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## **New Information for All Medicare Participating Providers in Pennsylvania**

In late January, we informed you that many Medicare beneficiaries who also have Medicaid coverage from the State of Pennsylvania (also known as “full benefit dual eligibles,” or “dual eligibles”) have been enrolled into Medicare “Special Needs Plans” (SNPs) and coverage began January 1, 2006. These Medicare SNPs (listed below) are managed care plans operated by the same organization that provided these beneficiaries’ Medicaid managed care coverage, and provide Medicare-covered services (including Medicare prescription drug coverage) and other health care services to the dually eligible population.

In our January message, we asked that you continue to see your Medicare patients, even if you do not participate in any or all of these plans’ networks, during a special transition or “grace period” that was scheduled to end on March 31, 2006. This period has since been extended until **June 30, 2006** to allow beneficiaries additional time to either change to in-network providers or to disenroll from their SNP and return to Medicare fee-for-service (FFS) or to enroll in another Medicare Advantage plan.

- 1) Until **June 30, 2006**, you may provide Medicare-covered services to these individuals and submit a claim to your patient’s Medicare SNP even though you do not participate in its network. The SNP is required to pay you the Medicare FFS rate or billed charge, whichever is lower, for any Medicare-covered services provided during the period beginning January 1, 2006, and ending on **June 30, 2006**.
- 2) You may sign up to be a participating provider with the plan, should you so desire. You should contact the plan for further details about becoming a participating provider.
- 3) Your dual eligible patients may disenroll from the SNP and return to Original (FFS) Medicare or choose a different Medicare managed care plan at any time. You should feel free to refer them to one of the organizations listed at the end of this letter for advice about what plan is best for them.

The Centers for Medicare & Medicaid Services (CMS) has worked closely with the SNPs to clarify their obligations to continue to pay for services provided by out-of-network providers through **June 30, 2006**, and to ensure that these “transition policies” are appropriately disseminated throughout their organizations. If you have any questions about these policies, or encounter any difficulties receiving payment for care provided during this time period, please contact the appropriate plan at the numbers listed below. You may also contact CMS’ Philadelphia Regional Office at (215) 861-4154 if you encounter problems with this process or with signing up to be a participating provider with a plan. Please feel free to duplicate this mailing and share it with your colleagues.

The SNPs sent a notice to all affected beneficiaries in February explaining their enrollment options and clarifying plan transition policies, and recently sent a second notice to these beneficiaries informing them that they now have until **June 30, 2006** to exercise these options without being limited in their choice of providers. (A copy of this notice is attached). As the notice explains, these beneficiaries may disenroll from their SNP by calling the plan directly at the number included below, or by calling 1-800-MEDICARE (1-800-633-4227). TYY users should call 1-877-486-2048. Staff at 1-800-MEDICARE will also help them to enroll in a Medicare Prescription Drug Plan, to make sure that they retain Medicare prescription drug coverage.

**Please note:** Since it may take several days for a beneficiary's disenrollment to appear in CMS' systems, we ask that you accept as proof of disenrollment a letter from CMS or the SNP confirming the disenrollment request and the effective date.

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### List of Medicare Special Needs Plans

#### AmeriHealth 65

Member Services: 1-800-645-3965  
Provider Services: 1-888-850-9200

#### Health Partners

Member Services General: 1-800-553-0784  
Medicare Specific: 1-888-667-7367  
Provider Services: 1-888-991-9023

#### UPMC Health Plan

Members and Providers: 1-800-606-8648

#### Gateway Health Plan

Member Services: 1-800-685-5209  
Provider Services: 1-800-685-5205

#### Keystone 65 Complete

Member Services: 1-800-645-3965  
Provider Services: 1-888-850-9200

#### Unison Health Plan

Member Services: 1-800-290-4009  
Provider Services: 1-800-600-9007

### Resources to Help Dual Eligibles Choose Another Plan

#### Medicare

1-800-MEDICARE (1-800-633-4227)  
TYY 1-877-486-2048

#### APPRISE

1-800-783-7067

### Other Organizations to Help Dual Eligibles

Pennsylvania Health Law Project  
1-800-274-3258

Community Legal Services  
(for Philadelphia Residents)  
215-227-2400



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### **IMPORTANT INFORMATION: NEW DEADLINE**

