

Jane-ellen Weidanz  

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**Authorized Signature**

**Number:** SPD-IM-06-032  
**Issue Date:** 04-03-2006

**Topic:** Other

**Subject:** MMA Transmittal: Enrollment Reconciliation Letter -- CLARIFICATION

**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 checked="" 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:**

**Note: This is a clarification of SPD-IM-06-029.**

The Centers for Medicare and Medicaid Services (CMS) clarified its plan to reconcile enrollment problems for clients who are enrolled in multiple plans. This plan may cause additional calls in local offices.

**Enrollment Reconciliation Plan**

CMS will be sending out **enrollment reconciliation** letters to clients who CMS thinks are enrolled in more than one plan. The intention of the letter is to instruct the client to do the following:

- Contact the PDP in which the client was previously enrolled in order to keep that PDP.
- Do nothing if the client wants to stay in the PDP in which she or he enrolled most recently ("the plan in the Medicare records").
- Call 1-800-MEDICARE if the client is unsure in which PDP she or he enrolled.

This means that many of our clients who have been choice counseled and changed plans from the auto-assigned plan, or who have changed plans on their own, may receive this letter. Attached is a copy of this letter.

Clients should not do anything if the plan in Medicare's records is the plan they have

chosen (option #2 of the attached letter). Clients should only call a plan's toll-free number if they want to stay in a plan in which they were previously enrolled (option #1 of the attached letter).

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Max Brown, MMA Program Analyst, SPD		
<b>Phone:</b>	Max (503) 945-6993	<b>Fax:</b>	(503) 373-7274
<b>E-mail:</b>	<a href="mailto:Max.Brown@state.or.us">Max.Brown@state.or.us</a>		



## SPECIAL NOTICE TO CONFIRM MEDICARE PLAN CHOICE

<Date>

Dear <Name of Member>:

The purpose of this notice is to confirm your choice of a Medicare prescription drug plan and to ensure that you are enrolled in the plan you want.

You have received Medicare prescription drug benefits from [<Name of plan>]. However, Medicare's records show that you are now enrolled in a different plan. You either enrolled in this new plan on your own, or were enrolled by someone on your behalf, such as your State or your retiree health plan.

Please follow the steps below to be sure you are covered by the plan you want.

**Remember that no matter what choice you make, you will not lose your Medicare prescription drug coverage.**

### 1. If you want to stay in [Name of Plan]:

If you want to stay in [Name of Plan] you must call [**INSERT**: the customer service number on the back of your membership card] **OR** [<1-xxx-xxx-xxxx>], no later than [**INSERT: Date**] (**Note to Plans—Please insert date on or after April 10 that will permit you to submit enrollment to CMS by April 15.**). If you do not call [Name of Plan] by that date, you will no longer be able to use your membership card.

### 2. If you want to be covered by the plan in the Medicare records:

If you want to be covered by the plan shown in the Medicare records, you do not need to do anything. You should have received a membership card for this plan, and you can use your card to cover your prescriptions. If you want to contact the plan, you can call the customer service number on the back of the card, or 1-800-MEDICARE (1-800-633-4227). **However, you do not need to contact the plan to confirm your enrollment.**

### 3. If you are not sure which plan you are in:

If you are not sure which plan you are enrolled in, or if you have other questions about plans available in your area, you may call us at 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY/TDD users should call 1-877-486-2048.

When you call, please tell the operator that you have received this "Special Notice to Confirm Medicare Plan Choice."

**Again, no matter what choice you make, you still have Medicare prescription drug coverage.** And, you can still change plans at any time until May 15, 2006, if you find that the plan you have chosen does not meet your needs.

Thank you. We appreciate your attention to this matter.