

Banner: Maryland Attorney General Douglas F. Gansler

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For Immediate Release
February 03, 2006

Media Contact:
Kevin Enright 410-576-6357

PSYCHIATRIST CHARGED WITH DEFRAUDING MEDICAID

Maryland Attorney General J. Joseph Curran, Jr. announced today that Dr. Oparaugo Ihentuge Udebiuwa has been charged with defrauding the Medicaid program by billing Medicaid for services that were never provided. Udebiuwa, 46, of the 400 block of Central Avenue in Davidsonville, Maryland is a licensed psychiatrist who was enrolled in the Medicaid Program as a Medicaid Provider.

Udebiuwa, whose practice was located on Park Heights Avenue in Baltimore City, was charged by the Baltimore City Grand Jury with seven counts of Felony Medicaid Fraud and with one count of Felony Theft from the Medicaid Program. Medicaid is a joint state and federal-funded program that provides health services to the indigent.

The case was referred to Attorney General Curran's Medicaid Fraud Control Unit from the Mental Hygiene Administration which administers mental health services for the Department of Health and Mental Hygiene. An indictment is an accusation based upon a finding of probable cause by the grand jury. All persons are considered innocent unless proven guilty. Felony Medicaid Fraud is punishable by up to five years in jail and a \$100,000 fine. Felony Theft is punishable by up to 15 years in jail and a \$25,000 fine. If convicted, Udebiuwa may also be ordered to pay restitution of up to three times the amount allegedly stolen from the Medicaid program.

An arraignment date is set for March 1, 2006 in the Circuit Court for Baltimore City.

Attorney General of Maryland 1 (888) 743-0023 toll-free / TDD: (410) 576-6372

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For Immediate Release
February 06, 2006

Media Contact:
Kevin Enright 410-576-6357

LICENSED PSYCHIATRIST CHARGED WITH FRAUD

Maryland Attorney General J. Joseph Curran, Jr. announced today that Dr. Roman Ostrovsky has been charged with defrauding the Medicaid program by billing Medicaid for services that were never provided. Ostrovsky, 48, of Harwick Court in Mount Washington, Maryland, is a licensed psychiatrist who was enrolled in the Medicaid Program as a Medicaid Provider.

Ostrovsky, whose practice is located on Reisterstown Road in Pikesville, Maryland, was charged by the Baltimore County Grand Jury with seven counts of Felony Medicaid Fraud and with one count of Felony Theft from the Medicaid Program. The Indictment charges that Ostrovsky engaged in a scheme to defraud Medicaid over a two and one-half year period, from January 2002 to May 2004. Medicaid is a joint state and federal-funded program that provides health services to the indigent. Ostrovsky has been licensed in Maryland since 1997.

The charges against Ostrovsky were filed at the request of Maryland Attorney General Curran following an investigation conducted by investigators from the Maryland Medicaid Fraud Control Unit. An indictment is an accusation based upon a finding of probable cause by the grand jury. All persons are considered innocent unless found guilty beyond a reasonable doubt by a jury after trial. Felony Medicaid Fraud is punishable by up to five years in jail and a \$100,000 fine. Felony Theft is punishable by up to 15 years in jail and a \$25,000 fine. If convicted, Ostrovsky may also be ordered to pay restitution of up to three times the amount allegedly stolen from the Medicaid program.

A trial date has not been set.

Attorney General of Maryland 1 (888) 743-0023 toll-free / TDD: (410) 576-6372
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Introduction to the Facilitated Enrollment Notice: Full Subsidy Version

What Is the Purpose of This Notice?

This notice informs people with Medicare that because they qualify for extra help, Medicare will enroll them in Medicare Prescription Drug Plans to make sure they get help paying for their prescription drug costs, if they don't enroll themselves or decline coverage. There are two versions of the notice: one for those who qualify for the full low-income subsidy and one for those who qualify for the partial low-income subsidy. People who qualify for the full low-income subsidy will get extra help to pay their full premiums and deductibles in certain plans and will have minimal cost sharing. People who qualify for the partial low-income subsidy will get extra help and pay reduced premiums, deductibles, and cost sharing.

The notice includes two pages. The first page is a letter printed on green paper with a list of plans for each region that have premiums at or below the benchmark on the back. The other page (front and back) includes questions and answers about Medicare prescription drug coverage.

Who Will Get This Notice?

Medicare will mail the notice to people who get Supplemental Security Income (SSI) benefits, or belong to Medicare Savings Programs (MSP), or apply and qualify for extra help.

Please note that this mailing is limited to those who currently get their Medicare benefits through the Original Medicare Plan. We also exclude people whose employer or union plan is claiming a retiree drug subsidy on their behalf.

What Should People Do Next?

People with Medicare should consider their options carefully. If they don't join plans themselves or call 1-800-MEDICARE (1-800-633-4227) to decline Medicare prescription drug coverage, Medicare will enroll them.

If people with Medicare want more information about Medicare prescription drug coverage, they can do the following:

- Visit www.medicare.gov on the web and get personalized drug plan information. If they don't have computers, their local libraries or senior centers may be able to help them look at this information.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Call their State Health Insurance Assistance Programs (SHIP) for free personalized health insurance counseling. See the "Medicare & You" handbook or call 1-800-MEDICARE for the telephone number for their states.



