

Introduction to the Auto-Enrollment Notice

What Is the Purpose of This Notice?

The purpose of the auto-enrollment notice is to inform people with Medicare and full Medicaid coverage about the change in their drug coverage from Medicaid to Medicare. The notice explains that these individuals will be enrolled in a Medicare Prescription Drug Plan if they haven't joined a plan on their own, what plan Medicare will enroll them in, and their costs in the plan. It will also notify them that their Medicaid isn't creditable prescription drug coverage. The notice includes a one-page letter printed on yellow paper, and one page (front and back) of questions and answers about Medicare prescription drug coverage.

Who Will Get This Notice?

Medicare will mail the notice to people with Medicare and full Medicaid coverage. Please note that this mailing is limited to those who currently get their Medicare benefits through the Original Medicare Plan.

How Often Will Medicare Mail These Notices?

This notice is mailed on a monthly basis.

What Should People Do Next?

They should call their Medicare drug plan to get information about their new coverage, and read the materials the plan sends in the mail. If they want information about the other Medicare drug plans available in their area, they can do the following:

- Visit www.medicare.gov on the web and get personalized drug plan information.
- Call 1-800-MEDICARE (1-800-633-4227) for a list of the specific plans. TTY users should call 1-877-486-2048.
- Call their State Health Insurance Assistance Program (SHIP) for free personalized health insurance counseling. See the "Medicare & You" handbook or call 1-800-MEDICARE for their telephone number.

People can reference the publication number, CMS Pub. No. 11154, if they call Medicare or their SHIP with questions.



<BENEFICIARY FULL NAME>
<ADDRESS>
<CITY STATE ZIP>

HICN <1234>
<file creation date>

An Important Notice for <Beneficiary Full Name>

Please read this letter carefully because your prescription drug coverage is changing.

You are getting this letter because our records show that you have Medicare and that you were eligible for Medicaid in all or part of this year.

Because you have Medicare and Medicaid, Medicare will help pay for your prescription drugs starting <effective date>. If you continue to be eligible for Medicaid, Medicaid will still pay for your health care (medical and hospital) costs that Medicare doesn't cover.

To get Medicare prescription drug coverage, you need to join a Medicare drug plan. Medicare is enrolling you in <Organization's name>'s <Name of plan>. Your plan serves <states>. With this Medicare-approved drug plan, you pay the following:

- \$0 for your monthly prescription drug plan premium
- \$0 for your yearly prescription drug plan deductible
- <insert LIS copayment amount> copayment when you fill a prescription covered by the plan

Please call <Name of plan> at <Plan phone> for more information about your new Medicare prescription drug coverage. You may also visit <Plan website> on the web. Be sure to bring this yellow letter with you when you go to get a prescription filled, so the pharmacist knows you qualify for extra help.

If you (or anyone on your behalf) have filled prescriptions since <effective date>, you may be able to get back some of these costs. Contact your Medicare drug plan or pharmacy for more information.

If you need help understanding this letter or the questions and answers attached, please show it to a family member, friend, case manager, or someone else you trust. You can also call your State Health Insurance Assistance Program (SHIP) or 1-800-MEDICARE (1-800-633-4227) for help. TTY users should call 1-877-486-2048.

Important: If you now have drug coverage through an employer or union plan, joining a Medicare drug plan may NOT be right for you. Please read the important attached information, "What if I have other prescription drug coverage?"

Para obtener información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227).
Los usuarios con teléfono de texto (TTY) deben llamar al 1-877-486-2048.

Important Questions and Answers about Your New Drug Coverage

What is Medicare prescription drug coverage?

Medicare prescription drug coverage is insurance. Private companies provide the coverage through Medicare drug plans. There may be many Medicare drug plans available in your area from which to choose.

Medicare drug plans help you pay for both brand-name and generic drugs you need. Plans have a list of drugs covered by the plan. The drug list may not include a drug you are taking. However, in most cases, a similar drug that is safe and effective should be available.

Medicare drug plans serving your area must contract with pharmacies in your area. Check with the plan to make sure the pharmacies in the plan are convenient to you. Some plans also allow you to get your prescriptions through the mail.

What should I do now?

