

## Chapter 2: Important phone numbers and resources

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### Introduction

This chapter gives you contact information for important resources that can help you answer your questions about our plan and your health care benefits. You can also use this chapter to get information about how to contact your care coordinator and others to advocate on your behalf. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

*[If applicable, plans should modify this chapter to include contact information for other resources.]*

*[Plans should refer to other parts of the Member Handbook using the appropriate chapter number, section, and/or page number. For example, "refer to Chapter 9, Section A, page 1." An instruction [insert reference, as applicable] appears with many cross references throughout the Member Handbook. Plans may always include additional references to other sections, chapters, and/or member materials when helpful to the reader.]*

*[Plans must update the Table of Contents to this document to accurately reflect where the information is found on each page after plan adds plan-customized information to this template.]*



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

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

## A. Member Services

<b>CALL</b>	<p>&lt;Phone number(s)&gt;. This call is free.</p> <p>&lt;Days and hours of operation&gt; [Include information on the use of alternative technologies.]</p> <p>We have free interpreter services for people who do not speak English.</p>
<b>TTY</b>	<p>&lt;TTY phone number&gt;. This call is free.</p> <p>[Insert if the plan uses a direct TTY number: This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.]</p> <p>&lt;Days and hours of operation&gt;</p>
<b>FAX</b>	[Fax number is optional.]
<b>WRITE</b>	<Mailing address>
<b>EMAIL</b>	[Email address is optional.]
<b>WEBSITE</b>	[Web URL.]

Contact Member Services to get help with:

- Questions about the plan
- Questions about claims or billing

[If plans have different numbers for the functions listed below, plans should insert separate charts with the additional contact information.]

- Coverage decisions about your health care
  - A coverage decision about your health care is a decision about:
    - your benefits and covered services **or**
    - the amount we pay for your health services.
  - Call us if you have questions about a coverage decision about your health care.
  - To learn more about coverage decisions, refer to **Chapter 9** of your *Member Handbook*.



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

- Appeals about your health care
  - An appeal is a formal way of asking us to review a decision we made about your coverage and asking us to change it if you think we made a mistake or disagree with the decision.
  - To learn more about making an appeal, refer to **Chapter 9** of your *Member Handbook* or contact Member Services.
- Complaints about your health care
  - You can make a complaint about us or any provider (including a non-network or network provider). A network provider is a provider who works with our plan. You can also make a complaint to us or to the Quality Improvement Organization (QIO) about the quality of the care you received (refer to **Section F** *[insert reference, as applicable]*).
  - You can call us and explain your complaint at *<phone number>*.
  - If your complaint is about a coverage decision about your health care, you can make an appeal (refer to the section above *[insert reference, as applicable]*).
  - You can send a complaint about our plan to Medicare. You can use an online form at [www.medicare.gov/MedicareComplaintForm/home.aspx](http://www.medicare.gov/MedicareComplaintForm/home.aspx). Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
  - *[Insert additional instructions regarding how to make a complaint as directed by the state.]*
  - To learn more about making a complaint about your health care, refer to **Chapter 9** of your *Member Handbook*.
- Coverage decisions about your drugs
  - A coverage decision about your drugs is a decision about:
    - your benefits and covered drugs **or**
    - the amount we pay for your drugs.
  - This applies to your Medicare Part D drugs *[insert if applicable, and name of Medicaid program prescription drugs and over-the-counter drugs]*.
  - For more on coverage decisions about your prescription drugs, refer to **Chapter 9** of your *Member Handbook*.



- Appeals about your drugs
  - An appeal is a way to ask us to change a coverage decision.
  - For more on making an appeal about your prescription drugs, refer to **Chapter 9** of your *Member Handbook*.
- Complaints about your drugs
  - You can make a complaint about us or any pharmacy. This includes a complaint about your prescription drugs.
  - If your complaint is about a coverage decision about your prescription drugs, you can make an appeal. (Refer to the section above [\[insert reference, as applicable\]](#).)
  - You can send a complaint about our plan to Medicare. You can use an online form at [www.medicare.gov/MedicareComplaintForm/home.aspx](http://www.medicare.gov/MedicareComplaintForm/home.aspx). Or you can call 1-800-MEDICARE (1-800-633-4227) to ask for help.
  - For more on making a complaint about your prescription drugs, refer to **Chapter 9** of your *Member Handbook*.
- Payment for health care or drugs you already paid for

[\[Plans with an arrangement with the state may add language to reflect that the organization is not allowed to reimburse members for Medicaid-covered benefits.\]](#)

  - For more on how to ask us to pay you back, or to pay a bill you got, refer to **Chapter 7** of your *Member Handbook*.
  - If you ask us to pay a bill and we deny any part of your request, you can appeal our decision. Refer to **Chapter 9** of your *Member Handbook*.