<BENEFICIARY FULL NAME>
<ADDRESS>
<CITY STATE ZIP>

HICN <1234>
<file creation date>

An Important Message for <Beneficiary Full Name>

Please keep this letter for your records. You are getting this letter because you qualify for extra help to pay for Medicare prescription drug coverage costs. This means you will get continuous coverage at low cost to you. To get Medicare prescription drug coverage, you will need to choose and join a Medicare drug plan. You have three options to consider.

Option 1: You can join a Medicare drug plan on your own. If you haven't joined a Medicare drug plan yet, please see the list of plans on the back of this letter. If you join one of these plans, you will pay no premium because you qualify for extra help. Call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov on the web for help comparing plans and joining a plan that works for you.

Option 2: Medicare will enroll you in a Medicare drug plan on the list. If you already joined a Medicare drug plan, Medicare won't enroll you in a plan. If you don't join a Medicare drug plan by April 30, Medicare will enroll you in <Organization name>'s <Name of plan> and your coverage will begin <enrollment effective date>. With this Medicare drug plan, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For more information about <Name of plan>, please call <Plan's phone number> or visit <Plan website> on the web. If you call the plan, they may ask for your address and other important information.

Option 3: You can decline to have Medicare enroll you in a plan. If you currently have other drug coverage, it may be as good as or better than Medicare prescription drug coverage. You may want to keep your current coverage and decline enrollment from Medicare. If you don't want Medicare drug coverage, call 1-800-MEDICARE (1-800-633-4227) or the plan mentioned above and tell us you don't want to enroll. Remember, if you decline, we won't enroll you in a Medicare drug plan now.

If you need help understanding this letter, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Region 1: Maine and New Hampshire

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Blue MedicareRx	Blue MedicareRx Option 1	1-866-244-1241
CIGNA HealthCare	CIGNATURE Rx Value Plan	1-800-735-1459
First Health Premier	First Health Premier	1-800-588-3322
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 1	1-800-765-8900
RxAmerica	Advantage Freedom Plan	1-877-279-0370
RxAmerica	Advantage Star Plan	1-877-279-0370
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 2: Connecticut, Massachusetts, Rhode Island, and Vermont

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Blue MedicareRx	Blue MedicareRx - Option 1	1-877-479-2227
Health Net	Health Net Orange*	1-800-806-8811
Humana Inc.	Humana PDP Standard S5884-061	1-800-706-0872
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 2	1-800-765-8900
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

* There are two different Health Net Orange plans available.

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Region 3: New York

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
American Progressive Life & Health Ins Co of NY	Prescription Pathway Bronze Plan Reg 3	1-800-825-8200
First Health Premier	First Health Premier	1-800-588-3322
GHI Medicare Prescription Drug Plan	GHI Medicare Prescription Drug Plan	1-800-611-8454
Health Net	Health Net Orange*	1-800-806-8811
Humana Insurance Company of New York	Humana PDP Standard S5552-003	1-800-706-0872
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
PacifiCare Life and Health Insurance Company	PacifiCare Select Plan	1-800-943-0399
SilverScript	SilverScript	1-866-552-6106
Simply Prescriptions	Rx 1	1-800-659-1986
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	UnitedHealthRx	1-888-556-7052
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

* There are two different Health Net Orange plans available.

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 4: New Jersey

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
First Health Premier	First Health Premier	1-800-588-3322
Health Net	Health Net Orange*	1-800-806-8811
Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Rx Plan 1	1-800-224-1234
Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Rx Plan 2	1-800-224-1234
Humana Inc.	Humana PDP Standard S5884-062	1-800-706-0872
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
PacifiCare Life and Health Insurance Company	PacifiCare Select Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 4	1-800-765-8900
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

* There are two different Health Net Orange plans available.

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 5: Delaware, District of Columbia, and Maryland

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Aetna Medicare	Aetna Medicare Rx Essentials	1-800-445-1796
AmeriHealth Advantage	AmeriHealth Advantage Rx Option 1	1-866-456-1694
Elder Health PDP Mid Atlantic	Elder Health PDP Mid-Atlantic	1-888-787-0272
First Health Premier	First Health Premier	1-800-588-3322
Humana Inc.	Humana PDP Standard S5884-063	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 5	1-800-765-8900
RxAmerica	Advantage Star Plan	1-877-279-0370
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 6: Pennsylvania and West Virginia

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Aetna Medicare	Aetna Medicare Rx Essentials	1-800-445-1796
AmeriHealth Advantage	AmeriHealth Advantage Rx Option 1	1-866-456-1694
First Health Premier	First Health Premier	1-800-588-3322
Highmark Senior Resources Inc.	BlueRx Basic	1-866-465-4030
Humana Inc.	Humana PDP Standard S5884-064	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 6	1-800-765-8900
RxAmerica	Advantage Star Plan	1-877-279-0370
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 7: Virginia

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Aetna Medicare	Aetna Medicare Rx Essentials	1-800-445-1796
Blue MedicareRx	Blue MedicareRx Value	1-877-481-8633
CIGNA HealthCare	CIGNATURE Rx Value Plan	1-800-735-1459
First Health Premier	First Health Premier	1-800-588-3322
Humana Inc.	Humana PDP Standard S5884-065	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 7	1-800-765-8900
RxAmerica	Advantage Freedom Plan	1-877-279-0370
RxAmerica	Advantage Star Plan	1-877-279-0370
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 8: North Carolina