Call your Medicare drug plan to get information about your new drug coverage, and read the materials your plan sends you in the mail. You should find out if the plan covers the prescriptions you take and what pharmacies you can use to fill your prescriptions.

If you have moved recently, or you are getting this letter because you are a representative payee for someone with Medicare, please call the plan to be sure it serves where you live or where the person with Medicare currently lives. If it doesn't, please call 1-800-MEDICARE (1-800-633-4227) to choose and join a plan that serves that state. TTY users should call 1-877-486-2048.

What if I'm taking a drug that my plan doesn't cover when my drug plan coverage takes effect?

Your Medicare drug plan will provide a one-time temporary supply of your current drug. During your first 90 days in a plan, Medicare requires Medicare drug plans to give you and your doctor time (30 days) to find a drug on the plan's drug list that would work as well as the drug you are taking. Your doctor can also contact your plan to request an exception to cover your current drug. Call your plan for more information.

How can I find out about other Medicare drug plans?

If you want to learn about other plans you can join, call 1-800-MEDICARE or visit www.medicare.gov on the web for information about other Medicare drug plans available in your area. Compare the plans and join a Medicare drug plan that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill your prescriptions. If you join a different plan, you may have to pay a small monthly premium instead of \$0. Be sure to ask about the premium when you are comparing plans.

You can also call your State Health Insurance Assistance Program (SHIP) for free personalized health insurance counseling. See your copy of the "Medicare & You" handbook or call 1-800-MEDICARE for their telephone number.

How do I join a different plan?

If you would like to switch to a different Medicare drug plan, call 1-800-MEDICARE or visit www.medicare.gov on the web for a list of the prescription drug plans with no premium in your area, other drug coverage options, and help comparing plans and joining a plan that works for you.

If you continue to be eligible for Medicaid, you can switch plans at any time, with the new coverage effective the next month. To join a different Medicare drug plan, call the new plan to find out how to join. You don't need to tell your current plan you are leaving or send them anything. Joining a different plan will end your current Medicare drug plan coverage.

What are the differences between Medicare and Medicaid?

Medicaid is the program in your state that pays health care costs for people with limited income and resources. It may be called something different in your state. Medicare is the federal health insurance program for people age 65 or older, people under age 65 with certain disabilities, and people of all ages with End-Stage Renal Disease.

Medicare will continue to help pay for your health care costs. And if you continue to be eligible for Medicaid, Medicaid will still pay for some or all of your health care costs that Medicare doesn't cover. If you aren't sure if you are still eligible for Medicaid, contact your state Medicaid office.

If Medicaid used to pay for my prescriptions, can I keep my Medicaid drug coverage?

No. Medicaid no longer covers most drugs for people with Medicare. Some state Medicaid programs may cover the few prescriptions that aren't covered under Medicare prescription drug coverage. But even if your state Medicaid program covers a few prescriptions, this coverage alone isn't as good as standard Medicare prescription drug coverage.

What if I have other prescription drug coverage, besides Medicaid?

If you have, or are eligible for another type of prescription coverage, read all the materials you get from your insurer or plan provider to learn how joining a Medicare drug plan may affect you or your family's current coverage. You may not need to join a Medicare drug plan. Examples of other types of prescription drug coverage include coverage from an employer or union, TRICARE, the Department of Veterans Affairs, or a Medigap (Medicare Supplement Insurance) policy. Note that if you now get drug or other health care benefits through an employer or union plan, you or your dependents could lose that coverage completely by joining a Medicare drug plan and not get it back. So please call your insurer or benefits administrator if you have any questions.

What if I don't want Medicare prescription drug coverage?

If you don't want to join the plan Medicare is enrolling you in or any other Medicare drug plan, call 1-800-MEDICARE (1-800-633-4227) as soon as possible and tell them you want to opt out of (decline) Medicare prescription drug coverage. But keep in mind that you pay nothing to stay in the plan. If you drop this coverage and need prescription drugs, Medicaid won't pay for them, and Medicare won't pay until you join a plan. You can change your mind and join a Medicare drug plan at any time if you continue to be eligible for Medicaid, but you may have to pay a penalty to join later if you lose your Medicaid eligibility.