

Instructions to Health Plans

- ❖ *[Plans may include the ANOC in the 2018 Member Handbook (Evidence of Coverage) or provide it to members separately.]*
- ❖ *[Before use and under the appropriate, State-specific material code(s), plans must upload in HPMS either (1) a standalone ANOC and a standalone EOC (Member Handbook) or (2) a combined ANOC/EOC (Member Handbook). Plans should only use the combined ANOC/EOC (Member Handbook) material code if they are sending enrollees a combined document. Plans should not use the combined ANOC/EOC code in conjunction with either the ANOC standalone code or the EOC standalone code. Plans should only upload the documents once. Plans should work with their marketing reviewers to withdraw any duplicate material submitted in error. Plans must enter Actual Mail Dates (AMDs) for all materials in accordance with CMS requirements as detailed in the "Update Material Link/Function" section of the Marketing Review Users Guide in HPMS. Note that plans must enter AMD information for ANOC/EOC (Member Handbook) mailings only for mailings to current members. Plans should not enter AMD information for October 1, November 1, or December 1 effective enrollment dates or for January 1 effective enrollment dates for any new members.]*
- ❖ *[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>.]*
- ❖ *[Where the template uses "medical care," "medical services," or "health care services," plans may revise and/or add references to long-term services and supports and/or home and community-based services as applicable.]*
- ❖ *[Plans should refer members to the 2018 Member Handbook using the appropriate chapter number, section, and/or page number. For example, "see Chapter 9, Section A, page 1." An instruction [plans may insert reference, as applicable] is listed next to each cross reference.]*
- ❖ *[Where the template instructs inclusion of a phone number, plans must ensure it is a toll-free number and include a toll-free TTY/TDD number and days and hours of operation.]*



<Plan name> *[insert plan type]* offered by *[insert sponsor name]*

Annual Notice of Changes for 2018

[Optional: insert beneficiary name]

[Optional: insert beneficiary address]

*[If there are any changes to the plan for 2018, insert: You are currently enrolled as a member of <plan name>. **Next year, there will be some changes to the plan's** *[insert as applicable: benefits, coverage, rules, [and] costs]*. **This** *[insert as applicable: section or Annual Notice of Changes]* tells you about the changes.]*

*[If there are no changes whatsoever for 2018 (e.g. no changes to benefits, coverage, rules, costs, networks, etc.), insert: You are currently enrolled as a member of <plan name>. **Next year, there are no changes to the plan's benefits, coverage, [and] rules** *[insert if applicable: and costs]*. **However, you should still read this** *[insert as applicable: section or Annual Notice of Changes]* to learn about your coverage choices.]*



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A. Think about Your Medicare and Texas 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 can leave the plan at any time.

If you leave our plan, you will still be in the Medicare and Texas 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).
- If you do not want to enroll in a different Medicare-Medicaid plan after you leave <plan name>, you will go back to getting your Medicare and Texas Medicaid services separately.



If you have questions, please call <plan name> at <toll-free phone and TTY/TDD numbers>, <days and hours of operation>. The call is free. **For more information**, visit <web address>. 4

Additional Resources

- If you speak *[insert language of the disclaimer]*, language assistance services, free of charge, are available to you. Call *[insert Member Service toll-free phone and TTY/TDD numbers, and days and hours of operation]*. The call is free. *[This disclaimer must be included in Spanish and any other non-English languages that meet the Medicare and/or state thresholds for translation.]*
- You can get this *[Insert as applicable: section or Annual Notice of Changes]* for free in other formats, such as large print, braille, or audio. Call *[insert Member Service toll-free phone and TTY/TDD numbers, and days and hours of operation]*. The call is free. *[Plans must provide the information in alternate formats when a Member requests it or when the plan identifies a Member who needs it.]*
- *[Plans must also describe how members can make a standing request to get this document, now and in the future, in a language other than English or in an alternate format.]*

About <plan name>

- *[Insert plan's legal or marketing name]* is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.
- 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 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>.

Disclaimers

Limitations *[insert as appropriate: , copays,]* and restrictions may apply. For more information, call <plan name> <Member Services> or read the <plan name> Member Handbook. This means that you may have to pay for some services and that you need to follow certain rules to have <plan name> pay for your services.



If you have questions, please call <plan name> at <toll-free phone and TTY/TDD numbers>, <days and hours of operation>. The call is free. **For more information**, visit <web address>. 5

The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.

Benefits [and/or copays] may change on January 1 of each year.

[Plans that charge \$0 copays for all Part D drugs may delete this disclaimer.] Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.

[Plans may insert additional disclaimers or state-required statements, including state-required disclaimer language, here.]