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
CIGNA HealthCare	CIGNATURE Rx Value Plan	1-800-735-1459
Humana Inc.	Humana PDP Standard S5884-066	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 8	1-800-765-8900
RxAmerica	Advantage Freedom Plan	1-877-279-0370
RxAmerica	Advantage Star Plan	1-877-279-0370
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 9: South Carolina

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
AmeriHealth Mercy Plan	PerformRx Medicare Standard	1-866-456-1692
BlueCross BlueShield of South Carolina	MedBlue Rx	1-888-645-6025
First Health Premier	First Health Premier	1-800-588-3322
Humana Inc.	Humana PDP Standard S5884-067	1-800-706-0872
InStil Health Insurance Company	InStil Rx	1-877-446-7845
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 9	1-800-765-8900
RxAmerica	Advantage Freedom Plan	1-877-279-0370
RxAmerica	Advantage Star Plan	1-877-279-0370
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 10: Georgia

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Aetna Medicare	Aetna Medicare Rx Essentials	1-800-445-1796
AmeriHealth Advantage	AmeriHealth Advantage Rx Option 1	1-866-456-1694
Blue MedicareRx	Blue MedicareRx Value	1-866-892-5331
Humana Inc.	Humana PDP Standard S5884-068	1-800-706-0872
InStil Health Insurance Company	InStil Rx	1-877-446-7845
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 10	1-800-765-8900
RxAmerica	Advantage Star Plan	1-877-279-0370
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 11: Florida

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
AmeriHealth Advantage	AmeriHealth Advantage Rx Option 1	1-866-456-1694
Humana Inc.	Humana PDP Standard S5884-069	1-800-706-0872
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Region 12: Alabama and Tennessee

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
AmeriHealth Advantage	AmeriHealth Advantage Rx Option 1	1-866-456-1694
First Health Premier	First Health Premier	1-800-588-3322
HealthSpring Prescription Drug Plan	HealthSpring Prescription Drug Plan	1-888-583-3346
Humana Inc.	Humana PDP Standard S5884-070	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Region 13: Michigan

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Blue Cross Blue Shield of Michigan	Prescription Blue Option 1	1-800-485-4415
First Health Premier	First Health Premier	1-800-588-3322
Humana Inc.	Humana PDP Standard S5884-071	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 13	1-800-765-8900
Priority Medicare Rx	PriorityMedicareRx	1-888-389-6676
RxAmerica	Advantage Star Plan	1-877-279-0370
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 14: Ohio

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
AmeriHealth Advantage	AmeriHealth Advantage Rx Option 1	1-866-456-1694
Blue MedicareRx	Blue MedicareRx Value	1-800-467-8065
First Health Premier	First Health Premier	1-800-588-3322
Humana Inc.	Humana PDP Standard S5884-072	1-800-706-0872
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 15: Indiana and Kentucky

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
AmeriHealth Advantage	AmeriHealth Advantage Rx Option 1	1-866-456-1694
Blue MedicareRx	Blue MedicareRx Value	1-800-467-8065
First Health Premier	First Health Premier	1-800-588-3322
Humana Inc.	Humana PDP Standard S5884-073	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 15	1-800-765-8900
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 16: Wisconsin

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Blue MedicareRx	Blue MedicareRx Value	1-800-216-5572
Dean Health Insurance, Inc.	DeanCare Rx Classic	1-888-422-3326
Humana Inc.	Humana PDP Standard S5884-074	1-800-706-0872
Medco Health Solutions, Inc.	YOURx Plan	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 16	1-800-765-8900
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United American Insurance Company	UA Medicare Part D Prescription Drug Cov	1-866-524-4169
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252
WPS Health Insurance	WPS Medicare Prescription Drug Plan 1	1-800-490-5974

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 17: Illinois

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Aetna Medicare	Aetna Medicare Rx Essentials	1-800-445-1796
HealthSpring	HealthSpring Prescription Drug Plan	1-888-886-1993
HISC – Blue Cross Blue Shield of IL, TX, and NM	Blue Medicare Rx – Standard	1-888-285-2249
HISC – Blue Cross Blue Shield of IL, TX, and NM	Blue Medicare Rx – Value	1-888-285-2249
Humana Inc.	Humana PDP Standard S5884-075	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 17	1-800-765-8900
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	UnitedHealthRx	1-888-556-7052
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 18: Missouri

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Blue MedicareRx	Blue MedicareRx Value	1-800-652-6387
First Health Premier	First Health Premier	1-800-588-3322
Humana Inc.	Humana PDP Standard S5884-076	1-800-706-0872
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 18	1-800-765-8900
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 19: Arkansas

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Arkansas Blue Cross and Blue Shield	Medi-Pak Rx Basic	1-800-392-2583
CIGNA HealthCare	CIGNATURE Rx Value Plan	1-800-735-1459
Humana Inc.	Humana PDP Standard S5884-077	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 19	1-800-765-8900
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United American Insurance Company	UA Medicare Part D Prescription Drug Cov	1-866-524-4169
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

