our plan's terms and conditions of payment.

[PFFS plans include the following language if the plan uses a network of contracted providers:]

[Plan name] has a contract with certain providers who have already agreed to accept our plan. [Describe what category or categories of providers the plan has under direct contract and how members can get the list of contracted providers.] You can still get care from other providers who do not have a contract with us as long as they agree to accept our plan's terms and conditions of payment. So, be sure to show your member ID card first to be sure they will accept our plan. [Indicate if the plan has established higher cost sharing requirements for members who obtain covered services from providers who do not have a contract with the plan.] For the most up-to-date information on providers who have agreed to accept our plan, you can either check our website or call [Member Services/Customer Service].

[All HMO plan types must include the following language:]

[Plan name], the plan you are enrolling in, is a [type of plan]. It has a network of doctors, specialists, hospitals, and other providers that provide healthcare services to members of our plan. You need to know which providers are part of our network because you [insert whichever is applicable: must use *or* may be required to use] the providers who are in our network to get your healthcare services.

There are only four situations when [plan name] will cover healthcare services you get from providers who are not part of the plan's network. These are:

- If you are having an emergency.
- If you have an urgent need for care and network providers are not available to give you this care.
- If you need kidney dialysis that is not available from the plan's network.
- If you have asked for and received permission from [plan name] to use a provider who is not in the plan's network.

[SNPs with arrangement with the State may revise this language to reflect, when applicable, that the organization is providing both Medicaid and Medicare covered benefits].

The health care providers in the plan's network can change at any time. For the most up-to-date information on the network of providers, check our website or call [Member Services/Customer Service].

[All Cost Plans and PPOs must include the following language:]

[Plan name], the plan you are enrolling in, is a [type of plan]. It has a network of doctors, specialists, hospitals, and other health care providers you can use to get your covered services. You can also use health care providers who are not in [plan name]'s network, although you may have higher cost sharing if you do.

The health care providers in the plan's network can change at any time. For the most up-to-date information on the network of providers, check our website or call [Member Services/Customer Service].

[All PDPs and all other plan types offering Part D coverage must include the following:]

[Plan name] has a network of pharmacies. In most situations, we will pay for your prescriptions only if you use a pharmacy in our network. To get more information, including the most up-to-date list of pharmacies in the plan's network, you can either check our website or call [Member Services/Customer Service].

If you have limited income and resources, you may be able to get extra help to pay for your prescription drug premiums and costs. To learn more and find out if you qualify for getting extra help, you can call any of these places:

- Medicare at 1-800-Medicare (1-800-633-4227). TTY/TDD users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778.
- Your State Medicaid Office at [insert contact information].

[All plans must include the following language:]

### **If you want to, you can cancel your enrollment in our plan**

If you decide that you do not want us to finish enrolling you as a new member, you have the right to cancel your enrollment. If you do not want to become a new member of [plan name], you must call [plan name] [Member Services/Customer Service] at [phone number]. You can call [insert calling hours and days of operation]. Tell the person who answers that you want to cancel your enrollment in [plan name].

The deadline for cancelling your enrollment is [insert date (date must be either 7 calendar days from the date of this letter or the last day of the month in which the enrollment request was received, whichever comes later)]. If you want to cancel, you must call us on or before this date.

### **Otherwise, welcome to our plan!**

Unless you call to cancel your enrollment, you will be enrolled in our plan. You will receive a letter shortly confirming your enrollment.

Sincerely [plans may use a different closing],

[Signature and title]