[*Instructions:**This model should be used when a Participant is entitled to a provisional supply.*

*The FIDA-IDD Plan may replace <Plan name> with either “the Plan”, “our Plan”, or “your plan” throughout the notice. The FIDA-IDD Plan should use the term “compound” in <DRUG NAME(S)> when a provisional supply applies to a compound.*]

**Notice about a Part D Coverage Issue for Your <DRUG NAME(s)> Prescription(s)**

<DATE>

<PARTICIPANT NAME>

<ADDRESS>

<CITY, STATE, ZIP>

Dear <PARTICIPANT NAME>:

We want to tell you about an **important coverage issue** for <this/these> prescription(s):

**Name of Drug(s)**: <DRUG NAME(s)>

**Date(s) Filled**: <DATE FILLED>

**Prescribed by**: <PRESCRIBER NAME>

**<PRESCRIBER NAME> hasn’t enrolled in Medicare. Unless he/she does so, <PLAN NAME> can only cover prescriptions for <this/these> drug(s) from this prescriber up to a 3-month supply or until <DATE>, whichever comes first.** [*When prescriber is a contract provider, insert this language:* We’re sending you this notice so we can assist you in avoiding any interruption in your coverage for <this/these> prescription(s).] [*When prescriber is a non-contract provider, insert this language:* We’re sending you this notice so you can take action to avoid an interruption in your coverage for <this/these> prescription(s).]

Medicare now requires doctors and most other providers who prescribe drugs to enroll in Medicare in order for their prescriptions to continue to be covered under Medicare Part D. The purpose is to prevent Medicare fraud and improve the quality of care for people with Medicare. Most Part D prescribers are enrolled; however, <PRESCRIBER NAME> isn’t enrolled.

[*When prescriber is a contract provider, insert this language:*

<PLAN NAME> will contact <PRESCRIBER NAME> immediately to ask if he/she will enroll in Medicare, so that your future prescriptions for <drug name(s)> from him/her can continue to be covered by <PLAN NAME>. Even if he/she doesn’t want to accept Medicare for medical services, <PRESCRIBER NAME> can still enroll in Medicare just to prescribe. If <PRESCRIBER NAME> won’t enroll in Medicare and you want your prescription(s) for <DRUG NAME(s)> to continue to be covered after <**DATE**>, we will help you find a different prescriber in <PLAN NAME>’s network who is enrolled in Medicare.]

[*When prescriber is a non-contract provider, insert this language:* If you think you may need more prescriptions for <DRUG NAME(s)> from <PRESCRIBER NAME>, <PLAN NAME> Participant Services or your Care Manager can help you with your **3 main options**:

1. Contact <PRESCRIBER NAME> immediately to ask if he/she will enroll in Medicare, so that your future prescriptions for <DRUG NAME(s)> from him/her can continue to be covered by <PLAN NAME>. Even if he/she doesn’t want to accept Medicare for medical services, he/she can still enroll in Medicare just to prescribe. It’s important that you talk with <PRESCRIBER NAME> right away, because the Part D enrollment process takes some time.
2. If <PRESCRIBER NAME> won’t enroll in Medicare and you want your prescription(s) for <DRUG NAME(s)> to continue to be covered after <**DATE**>, you must find a different prescriber who is enrolled in Medicare. You will then need to contact the new prescriber as soon as possible to discuss <this/these> prescription(s).
3. If <PRESCRIBER NAME> won’t enroll in Medicare and you still want to get your prescription for <DRUG NAME(S)> from him/her, you will have to pay the full cost out of pocket for the drug(s) in the future.]

We want you to know that the Centers for Medicare & Medicaid Services (CMS) has been conducting an extensive outreach campaign for more than a year to try to make sure Part D prescribers are aware of this new requirement. [*Optional*: In addition, <PLAN NAME> contacted <PRESCRIBER NAME> about this new rule [*either* <on <DATE(s)> *or* in advance]. However, according to the most recent available record, <PRESCRIBER NAME> is not enrolled in Medicare.

**What if I have questions or need help?**

* Contact <PLAN NAME> Participant Services at <toll-free phone and TTY/TDD numbers>, <days and hours of operation>.
* Contact the Independent Consumer Advocacy Network (ICAN) toll-free at 1-844-614-8800 or online at icannys.org. (TTY users call 711, then follow the prompts to dial 844-614-8800.)
* Contact Medicare at 1-800-MEDICARE (1-800-633-4227), anytime, 24 hours a day/7 days a week. TTY users should call 1-877-486-2048.

Sincerely,

<Plan Representative>

<Plan’s legal or marketing name> is a managed care plan that contracts with Medicare and the New York State Department of Health (Medicaid) to provide benefits to Participants through the Fully Integrated Duals Advantage for individuals with Intellectual and Developmental Disabilities (FIDA-IDD) Demonstration.

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 may change on January 1 of each year.

You can get this information for free in other languages. Call <toll-free phone and TTY/TDD numbers>, <days and hours of operation>. The call is free. [*This disclaimer must be in English and all non-English languages that meet the Medicare or State thresholds for translation, whichever is most beneficiary friendly. The non-English disclaimer must be placed below the English version and in the same font size as the English version.*]

You can get this information for free in other formats, such as large print, braille, or audio. Call <toll-free phone and TTY/TDD numbers>, <days and hours of operation>. The call is free.

The State of New York has created a participant ombudsman program called the Independent Consumer Advocacy Network (ICAN) to provide Participants free, confidential assistance on any services offered by <plan name>. ICAN may be reached toll-free at 1-844-614-8800 or online at icannys.org. (TTY users call 711, then follow the prompts to dial 844-614-8800.)