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Region 20: Mississippi

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
CIGNA HealthCare	CIGNATURE Rx Value Plan	1-800-735-1459
HealthSpring	HealthSpring Prescription Drug Plan	1-888-583-3346
Humana Inc.	Humana PDP Standard S5884-078	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 20	1-800-765-8900
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 21: Louisiana

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
AmeriHealth Advantage	AmeriHealth Advantage Rx Option 1	1-866-456-1694
Humana Inc.	Humana PDP Standard S5884-079	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 21	1-800-765-8900
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 22: Texas

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Aetna Medicare	Aetna Medicare Rx Essentials	1-800-445-1796
Elder Health PDP Texas	Elder Health PDP Texas	1-888-225-0026
HISC – Blue Cross Blue Shield of IL, TX, and NM	Blue Medicare Rx – Standard	1-888-579-9373
HISC – Blue Cross Blue Shield of IL, TX, and NM	Blue Medicare Rx – Value	1-888-579-9373
Humana Inc.	Humana PDP Standard S5884-080	1-800-706-0872
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 22	1-800-765-8900
RxAmerica	Advantage Star Plan	1-877-279-0370
SierraRx	SierraRx	1-866-789-0565
SilverScript	SilverScript	1-866-552-6106
Texas HealthSpring Prescription Drug Plan	Texas HealthSpring Prescription Drug Plan	1-800-846-2098
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

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Region 23: Oklahoma

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
BLUE CROSS AND BLUE SHIELD OF OKLAHOMA	Medicare Blue Rx Basic	1-800-693-3815
BLUE CROSS AND BLUE SHIELD OF OKLAHOMA	Medicare Blue Rx Basic Plus	1-800-693-3815
Humana Inc.	Humana PDP Standard S5884-081	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Pharmacists Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 23	1-800-765-8900
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

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Region 24: Kansas

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Blue MedicareRx	Blue MedicareRx Value	1-877-471-4121
Humana Inc.	Humana PDP Standard S5884-082	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 24	1-800-765-8900
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

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Region 25: Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota, and Wyoming

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Blue Cross Blue Shield Northern Plains Alliance	MedicareBlue Rx Option 1	1-866-456-3725
Humana Inc.	Humana PDP Standard S5884-083	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 25	1-800-765-8900
RxAmerica	Advantage Freedom Plan	1-877-279-0370
RxAmerica	Advantage Star Plan	1-877-279-0370
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	UnitedHealthRx	1-888-556-7052
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 26: New Mexico

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Humana Inc.	Humana PDP Standard S5884-084	1-800-706-0872
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 26	1-800-765-8900
Presbyterian Prescription Drug Plan	Presbyterian Prescription Drug Plan 1	1-800-347-4766
SierraRx	SierraRx	1-866-789-0565
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 27: Colorado

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Blue MedicareRx	Blue MedicareRx Value	1-866-892-5332
Humana Inc.	Humana PDP Standard S5884-085	1-800-706-0872
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 27	1-800-765-8900
SierraRx	SierraRx	1-866-789-0565
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 28: Arizona

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Health Net	Health Net Orange*	1-800-806-8811
Humana Inc.	Humana PDP Standard S5884-086	1-800-706-0872
SierraRx	SierraRx	1-866-789-0565
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564

* There are two different Health Net Orange plans available.

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Region 29: Nevada

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Blue MedicareRx	Blue MedicareRx Value	1-866-892-5343
First Health Premier	First Health Premier	1-800-588-3322
Humana Inc.	Humana PDP Standard S5884-087	1-800-706-0872
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
SierraRx	SierraRx	1-866-789-0565
Unicare	MedicareRx Rewards	1-866-892-5335
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Region 30: Oregon and Washington

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Asuris Northwest Health	Asuris Medicare Script	1-800-452-2909
Health Net	Health Net Orange*	1-800-806-8811
Humana Inc.	Humana PDP Standard S5884-088	1-800-706-0872
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 30	1-800-765-8900
RxAmerica	Advantage Freedom Plan	1-877-279-0370
RxAmerica	Advantage Star Plan	1-877-279-0370
SierraRx	SierraRx	1-866-789-0565
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

* There are two different Health Net Orange plans available.

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 31: Idaho and Utah

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
CIGNA HealthCare	CIGNATURE Rx Value Plan	1-800-735-1459
Humana Inc.	Humana PDP Standard S5884-089	1-800-706-0872
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 31	1-800-765-8900
Regence Life and Health	Regence Life and Health Medicare Script	1-800-452-2909
RxAmerica	Advantage Freedom Plan	1-877-279-0370
RxAmerica	Advantage Star Plan	1-877-279-0370
SierraRx	SierraRx	1-866-789-0565
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 32: California

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Blue MedicareRx	Blue Cross MedicareRx Value	1-866-892-5340
Health Net	Health Net Orange*	1-800-806-8811
Humana Inc.	Humana PDP Standard S5884-090	1-800-706-0872
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
SierraRx	SierraRx	1-866-789-0565
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	UnitedHealthRx	1-888-556-7052
WellCare	WellCare Signature	1-888-423-5252

* There are two different Health Net Orange plans available.

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Region 33: Hawaii

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
RxAmerica	Advantage Star Plan	1-877-279-0370
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Region 34: Alaska

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
CIGNA HealthCare	CIGNATURE Rx Value Plan	1-800-735-1459
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a monthly premium fee instead of \$0.