## B. Your Care Coordinator

*[Plans should include information explaining what a care coordinator is, how members can get a care coordinator, how they can contact the care coordinator, and how they can change their care coordinator. Plans can modify this section as appropriate.]*

<b>CALL</b>	<p><i>&lt;Phone number(s)&gt;. This call is free.</i></p> <p><i>&lt;Days and hours of operation&gt; [Include information on the use of alternative technologies.]</i></p> <p>We have free interpreter services for people who do not speak English.</p>
<b>TTY</b>	<p><i>&lt;TTY phone number&gt;. This call is [insert if applicable: not] free.</i></p> <p><i>[Insert if the plan uses a direct TTY number: This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.]</i></p> <p><i>&lt;Days and hours of operation&gt;</i></p>
<b>FAX</b>	<i>[Fax number is optional.]</i>
<b>WRITE</b>	<i>&lt;Mailing address&gt;</i>
<b>EMAIL</b>	<i>[Email address is optional.]</i>
<b>WEBSITE</b>	<i>[Web address is optional.]</i>

Contact your care coordinator to get help with:

- questions about your health care
- questions about getting behavioral health (mental health and substance use disorder) services
- questions about transportation
- *[Plans should include long-term services and supports and insert information describing LTSS coverage as applicable.]*
- *[Plans may insert bullets noting additional areas that care coordinators can provide assistance with.]*

## C. *[Insert State-specific Name of SHIP Program]*



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

The State Health Insurance Assistance Program (SHIP) gives free health insurance counseling to people with Medicare. In *<insert state>*, the SHIP is called *<state-specific SHIP name>*.

*<Insert state-specific SHIP name>* is not connected with any insurance company or health plan.

<b>CALL</b>	<i>&lt;Phone number(s)&gt;</i> <i>&lt;Days and hours of operation&gt;</i>
<b>TTY</b>	<i>[TTY phone number is optional.]</i> <i>[Insert if the SHIP uses a direct TTY number: This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.]</i>
<b>WRITE</b>	<i>&lt;Mailing address&gt;</i>
<b>EMAIL</b>	<i>[Email address is optional.]</i>
<b>WEBSITE</b>	<i>&lt;Web address&gt;</i>

Contact *<insert name of SHIP program>* for help with:

- questions about Medicare
- *<state-specific SHIP name>* counselors can answer your questions about changing to a new plan and help you:
  - understand your rights,
  - understand your plan choices,
  - make complaints about your health care or treatment, **and**
  - straighten out problems with your bills.



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

## D. Quality Improvement Organization (QIO)

Our state has an organization called *<state-specific QIO name>*. This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare.

*<state-specific QIO name>* is not connected with our plan.

<b>CALL</b>	<i>&lt;Phone number(s)&gt;</i>
<b>TTY</b>	<p><i>[TTY phone number is optional.]</i></p> <p><i>[Insert if the QIO uses a direct TTY number: This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.]</i></p>
<b>WRITE</b>	<i>&lt;Mailing address&gt;</i>
<b>EMAIL</b>	<i>[Email address is optional.]</i>
<b>WEBSITE</b>	<i>&lt;Web address&gt;</i>

Contact *<state-specific QIO name>* for help with:

- questions about your health care rights
- making a complaint about the care you got if you:
  - have a problem with the quality of care,
  - think your hospital stay is ending too soon, **or**
  - think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.



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



## E. Medicare

Medicare is the federal health insurance program for people 65 years of age or over, some people under age 65 with disabilities, and people with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).

The federal agency in charge of Medicare is the Centers for Medicare & Medicaid Services, or CMS.

<b>CALL</b>	<p>1-800-MEDICARE (1-800-633-4227)</p> <p>Calls to this number are free, 24 hours a day, 7 days a week.</p>
<b>TTY</b>	<p>1-877-486-2048. This call is free.</p> <p>This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.</p>
<b>WEBSITE</b>	<p><a href="http://www.medicare.gov">www.medicare.gov</a></p> <p>This is the official website for Medicare. It gives you up-to-date information about Medicare. It also has information about hospitals, nursing facilities, doctors, home health agencies, dialysis facilities, inpatient rehabilitation facilities, and hospices.</p> <p>It includes helpful websites and phone numbers. It also has documents you can print right from your computer.</p> <p>If you don't have a computer, your local library or senior center may be able to help you visit this website using their computer. Or, you can call Medicare at the number above and tell them what you are looking for. They will find the information on the website and review the information with you.</p>



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

## F. *[Insert name of Medicaid Program]*

*[Plans must adapt this generic discussion of Medicaid to reflect the name or features of the Medicaid program in the plan's state or states.]*

*[If there are two different agencies handling eligibility and coverage/services, the plan should include both and clarify the role of each.]*

*[Plans must, as appropriate, include additional telephone numbers for Medicaid program assistance.]*

*[Insert state-specific name of Medicaid program]* helps with medical and long-term services and supports costs for people with limited incomes and resources.