Important things to do:

- ☐ **Check if there are any changes to our benefits [insert if applicable: and costs] that may affect you.** Are there any changes that affect the services you use? It is important to review benefit [insert if applicable: and cost] changes to make sure they will work for you next year. Look in sections <section number> [plans may insert reference, as applicable] and <section number> [plans may insert reference, as applicable] for information about benefit [insert if applicable: and cost] 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 [insert if applicable: cost-sharing] 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> [plans 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> [plans may insert reference, as applicable] for information about our *Provider and Pharmacy Directory*.
- ☐ **Think about your overall costs in the plan.** [Insert if applicable: How much will you spend out-of-pocket for the services and prescription drugs you use regularly?] How do the total costs compare to other coverage options?
- ☐ **Think about whether you are happy with our plan.**



**If you decide to stay with
<2018 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.

If you decide to change plans:

[Plans should revise this paragraph as necessary] If you decide other coverage will better meet your needs, you can switch plans at any time. If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section <section number>, page <page number> *[plans may insert additional reference, as applicable]* to learn more about your choices.

B. We are changing the plan's name

[Plans that are not changing the plan name, delete this section.]

On January 1, 2018, our plan name will change from <2017 plan name> to <2018 plan name>.

[Insert language to inform members whether they will get new Member ID Cards and how, as well as how the name change will affect any other beneficiary communication.]

C. Changes to the network providers and pharmacies

[Plans with no changes to network providers and pharmacies insert: 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 Member Handbook.]

[Plans 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, insert: Our [insert if applicable: provider] [and] [insert if applicable: pharmacy] network[s] [insert as applicable: has or have] changed for 2018.



If you have questions, please call <plan name> at <toll-free phone and TTY/TDD numbers>, <days and hours of operation>. The call is free. **For more information**, visit <web address>. 7

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 Member 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 Member Handbook.]

D. Changes to benefits [insert if applicable: and costs] for next year

Changes to benefits [insert if applicable: and costs] for medical services

[If there are no changes in benefits or in cost sharing, replace the rest of the section with: There are no changes to your benefits [insert if applicable: or amounts you pay] for medical services. Our benefits [insert if applicable: and what you pay for these covered medical services] will be exactly the same in 2018 as they are in 2017.]

We are changing our coverage for certain medical services [insert if applicable: and what you pay for these covered medical services] next year. The following table describes these changes.

[The table must include:

- all new benefits that will be added or 2017 benefits that will end for 2018;*
- new limitations or restrictions on benefits for 2018; and*
- all changes in cost sharing for 2018 for covered medical services, including any changes to service category out-of-pocket maximums.]*



	2017 (this year)	2018 (next year)
[Insert benefit name]	<p><i>[For benefits that were not covered in 2017, insert: [insert benefit name] is not covered.]</i></p> <p><i>[For benefits with a copay insert:</i> You pay a \$<2017 copay amount> copay <i>[insert language as needed to accurately describe the benefit, e.g., “per office visit”].]</i></p>	<p><i>[For benefits that will not be covered in 2018, insert: [insert benefit name] is not covered.]</i></p> <p><i>[For benefits with a copay insert:</i> You pay a \$<2018 copay amount> copay <i>[insert language as needed to accurately describe the benefit, e.g., “per office visit”].]</i></p>
[Insert benefit name]	<i>[Insert 2017 cost or coverage, using format described above.]</i>	<i>[Insert 2018 cost or coverage, using format described above.]</i>

Changes to prescription drug coverage

Changes to our Drug List

[Plans that did not include a List of Covered Drugs in the envelope, insert: You will get a 2018 List of Covered Drugs in a separate mailing].

[Plans that included a List of Covered Drugs in the envelope, insert: We sent you a copy of our 2018 List of Covered Drugs in this envelope.] The *List of Covered Drugs* is also called the “Drug List.”

[Plans 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 2018 as in 2017. 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 2018 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.



If you have questions, please call <plan name> at <toll-free phone and TTY/TDD numbers>, <days and hours of operation>. The call is free. **For more information**, visit <web address>. 9

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 Member Services at <phone number> 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.
- *[Plans should include the following language if they have an advance transition process for current members:]* **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 *2018 Member Handbook* *[plans may insert reference, as applicable]* or call Member Services at <phone number>. If you need help asking for an exception, you can contact Member Services *[insert if applicable: or your care coordinator]*. *[Plans should replace the term "care coordinator" with the term they use.]*
- *[Plans should include the following language if all current members will 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 **one-time**, 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 *[must be at least 30]* days. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5 of the Member Handbook *[plans 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.

[Plans may include additional information about processes for transitioning current enrollees to formulary drugs when your 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 *[option for plans with two drug payment stages]*

[Plans with two payment stages (i.e., those charging LIS cost-shares in the initial coverage stage), should include the following information in the ANOC.]