In February, we at Medicare sent you a letter reminding you that you were enrolled in [Name of SNP], a Medicare Advantage plan specially designed for people who have both Medicare and Medicaid. That letter explained:

- How to get your Medicare benefits as a member of [Name of SNP].
- How to switch from [Name of SNP] to Original Medicare or another Medicare Advantage plan.
- That you could continue seeing your current doctor and other health care providers during a special “grace period” that lasts **until March 31**, even if they were not in the [Name of Plan] provider network
- That, during this “grace period,” you could generally get the same drugs you had been taking without prior approval from [Name of Plan], **until March 31**.

#### **What’s Different?**

Now, [Name of Plan] has extended those same “grace period” rules about providers and drugs until **June 30, 2006**. However, beginning July 1, 2006, if you stay a member of [Name of Plan], you must use [Name of Plan]’s doctors and providers and follow [Name of Plan]’s regular rules. Also, you should check with [Name of SNP] at [Insert toll-free phone number] to see whether all of the medicines you take are covered under the plan’s regular rules. You need to decide soon whether [Name of Plan] is right for you.

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**The rest of this letter will remind you of important information that was also contained in the February letter.**

#### **What is Original Medicare?**

The Original Medicare Plan is a fee-for-service plan that is managed by the Federal Government. You use your red, white, and blue Medicare card when you get health care. You can go to any doctor, hospital, facility, or supplier that accepts Medicare.

#### **What is a Medicare Advantage Plan?**

A Medicare Advantage plan is a managed care plan. If you are in a Medicare Advantage plan, you generally can only go to doctors and other health care providers who are in the plan’s network. If you want to see a specialist, you may need to get a referral first, depending on the plan’s rules. Medicare Advantage plans sometimes have extra benefits that Original Medicare doesn’t cover.

## **How can I keep getting Medicare services from my current doctors and other health care providers?**

The extended “grace period” means you can keep going to your current doctors and other health care providers to receive Medicare covered services until **June 30, 2006**, whether or not they are in [Name of SNP]’s provider network. [Name of SNP] will pay the providers directly for the services you receive even if they are not in the network. You do not need a referral. For the most part, you can also get the same drugs you’re taking now without prior approval from [Name of SNP] until **June 30, 2006**. You may want to take this letter to your doctor or other health care provider in case they have any questions about this. If you have any problems getting services or medications, call [Name of SNP] at [insert toll-free telephone number], or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

After **June 30, 2006**, if you stay a member of [Name of SNP], you must use [Name of SNP]’s doctors and providers and follow [Name of SNP]’s rules. You may also need to get prior approval to get the same drugs you’re taking now. If you want to continue to see your current doctors or other health care providers who are not a part of [Name of SNP]’s network, you must switch to Original Medicare before **June 30, 2006** (see below).

## **What if I want to stay in [Name of SNP]?**

If you want to stay in [Name of SNP], you don’t have to do anything.

## **What if I want to switch to Original Medicare?**

If you don’t want to stay in [Name of SNP], you can return to Original Medicare. Just call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Tell them you are from Pennsylvania and got this letter. They will help you enroll in original Medicare and choose a Medicare prescription drug plan for your drug benefits. Your enrollment will take effect the first day of the month after the month that you call. You can also ask that your enrollment can be effective earlier, but this could affect the coverage of services that you have already received. 1-800-MEDICARE will help you understand any costs you may have.

## **What if I am not sure if I want to stay in [Name of SNP]?**

You should think about whether your doctors, hospital, and other health care providers are in [Name of SNP]’s network, and whether [Name of SNP] covers the prescription drugs that you take. You can contact [Name of SNP] at [insert toll-free telephone number] to ask them these questions. TTY users should call [insert TTY number]. They are available [insert days/hours of operation and, if different, TTY hours of operation].

Because you have both Medicare and Medicaid, you can change Medicare health and drug plans at any time if your plan does not meet your needs. The change will be effective the first day of the month after the month you request the change.

You’re getting this letter because our records show that you have both Medicare and Medicaid and are enrolled in [Name of SNP]. **If this is not true, you should not have received this notice.** Please contact us at [insert toll-free telephone number and TTY number], so we can correct our records.