Important Questions and Answers about Your New Drug Coverage

With a Medicare drug plan, you will get continuous prescription drug coverage at low cost to you. As we age, most people need prescription drugs to stay healthy. Joining gives you peace of mind knowing you have coverage if you need it.

What should I do now?

Consider your three options carefully. If you don't join a plan on your own or call 1-800-MEDICARE (1-800-633-4227) to decline Medicare prescription drug coverage, Medicare will enroll you in a drug plan. If you want to keep the plan Medicare enrolls you in, you don't have to do anything. You have Medicare prescription drug coverage to help you save money now and protect your future prescription needs. Call your plan to get information about your new drug coverage, and read the materials your plan mails to you. If you need to go to the pharmacy before your plan membership card arrives in the mail, bring this letter or an acknowledgement letter from the plan you enrolled in on your own, or your enrollment confirmation number. You should also bring your Medicare card and photo identification.

Note: If you moved recently, or you are getting this letter because you are a representative payee for someone with Medicare, please call the plan to be sure it serves your state or the state the person with Medicare currently lives in. If it doesn't, call 1-800-MEDICARE to choose and join a plan that serves that state.

For information about other Medicare drug plans in your area in 2006, read the list of plans included with this letter. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions. If you join a Medicare drug plan that isn't on the list included with this letter, you may have to pay a monthly premium fee instead of \$0.

What is Medicare prescription drug coverage?

Medicare prescription drug coverage is insurance. Private companies provide the coverage through Medicare drug plans. There may be many Medicare drug plans available in your area to choose from. Medicare drug plans help you pay for both brand-name and generic drugs you need. Plans have a list of drugs they cover. The drug list may not include your specific drug. However, in most cases, a similar drug that is safe and effective should be available.

Medicare drug plans serving your area must contract with pharmacies in your area. Check with the plan to make sure the pharmacies in the plan are convenient to you. Some plans also allow you to get your prescriptions through the mail.

If you need more information about Medicare prescription drug coverage, you can do the following:

- Visit www.medicare.gov on the web and get personalized drug plan information. If you don't have a computer, your local library or senior center may be able to help you look at this information.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Call your State Health Insurance Assistance Program (SHIP) for free personalized health insurance counseling. See your copy of the "Medicare & You" handbook or call 1-800-MEDICARE for their telephone number.

What if I have other prescription drug coverage?

If you have, or are eligible for other types of prescription coverage, read all the materials you get from your insurer or plan provider. Examples of other types of prescription drug coverage include coverage from a current or former employer or union, TRICARE, the Department of Veteran's Affairs, or a Medigap (Medicare Supplement Insurance) policy.

Talk to your benefits administrator, insurer, or plan provider. Joining a Medicare drug plan may affect your current prescription drug coverage and coverage your spouse or other dependents may be getting if they are covered through your plan. Your current coverage may be as good as or better than Medicare prescription drug coverage. You may not need to join a Medicare drug plan. You may need to decline this enrollment from Medicare by calling 1-800-MEDICARE (1-800-633-4227) to keep your current coverage. TTY users should call 1-877-486-2048.

Can I join a different Medicare drug plan?

Yes. If you join a Medicare drug plan on your own, or if Medicare enrolls you in a drug plan, you can still switch plans. You can switch to a different Medicare drug plan at the following times:

- If you get Supplemental Security Income (SSI) benefits, or applied and qualify for extra help, you can switch plans at least once until the end of the calendar year. After the calendar year, you can switch once between November 15 and December 31 each year.
- If you get help from Medicaid paying your Medicare premiums (belong to a Medicare Savings Program), you can switch plans anytime.

To join a different Medicare drug plan, call the new plan to find out how to join. Joining a different plan will disenroll you from your current plan. Your new plan coverage would start the following month.

Note: In special circumstances, Medicare may give you other opportunities to switch to another Medicare drug plan. For example, if you permanently move out of your drug plan's service area; if the plan stops offering prescription drug coverage; or if you enter, live in, or leave a nursing home.

What if I don't want Medicare prescription drug coverage?

If you don't want to join, and you don't want Medicare to enroll you in a Medicare drug plan, call 1-800-MEDICARE (1-800-633-4227) and tell them you don't want to join. TTY users should call 1-877-486-2048. If you join a Medicare drug plan, you have peace of mind knowing the coverage is there if you need it. But remember that if you don't join and need prescription drugs, Medicare won't pay until you join a plan. If you tell Medicare you don't want to join a Medicare drug plan now, you may have to pay a penalty if you decide to join later.

Introduction to the Facilitated Enrollment Notice: Partial Subsidy Version

What Is the Purpose of This Notice?

This notice informs people with Medicare that because they qualify for extra help, Medicare will enroll them in Medicare Prescription Drug Plans to make sure they get help paying for their prescription drug costs, if they don't enroll themselves or decline coverage. There are two versions of the notice: one for those who qualify for the full low-income subsidy and one for those who qualify for the partial low-income subsidy. People who qualify for the full low-income subsidy will get extra help to pay their full premiums and deductibles in certain plans and will have minimal cost sharing. People who qualify for the partial low-income subsidy will get extra help and pay reduced premiums, deductibles, and cost sharing.