If you have questions, please call <plan name> at <toll-free phone and TTY/TDD numbers>, <days and hours of operation>. The call is free. **For more information**, visit <web address>. 10

[If there are no changes in prescription drug costs, insert: There are no changes to the amount you pay for prescription drugs in 2018. Read below for more information about your prescription drug coverage.]

There are two payment stages for your Medicare Part D prescription drug coverage under <2018 plan name>. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:

Stage 1 Initial Coverage Stage	Stage 2 Catastrophic Coverage Stage
<p>During this stage, the plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.</p> <p>You begin this stage when you fill your first prescription of the year.</p>	<p>During this stage, the plan pays all of the costs of your drugs through December 31, 2018.</p> <p>You begin this stage when you have paid a certain amount of out-of-pocket costs.</p>

Stage 1: “Initial Coverage Stage”

During the Initial Coverage Stage, the plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You will pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you will pay the lower price.

[Insert if applicable: We moved some of the drugs on the Drug List to a lower or higher drug tier. If your drugs move from tier to tier, this could affect your copay. To see if your drugs will be in a different tier, look them up in the Drug List.]

The table below shows your costs for drugs in each of our <number of tiers> drug tiers. These amounts apply *only* during the time when you are in the Initial Coverage Stage.

[Plans must list all drug tiers in the following table.]

	2017 (this year)	2018 (next year)
Drugs in Tier <Tier number> <i>[(Insert short description of tier (e.g., generic drugs))]</i>	<i>[Insert 2017 cost sharing: Your copay for a one-month ([insert number of days in a one-month</i>	<i>[Insert 2018 cost sharing: Your copay for a one-month ([insert number of days in a one-month</i>



If you have questions, please call <plan name> at <toll-free phone and TTY/TDD numbers>, <days and hours of operation>. The call is free. **For more information**, visit <web address>. 11

	2017 (this year)	2018 (next year)
Cost for a one-month supply of a drug in Tier <Tier number> that is filled at a network pharmacy	<i>supply]-day) supply is \$<XX> per prescription.]</i>	<i>supply]-day) supply is \$<XX> per prescription.]</i>
Drugs in Tier <Tier number> <i>([Insert short description of tier (e.g., generic drugs)])</i> Cost for a one-month supply of a drug in Tier <Tier number> that is filled at a network pharmacy	<i>[Insert 2017 cost sharing: Your copay for a one-month ([insert number of days in a one-month supply]-day) supply is \$<XX> per prescription.]</i>	<i>[Insert 2018 cost sharing: Your copay for a one-month ([insert number of days in a one-month supply]-day) supply is \$<XX> per prescription.]</i>

The Initial Coverage Stage ends when your total out-of-pocket costs reach *[insert as applicable: \$<initial coverage limit> or \$<TrOOP amount>]*. At that point the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year.

Stage 2: “Catastrophic Coverage Stage”

When you reach the out-of-pocket limit for your prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year.

*[Plans with an out-of-pocket limit on **all** drug spending, delete the following sentence:]*

➔ *[Plans that do not reduce the copays for Medicaid-covered drugs in the catastrophic coverage stage should insert the following language:]* When you are in the Catastrophic Coverage Stage, you will continue to make copays for your Texas Medicaid-covered drugs.

Changes to prescription drug costs *[option for plans with a single payment stage]*

[Plans with one payment stage (i.e., those with no cost-sharing for all Part D drugs), include the following information.]



If you have questions, please call <plan name> at <toll-free phone and TTY/TDD numbers>, <days and hours of operation>. The call is free. **For more information**, visit <web address>. 12

[If there are no changes in prescription drug costs, insert: There are no changes to the amount you pay for prescription drugs in 2018. 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.** [Insert if applicable: If your drugs move from tier to tier, this could affect your copay.] 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.

[Plans must list all drug tiers in the following table.]

	2017 (this year)	2018 (next year)
Drugs in Tier <Tier number> <i>([Insert short description of tier (e.g., generic drugs)])</i> Cost for a one-month supply of a drug in Tier <Tier number> that is filled at a network pharmacy	<i>[Insert 2017 cost sharing: Your copay for a one-month ([insert number of days in a one-month supply]-day) supply is \$<XX> per prescription.]</i>	<i>[Insert 2018 cost sharing: Your copay for a one-month ([insert number of days in a one-month supply]-day) supply is \$<XX> per prescription.]</i>
Drugs in Tier <Tier number> <i>([Insert short description of tier (e.g., generic drugs)])</i> Cost for a one-month supply of a drug in Tier <Tier number> that is filled at a network pharmacy	<i>[Insert 2017 cost sharing: Your copay for a one-month ([insert number of days in a one-month supply]-day) supply is \$<XX> per prescription.]</i>	<i>[Insert 2018 cost sharing: Your copay for a one-month ([insert number of days in a one-month supply]-day) supply is \$<XX> per prescription.]</i>



E. Administrative changes

[This section is optional. Plans with administrative changes that impact members (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 table below.]