You are enrolled in Medicare and in Medicaid. If you have questions about the help you get from Medicaid, call *<state-specific Medicaid agency>*.

*[If applicable, plans may also inform members that they can get information about Medicaid from county resource centers and indicate where members can find contact information for these centers.]*

<b>CALL</b>	<i>[Insert state-specific Medicaid agency.]</i> <i>&lt;Days and hours of operation&gt;</i>
<b>TTY</b>	<i>[Insert number, if available. Or delete this row.] [Insert if the state Medicaid program uses a direct TTY number: This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.]</i>
<b>WRITE</b>	<i>&lt;Insert Mailing address.&gt;</i>
<b>EMAIL</b>	<i>[Email address is optional.]</i>
<b>WEBSITE</b>	<i>&lt;Insert Web URL.&gt;</i>



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

## G. *[Insert state-specific name for ombudsperson program]*

*[If there is no general ombudsperson in the state plans can delete this section and re-letter the sections as applicable.]* The *<state-specific name for ombudsperson program>* works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do. *<State-specific name for ombudsperson program>* also helps you with service or billing problems. They are not connected with our plan or with any insurance company or health plan. Their services are free.

<b>CALL</b>	<i>&lt;Phone number(s)&gt;</i> <i>&lt;Days and hours of operation&gt;</i>
<b>TTY</b>	<i>[TTY phone number is optional.]</i> <i>[Insert if the ombudsperson program uses a direct TTY number: This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.]</i>
<b>WRITE</b>	<i>&lt;Insert Mailing address.&gt;</i>
<b>EMAIL</b>	<i>[Email address is optional.]</i>
<b>WEBSITE</b>	<i>&lt;Insert Web URL.&gt;</i>



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

## H. *[Insert State-specific Name of the Long-Term Care (LTC) Ombudsperson Program]*

*[If there is no LTC ombudsperson in the state plans can delete this section and re-letter the sections as applicable.]* The *<state-specific LTC Ombudsperson name>* helps people get information about nursing homes and resolve problems between nursing homes and residents or their families.

*<Insert state-specific LTC Ombudsperson name>* is not connected with our plan or any insurance company or health plan.

<b>CALL</b>	<i>&lt;Phone number(s)&gt;</i> <i>&lt;Days and hours of operation&gt;</i>
<b>TTY</b>	<i>[TTY phone number is optional.]</i> <i>[Insert if the LTC Ombudsperson uses a direct TTY number: This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.]</i>
<b>WRITE</b>	<i>&lt;Mailing address&gt;</i>
<b>EMAIL</b>	<i>[Email address is optional.]</i>
<b>WEBSITE</b>	<i>&lt;Web address&gt;</i>



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

## I. Programs to Help People Pay for Their Prescription Drugs

The Medicare.gov website ([www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/costs-in-the-coverage-gap/5-ways-to-get-help-with-prescription-costs](http://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage/costs-in-the-coverage-gap/5-ways-to-get-help-with-prescription-costs)) provides information on how to lower your prescription drug costs. For people with limited incomes, there are also other programs to assist, as described below.

### II. Extra Help

Because you are eligible for Medicaid, you qualify for and are getting “Extra Help” from Medicare to pay for your prescription drug plan costs. You do not need to do anything to get this “Extra Help.”

<b>CALL</b>	1-800-MEDICARE (1-800-633-4227) Calls to this number are free, 24 hours a day, 7 days a week.
<b>TTY</b>	1-877-486-2048 This call is free. This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.
<b>WEBSITE</b>	<a href="http://www.medicare.gov">www.medicare.gov</a>

*[Plans that have no drug cost-sharing may delete this section.]*

If you believe that you are paying an incorrect cost-sharing amount when you get your prescription at a pharmacy, our plan has a process for you to either request assistance in obtaining evidence of your correct copayment level, or if you already have the evidence, to provide this evidence to us.

- *[Plans should insert process for allowing members to request assistance with obtaining best available evidence, and for providing this evidence.]*
- *[Plans should update this description to accurately reflect the process in this bullet.]* When we receive the evidence showing your copayment level, we will update our system so that you will be charged the correct copayment when you get your next prescription. If you overpay your copayment, we will pay you back. Either we will send a check to you or we will deduct the amount from future copayments. If the pharmacy hasn't collected a copayment from you and is carrying your copayment as a debt owned by you, we may make the payment directly to the pharmacy. If a state paid on your behalf, we may make payment directly to the state. Please contact Member Services if you have questions.