The notice includes two pages. The first page is a letter printed on green paper with a list of plans for each region that have premiums at or below the benchmark on the back. The other page (front and back) includes questions and answers about Medicare prescription drug coverage.

Who Will Get This Notice?

Medicare will mail the notice to people who get Supplemental Security Income (SSI) benefits, or belong to Medicare Savings Programs (MSP), or apply and qualify for extra help.

Please note that this mailing is limited to those who currently get their Medicare benefits through the Original Medicare Plan. We also exclude people whose employer or union plan is claiming a retiree drug subsidy on their behalf.

What Should People Do Next?

People with Medicare should consider their options carefully. If they don't join plans themselves or call 1-800-MEDICARE (1-800-633-4227) to decline Medicare prescription drug coverage, Medicare will enroll them.

If people with Medicare want more information about Medicare prescription drug coverage, they can do the following:

- Visit www.medicare.gov on the web and get personalized drug plan information. If they don't have computers, their local libraries or senior centers may be able to help them look at this information.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Call their State Health Insurance Assistance Programs (SHIP) for free personalized health insurance counseling. See the "Medicare & You" handbook or call 1-800-MEDICARE for the telephone number for their states.



<BENEFICIARY FULL NAME>
<ADDRESS>
<CITY STATE ZIP>

HICN <1234>
<file creation date>

An Important Message for <Beneficiary Full Name>

Please keep this letter for your records. You are getting this letter because you qualify for extra help to pay for Medicare prescription drug coverage costs. This means you will get continuous coverage at low cost to you. To get Medicare prescription drug coverage, you will need to choose and join a Medicare drug plan. You have three options to consider.

Option 1: You can join a Medicare drug plan on your own. If you haven't joined a Medicare drug plan yet, please see the list of plans on the back of this letter. If you join one of these plans, you will pay a reduced monthly premium because you qualify for extra help. Call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov on the web for help comparing plans and joining a plan that works for you.

Option 2: Medicare will enroll you in a Medicare drug plan on the list. If you already joined a Medicare drug plan, Medicare won't enroll you in a plan. If you don't join a Medicare drug plan or call 1-800-MEDICARE or this plan and decline Medicare prescription drug coverage by April 30, Medicare will enroll you in <Organization name>'s <Name of plan> and your coverage will begin <enrollment effective date>. With this Medicare drug plan, **you will pay**

- <subsidy % or \$0> of the drug plan premium as a monthly fee,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For more information about <Name of plan>, please call <Plan's phone number> or visit <Plan website> on the web. If you call the plan, they may ask for your address and other important information.

Option 3: You can decline to have Medicare enroll you in a plan. You can choose not to join and not pay a premium. If you currently have other drug coverage, it may be as good as or better than Medicare prescription drug coverage. You may want to keep your current coverage and decline enrollment from Medicare. If you don't want Medicare drug coverage, call 1-800-MEDICARE (1-800-633-4227) and tell us you don't want to enroll. Remember, if you decline, we won't enroll you in a Medicare drug plan now.

If you need help understanding this letter, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Region 1: Maine and New Hampshire

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Blue MedicareRx	Blue MedicareRx Option 1	1-866-244-1241
CIGNA HealthCare	CIGNATURE Rx Value Plan	1-800-735-1459
First Health Premier	First Health Premier	1-800-588-3322
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 1	1-800-765-8900
RxAmerica	Advantage Freedom Plan	1-877-279-0370
RxAmerica	Advantage Star Plan	1-877-279-0370
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 2: Connecticut, Massachusetts, Rhode Island, and Vermont

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Blue MedicareRx	Blue MedicareRx - Option 1	1-877-479-2227
Health Net	Health Net Orange*	1-800-806-8811
Humana Inc.	Humana PDP Standard S5884-061	1-800-706-0872
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 2	1-800-765-8900
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

* There are two different Health Net Orange plans available.

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 3: New York

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
American Progressive Life & Health Ins Co of NY	Prescription Pathway Bronze Plan Reg 3	1-800-825-8200
First Health Premier	First Health Premier	1-800-588-3322
GHI Medicare Prescription Drug Plan	GHI Medicare Prescription Drug Plan	1-800-611-8454
Health Net	Health Net Orange*	1-800-806-8811
Humana Insurance Company of New York	Humana PDP Standard S5552-003	1-800-706-0872
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
PacifiCare Life and Health Insurance Company	PacifiCare Select Plan	1-800-943-0399
SilverScript	SilverScript	1-866-552-6106
Simply Prescriptions	Rx 1	1-800-659-1986
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	UnitedHealthRx	1-888-556-7052
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

* There are two different Health Net Orange plans available.

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 4: New Jersey

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
First Health Premier	First Health Premier	1-800-588-3322
Health Net	Health Net Orange*	1-800-806-8811
Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Rx Plan 1	1-800-224-1234
Horizon Blue Cross Blue Shield of New Jersey, Inc.	Horizon Medicare Rx Plan 2	1-800-224-1234
Humana Inc.	Humana PDP Standard S5884-062	1-800-706-0872
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
PacifiCare Life and Health Insurance Company	PacifiCare Select Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 4	1-800-765-8900
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

* There are two different Health Net Orange plans available.

