[*Instructions: This model should be used by FIDA plans to alert a Participant that future medication fills prescribed, dispensed, distributed, or manufactured (as applicable) by his or her current provider (prescriber or pharmacy), distributor, or manufacturer will no longer be covered because the individual or entity will be or has been excluded from participating in the Medicare program based upon an OIG exclusion. As soon as the FIDA plan knows that an individual or entity has been posted to the exclusion lists, this notice must be sent to every Participant who has previously received a prescription or prescription medication either from that provider or for a medication distributed or manufactured by the excluded entity.*]

<DATE>

<PARTICIPANT NAME>

<ADDRESS>

<CITY, STATE ZIP>

Dear <PARTICIPANT NAME>:

This letter is to inform you that we can no longer cover prescription medications effective [Effective Date of OIG Exclusion] that are [*Insert one* <prescribed> <dispensed> <distributed> <manufactured>] by [*Insert one* <NAME OF PRESCRIBER> <NAME OF PHARMACY> <NAME OF DISTRIBUTOR> <NAME OF MANUFACTURER>]. This includes new prescriptions, as well as any refills left on the prescription(s) you are currently taking.

<Plan name> cannot cover medications [*Insert one* <prescribed> < dispensed> <distributed> <manufactured>] by [*Insert one* <NAME OF PRESCRIBER> <NAME OF PHARMACY> <NAME OF DISTRIBUTOR> <NAME OF MANUFACTURER>] because he/she/it has been excluded from participation in all federal health care programs as of [Effective Date of Exclusion], including the Medicare program, by the U.S. Department of Health and Human Services’ Office of Inspector General (OIG). Medicare plans are prohibited from making payment for prescriptions prescribed, dispensed, or furnished by excluded individuals and entities. For more information about exclusions, you may visit the OIG’s website at <http://oig.hhs.gov/fraud/exclusions.asp>.

*{Providers should insert at least one of the three sentences below.}*

[*Insert when applicable*: Please call your Care Manager or Participant Services at <phone number> (TTY/TDD users should call <TTY/TDD number>) if you need assistance finding another <pharmacy>.] [*Insert when applicable*: Please call your Care Manager or Participant Services at <phone number> (TTY/TDD users should call <TTY/TDD number>) if you need assistance finding another provider in your area who can prescribe your medications.] [*Insert when applicable*: Please call your Care Manager or prescriber if you need assistance finding another medication.]

Sincerely,

<Plan Representative>

Last Updated <Date>

<Plan’s legal or marketing name> is a managed care plan that contracts with both Medicare and New York State Department of Health (Medicaid) to provide benefits of both programs to Participants through the Fully Integrated Duals Advantage (FIDA) Program.

Participants generally must use network pharmacies to access their prescription drug benefit.

Benefits, List of Covered Drugs, and pharmacy and provider networks may change from time to time throughout the year and on January 1 of each year.

You can get this information for free in other languages. Call <toll-free number> and <TTY/TDD numbers> during <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.*]

The State of New York has created a Participant Ombudsman Program to provide Participants free, confidential assistance on any services offered by <Plan Name>. The Participant Ombudsman may be reached toll-free at <toll-free number> or online at <website URL>.