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

## **I2. State Pharmaceutical Assistance Program (SPAP)** *[Plans in states without an SPAP or where the SPAP excludes enrollment of dual eligible individuals should delete this section.]*

If you are enrolled in a SPAP, or any other program that provides coverage for Medicare Part D drugs other than “Extra Help” you still get the 70 percent discount on covered brand name drugs. Also, the plan pays five percent of the cost of brand drugs in the coverage gap. The 70 percent discount and the five percent paid by the plan are both applied to the price of the drug before any SPAP or other coverage.

## **I3. AIDS Drug Assistance Program (ADAP)**

*[Plans should delete this section if not applicable.]* ADAP helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV drugs. Medicare Part D prescription drugs that are also on the ADAP formulary qualify for prescription cost-sharing assistance *[insert state-specific ADAP information.]* Note: To be eligible for the ADAP operating in your state, individuals must meet certain criteria, including proof of the state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. If you change plans please notify your local ADAP enrollment worker so you can continue to receive assistance for information on eligibility criteria, covered drugs, or how to enroll in the program, please call *[insert state-specific ADAP contact information.]*



## J. Social Security

Social Security determines eligibility and handles enrollment for Medicare. U.S. Citizens and lawful permanent residents who are 65 and over, or who have a disability or End-Stage Renal Disease (ESRD) and meet certain conditions, are eligible for Medicare. If you are already getting Social Security checks, enrollment into Medicare is automatic. If you are not getting Social Security checks, you have to enroll in Medicare. To apply for Medicare, you can call Social Security or visit your local Social Security office.

If you move or change your mailing address, it is important that you contact Social Security to let them know.

<b>CALL</b>	<p>1-800-772-1213</p> <p>Calls to this number are free.</p> <p>Available 8:00 am to 7:00 pm, Monday through Friday.</p> <p>You can use their automated telephone services to get recorded information and conduct some business 24 hours a day.</p>
<b>TTY</b>	<p>1-800-325-0778</p> <p>This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.</p>
<b>WRITE</b>	<i>&lt;Insert Mailing address.&gt;</i>
<b>EMAIL</b>	<i>[Email address is optional.]</i>
<b>WEBSITE</b>	<a href="http://www.ssa.gov">www.ssa.gov</a>



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

## K. Railroad Retirement Board (RRB)

The RRB is an independent Federal agency that administers comprehensive benefit programs for the nation's railroad workers and their families. If you receive Medicare through the RRB, it is important that you let them know if you move or change your mailing address. If you have questions regarding your benefits from the RRB, contact the agency.

<b>CALL</b>	<p>1-877-772-5772</p> <p>Calls to this number are free.</p> <p>If you press "0", you may speak with a RRB representative from 9 a.m. to 3:30 p.m., Monday, Tuesday, Thursday and Friday, and from 9 a.m. to 12 p.m. on Wednesday.</p> <p>If you press "1", you may access the automated RRB Help Line and recorded information 24 hours a day, including weekends and holidays.</p>
<b>TTY</b>	<p>1-312-751-4701</p> <p>This number is for people who have difficulty with hearing or speaking. You must have special telephone equipment to call it.</p> <p>Calls to this number are <i>not</i> free.</p>
<b>WEBSITE</b>	<p><a href="http://www.rrb.gov">www.rrb.gov</a></p>



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



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## L. Group insurance or other insurance from an employer

*[Plans should delete this section if members covered under employer groups are not eligible to participate in D-SNPs in the state.]*

If you (or your spouse or domestic partner) get benefits from your (or your spouse's or domestic partner's) employer or retiree group as part of this plan, you may call the employer/union benefits administrator or Member Services if you have any questions. You can ask about your (or your spouse's or domestic partner's) employer or retiree health benefits, premiums, or the enrollment period. You may also call 1-800-MEDICARE (1-800-633-4227; TTY: 1-877-486-2048) with questions related to your Medicare coverage under this plan.

If you have other prescription drug coverage through your (or your spouse's or domestic partner's) employer or retiree group, please contact **that group's benefits administrator**. The benefits administrator can help you determine how your current prescription drug coverage will work with our plan.



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

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## M. Other resources

*[Plans may insert this section to provide additional information resources, such as county aging and disability resource centers, choice counselors, or area agencies on aging or any other sections as directed by the state. Plans should format consistently with other sections, include a brief description and information about any other resources they add, and update the Table of Contents.]*



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