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 5: Delaware, District of Columbia, and Maryland

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Aetna Medicare	Aetna Medicare Rx Essentials	1-800-445-1796
AmeriHealth Advantage	AmeriHealth Advantage Rx Option 1	1-866-456-1694
Elder Health PDP Mid Atlantic	Elder Health PDP Mid-Atlantic	1-888-787-0272
First Health Premier	First Health Premier	1-800-588-3322
Humana Inc.	Humana PDP Standard S5884-063	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 5	1-800-765-8900
RxAmerica	Advantage Star Plan	1-877-279-0370
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 6: Pennsylvania and West Virginia

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Aetna Medicare	Aetna Medicare Rx Essentials	1-800-445-1796
AmeriHealth Advantage	AmeriHealth Advantage Rx Option 1	1-866-456-1694
First Health Premier	First Health Premier	1-800-588-3322
Highmark Senior Resources Inc.	BlueRx Basic	1-866-465-4030
Humana Inc.	Humana PDP Standard S5884-064	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 6	1-800-765-8900
RxAmerica	Advantage Star Plan	1-877-279-0370
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 7: Virginia

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Aetna Medicare	Aetna Medicare Rx Essentials	1-800-445-1796
Blue MedicareRx	Blue MedicareRx Value	1-877-481-8633
CIGNA HealthCare	CIGNATURE Rx Value Plan	1-800-735-1459
First Health Premier	First Health Premier	1-800-588-3322
Humana Inc.	Humana PDP Standard S5884-065	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 7	1-800-765-8900
RxAmerica	Advantage Freedom Plan	1-877-279-0370
RxAmerica	Advantage Star Plan	1-877-279-0370
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 8: North Carolina

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
CIGNA HealthCare	CIGNATURE Rx Value Plan	1-800-735-1459
Humana Inc.	Humana PDP Standard S5884-066	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 8	1-800-765-8900
RxAmerica	Advantage Freedom Plan	1-877-279-0370
RxAmerica	Advantage Star Plan	1-877-279-0370
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

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Region 9: South Carolina

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
AmeriHealth Mercy Plan	PerformRx Medicare Standard	1-866-456-1692
BlueCross BlueShield of South Carolina	MedBlue Rx	1-888-645-6025
First Health Premier	First Health Premier	1-800-588-3322
Humana Inc.	Humana PDP Standard S5884-067	1-800-706-0872
InStil Health Insurance Company	InStil Rx	1-877-446-7845
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 9	1-800-765-8900
RxAmerica	Advantage Freedom Plan	1-877-279-0370
RxAmerica	Advantage Star Plan	1-877-279-0370
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

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Region 10: Georgia

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Aetna Medicare	Aetna Medicare Rx Essentials	1-800-445-1796
AmeriHealth Advantage	AmeriHealth Advantage Rx Option 1	1-866-456-1694
Blue MedicareRx	Blue MedicareRx Value	1-866-892-5331
Humana Inc.	Humana PDP Standard S5884-068	1-800-706-0872
InStil Health Insurance Company	InStil Rx	1-877-446-7845
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 10	1-800-765-8900
RxAmerica	Advantage Star Plan	1-877-279-0370
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

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Region 11: Florida

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
AmeriHealth Advantage	AmeriHealth Advantage Rx Option 1	1-866-456-1694
Humana Inc.	Humana PDP Standard S5884-069	1-800-706-0872
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

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Region 12: Alabama and Tennessee

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
AmeriHealth Advantage	AmeriHealth Advantage Rx Option 1	1-866-456-1694
First Health Premier	First Health Premier	1-800-588-3322
HealthSpring Prescription Drug Plan	HealthSpring Prescription Drug Plan	1-888-583-3346
Humana Inc.	Humana PDP Standard S5884-070	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

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Region 13: Michigan

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Blue Cross Blue Shield of Michigan	Prescription Blue Option 1	1-800-485-4415
First Health Premier	First Health Premier	1-800-588-3322
Humana Inc.	Humana PDP Standard S5884-071	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 13	1-800-765-8900
Priority Medicare Rx	PriorityMedicareRx	1-888-389-6676
RxAmerica	Advantage Star Plan	1-877-279-0370
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

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Region 14: Ohio

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
AmeriHealth Advantage	AmeriHealth Advantage Rx Option 1	1-866-456-1694
Blue MedicareRx	Blue MedicareRx Value	1-800-467-8065
First Health Premier	First Health Premier	1-800-588-3322
Humana Inc.	Humana PDP Standard S5884-072	1-800-706-0872
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

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Region 15: Indiana and Kentucky

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
AmeriHealth Advantage	AmeriHealth Advantage Rx Option 1	1-866-456-1694
Blue MedicareRx	Blue MedicareRx Value	1-800-467-8065
First Health Premier	First Health Premier	1-800-588-3322
Humana Inc.	Humana PDP Standard S5884-073	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 15	1-800-765-8900
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 16: Wisconsin

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Blue MedicareRx	Blue MedicareRx Value	1-800-216-5572
Dean Health Insurance, Inc.	DeanCare Rx Classic	1-888-422-3326
Humana Inc.	Humana PDP Standard S5884-074	1-800-706-0872
Medco Health Solutions, Inc.	YOURx Plan	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 16	1-800-765-8900
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United American Insurance Company	UA Medicare Part D Prescription Drug Cov	1-866-524-4169
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252
WPS Health Insurance	WPS Medicare Prescription Drug Plan 1	1-800-490-5974

