

Jane-Ellen Weidanz

Authorized Signature

Number: SPD-IM-05-072

Issue Date: 09/26/2005

Topic: Other

Subject: MMA Transmittal - Medicare Advantage Passive Enrollment Letters

Applies to (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> All DHS employees | <input checked="" type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input checked="" type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Other (please specify): |

Message:

As early as this week, Medicaid plans with corresponding Medicare Advantage Plans (MA) will start sending letters to full benefit dual eligible clients who are enrolled in the Medicaid plan but not in the MA. (Please refer to OMAP AR 05-002 for more information on MMCs that now have a MA Plan.) This letter will tell clients about the MA and the new Medicare prescription drug coverage. The letter also explains how clients can opt out of the passive enrollment. (See attached sample.) This will not impact clients who have completed the 7208M.

If a client is not enrolled in a MA Plan, she or he will be auto-enrolled into a Prescription Drug Plan (PDP) in October 2005. CMS will send these clients a letter about which plan they have been enrolled into sometime in late October 2005.

Clients who opt out of the passive enrollment with the MA will not be auto-enrolled into a PDP. If they do not enroll in a PDP or other MA they will have no drug coverage on January 1, 2006.

Auto-enrolled clients and those who opt out of the passive enrollment will need enrollment assistance and choice counseling before December 31, 2005. The DHS MMA Project Team will offer trainings for this assistance in October and November 2005. Please refer to SPD-AR-05-056 for training information.

If you have any questions about this information, contact:

Contact(s):	Jane-ellen Weidanz, DHS MMA Project Manager Max Brown, SPD MMA Program Analyst		
Phone:	503-945-6993 (Max)	503-945-6444 (Jane-ellen)	Fax: 503-373-7274

E-mail:

Janeellen.a.weidanz@state.or.us or max.brown@state.or.us



522 SW Fifth, Suite 200 • Portland, Oregon 97204
(503) 416-4100 • (800) 224-4840 • (503) 416-3720 fax

Date

Member Name

Address

Medicare Number or SSN [optional—last four digits of either number]

Medicaid Number [optional]

Medicare Advantage Organization

Dear [Member Name]:

We're sending you this letter to tell you about a change in the way you get your Medicare benefits.

Starting January 1, 2006, Medicare will pay for your drugs instead of Medicaid. Medicaid will still pay for your other health care costs not covered by Medicare, and may pay for some drugs for which Medicare won't pay. Because of this change, you can no longer get prescription drug coverage from CareOregon, our **Medicaid** plan.

We are working together with Medicare to provide a **Medicare Advantage** plan that is specially designed for our members who have both Medicare and Medicaid. We think you will benefit from getting both your Medicare and Medicaid services from this plan. If you want to get your Medicare and Medicaid services from us, you do not have to do anything. You will be automatically enrolled in this plan effective January 1, 2006. Importantly, you may only receive your prescription drug coverage from CareOregon Advantage if you're a member of CareOregon Advantage.

If you do not want to get your Medicare benefits from CareOregon Advantage, you need to inform us of this by October 31, 2005, by returning the enclosed form, e-mailing us at optout@careoregon.org, by calling our Customer Service Department at 503-416-4100 or 1-800-224-4840. TTY users should call 1-877-416-4161. We are available Monday through Friday, from 8:00 a.m. to 5:00 p.m.

If you decide that you do not want to enroll into this plan, Oregon Health Plan will still pay for your other health care costs not covered by Medicare. You will then have three options for your Medicare coverage:

1. You can remain in Original Medicare for your medical coverage, and join a Medicare Prescription Drug Plan (PDP);
2. If you fail to join a plan by December 31, 2005, Medicare will enroll you in a PDP to make sure you do not miss a day of coverage; or
3. You can enroll in a Medicare Advantage Plan or other Medicare Health Plan that provides both medical and prescription drug coverage.

Since you are eligible for both Medicare and Medicaid, you can change plans at any time if your plan does not meet your needs.

If you have questions, please call our Customer Service Department at 503-416-4100 or 1-800-224-4840 Monday through Friday, from 8:00 a.m. to 5:00 p.m. TTY/TDD users should call 1-877-416-4161.

To learn more about Medicare drug plans available in your area in October:

- Look at the “Medicare & You 2006” handbook which Medicare will mail to you in October;
- Look at www.medicare.gov on the web in October and get personalized drug plan information. If you don’t have a computer, your local library or senior center may be able to help you look at this information;
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048; or
- Call your State Health Insurance Assistance Program (SHIP) for free personalized health insurance counseling 1-800-722-4134.

You’re getting this letter because our records show that you have Medicare and are in Original Medicare for your medical coverage. **If this is not true, you have received this notice in error.** Please contact us at 503-416-4100, 1-800-224-4840 or 1- 877-416-4161 for TTY users so we can correct our records.

Sincerely,

CareOregon Customer Service Department



522 SW Fifth, Suite 200 • Portland, Oregon 97204
(503) 416-4100 • (800) 224-4840 • (503) 416-3720 fax

Opt-Out Form

If you want to get your Medicare and Medicaid services from us, you do not have to do anything. You will be automatically enrolled in this plan effective January 1, 2006.

If you **DO NOT** want to get your Medicare benefits from CareOregon Advantage, you need to inform us of this by October 31, 2005, by returning this form.

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Medicaid Number: _____

Medicare Number: _____

Signature: _____ Date: _____

If you are the authorized representative, you must provide the following information:

Name : _____

Address: _____

Phone Number: (____) ____-____

Relationship to Enrollee _____

If you have questions, please call our Customer Service Department at 503-416-4100 or 1-800-224-4840 Monday through Friday, from 8:00 a.m. to 5:00 p.m. TTY/TDD users should call 1-877-416-4161.