	2017 (this year)	2018 (next year)
<i>[Insert a description of the administrative process/item that is changing]</i>	<i>[Insert 2017 administrative description]</i>	<i>[Insert 2018 administrative description]</i>
<i>[Insert a description of the administrative process/item that is changing]</i>	<i>[Insert 2017 administrative description]</i>	<i>[Insert 2018 administrative description]</i>

F. Deciding which plan to choose

If you want to stay in <plan name>

We hope to keep you as a member next year.

To stay in our plan you don't need to do anything. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2018.

If you want to change plans

You can end your membership at any time by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

These are the four ways people usually end membership in our plan:



If you have questions, please call <plan name> at <toll-free phone and TTY/TDD numbers>, <days and hours of operation>. The call is free. **For more information**, visit <web address>. 14

<p>1. You can change to:</p> <p>A different Medicare-Medicaid Plan</p>	<p>Here is what to do:</p> <p>Call <state administrative services contractor> at <phone number>, <days and hours of operation>. TTY users should call <TTY number>. Tell them you want to leave <plan name> and join a different Medicare-Medicaid plan. If you are not sure what plan you want to join, they can tell you about other plans in your area; OR</p> <p>Send <state administrative services contractor> an <Enrollment Change Form>. You can get the form by calling <state administrative services contractor> at <phone number> if you need them to mail you one.</p> <p>Your coverage with <plan name> will end on the last day of the month that we get your request.</p>
<p>2. You can change to:</p> <p>A Medicare health plan (such as a Medicare Advantage Plan or Programs of All-inclusive Care for the Elderly (PACE))</p>	<p>Here is what to do:</p> <p>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.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-3439. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). <p>You will automatically be disenrolled from <plan name> when your new plan's coverage begins.</p>



<p>3. You can change to:</p> <p>Original Medicare <i>with</i> a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>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.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-3439. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). <p>You will automatically be disenrolled from <plan name> when your Original Medicare coverage begins.</p>
<p>4. You can change to:</p> <p>Original Medicare <i>without</i> a separate Medicare prescription drug plan</p> <p>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.</p> <p>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 Information Counseling & Advocacy Program of Texas (HICAP) at 1-800-252-3439.</p>	<p>Here is what to do:</p> <p>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.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-3439. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). <p>You will automatically be disenrolled from <plan name> when your Original Medicare coverage begins.</p>



G. Getting help

Getting help from <plan name>

Questions? We're here to help. Please call Member Services at <phone number> (TTY only, call <TTY number>). We are available for phone calls <days and hours of operation>. Calls to these numbers are free.

Read your 2018 Member Handbook

The *2018 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits *[insert if applicable: and costs]*. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

[If the ANOC is sent separately from the Member Handbook, include the following: We will send you a copy of the 2018 Member Handbook by December 31.] An up-to-date copy of the *2018 Member Handbook* is always available on our website at <web address>. You may also call Member Services at <phone number> to ask us to mail you a *2018 Member Handbook*.

Visit 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*).

Getting help from <State Administrative Services Contractor>

[Plans should insert information about the State Administrative Services Contractor, including a brief description on what kind of help the State Administrative Services Contractor can provide.] You can call <State Administrative Services Contractor> at *[insert toll-free phone and TTY/TDD numbers, and days and hours of operation]*.

Getting help from the HHSC Office of the Ombudsman

The HHSC Office of the Ombudsman helps people enrolled in Texas Medicaid with service or billing problems. They can help you file a complaint or an appeal with our plan. They can help you if you are having a problem with <plan name>. The HHSC Office of the Ombudsman is not connected with us or with any insurance company or health plan.

The phone number for the HHSC Office of the Ombudsman is 1-866-566-8989. The services are free.

Getting help from the State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Assistance Program (SHIP). The SHIP counselors can help you understand your Medicare-Medicaid Plan choices and answer



If you have questions, please call <plan name> at <toll-free phone and TTY/TDD numbers>, <days and hours of operation>. The call is free. **For more information**, visit <web address>. 17

questions about switching plans. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). HICAP is not connected with any insurance company or health plan.

The HICAP phone number is 1-800-252-3439. The services are free.

Getting help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227).

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.

Visit the Medicare 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.”)

Read *Medicare & You 2018*

You can read the *Medicare & You 2018* 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.

Getting help from Texas Medicaid

The phone number for Texas Medicaid is 1-800-252-8263. This call is free. TTY users should call 1-800-753-8583 or 7-1-1.

[Plans may insert similar sections for the QIO or additional resources that might be available.]



If you have questions, please call <plan name> at <toll-free phone and TTY/TDD numbers>, <days and hours of operation>. The call is free. **For more information**, visit <web address>. 18