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 17: Illinois

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Aetna Medicare	Aetna Medicare Rx Essentials	1-800-445-1796
HealthSpring	HealthSpring Prescription Drug Plan	1-888-886-1993
HISC – Blue Cross Blue Shield of IL, TX, and NM	Blue Medicare Rx – Standard	1-888-285-2249
HISC – Blue Cross Blue Shield of IL, TX, and NM	Blue Medicare Rx – Value	1-888-285-2249
Humana Inc.	Humana PDP Standard S5884-075	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 17	1-800-765-8900
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	UnitedHealthRx	1-888-556-7052
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 18: Missouri

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Blue MedicareRx	Blue MedicareRx Value	1-800-652-6387
First Health Premier	First Health Premier	1-800-588-3322
Humana Inc.	Humana PDP Standard S5884-076	1-800-706-0872
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 18	1-800-765-8900
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 19: Arkansas

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Arkansas Blue Cross and Blue Shield	Medi-Pak Rx Basic	1-800-392-2583
CIGNA HealthCare	CIGNATURE Rx Value Plan	1-800-735-1459
Humana Inc.	Humana PDP Standard S5884-077	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 19	1-800-765-8900
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United American Insurance Company	UA Medicare Part D Prescription Drug Cov	1-866-524-4169
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 20: Mississippi

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
CIGNA HealthCare	CIGNATURE Rx Value Plan	1-800-735-1459
HealthSpring	HealthSpring Prescription Drug Plan	1-888-583-3346
Humana Inc.	Humana PDP Standard S5884-078	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 20	1-800-765-8900
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 21: Louisiana

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
AmeriHealth Advantage	AmeriHealth Advantage Rx Option 1	1-866-456-1694
Humana Inc.	Humana PDP Standard S5884-079	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 21	1-800-765-8900
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 22: Texas

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Aetna Medicare	Aetna Medicare Rx Essentials	1-800-445-1796
Elder Health PDP Texas	Elder Health PDP Texas	1-888-225-0026
HISC – Blue Cross Blue Shield of IL, TX, and NM	Blue Medicare Rx – Standard	1-888-579-9373
HISC – Blue Cross Blue Shield of IL, TX, and NM	Blue Medicare Rx – Value	1-888-579-9373
Humana Inc.	Humana PDP Standard S5884-080	1-800-706-0872
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 22	1-800-765-8900
RxAmerica	Advantage Star Plan	1-877-279-0370
SierraRx	SierraRx	1-866-789-0565
SilverScript	SilverScript	1-866-552-6106
Texas HealthSpring Prescription Drug Plan	Texas HealthSpring Prescription Drug Plan	1-800-846-2098
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 23: Oklahoma

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
BLUE CROSS AND BLUE SHIELD OF OKLAHOMA	Medicare Blue Rx Basic	1-800-693-3815
BLUE CROSS AND BLUE SHIELD OF OKLAHOMA	Medicare Blue Rx Basic Plus	1-800-693-3815
Humana Inc.	Humana PDP Standard S5884-081	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Pharmacists Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 23	1-800-765-8900
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 24: Kansas

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Blue MedicareRx	Blue MedicareRx Value	1-877-471-4121
Humana Inc.	Humana PDP Standard S5884-082	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 24	1-800-765-8900
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 25: Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota, and Wyoming

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Blue Cross Blue Shield Northern Plains Alliance	MedicareBlue Rx Option 1	1-866-456-3725
Humana Inc.	Humana PDP Standard S5884-083	1-800-706-0872
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 25	1-800-765-8900
RxAmerica	Advantage Freedom Plan	1-877-279-0370
RxAmerica	Advantage Star Plan	1-877-279-0370
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	UnitedHealthRx	1-888-556-7052
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 26: New Mexico

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Humana Inc.	Humana PDP Standard S5884-084	1-800-706-0872
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 26	1-800-765-8900
Presbyterian Prescription Drug Plan	Presbyterian Prescription Drug Plan 1	1-800-347-4766
SierraRx	SierraRx	1-866-789-0565
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

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Region 27: Colorado

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Blue MedicareRx	Blue MedicareRx Value	1-866-892-5332
Humana Inc.	Humana PDP Standard S5884-085	1-800-706-0872
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 27	1-800-765-8900
SierraRx	SierraRx	1-866-789-0565
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 28: Arizona

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Health Net	Health Net Orange*	1-800-806-8811
Humana Inc.	Humana PDP Standard S5884-086	1-800-706-0872
SierraRx	SierraRx	1-866-789-0565
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564

* There are two different Health Net Orange plans available.

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 29: Nevada

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Blue MedicareRx	Blue MedicareRx Value	1-866-892-5343
First Health Premier	First Health Premier	1-800-588-3322
Humana Inc.	Humana PDP Standard S5884-087	1-800-706-0872
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
SierraRx	SierraRx	1-866-789-0565
Unicare	MedicareRx Rewards	1-866-892-5335
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 30: Oregon and Washington

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Asuris Northwest Health	Asuris Medicare Script	1-800-452-2909
Health Net	Health Net Orange*	1-800-806-8811
Humana Inc.	Humana PDP Standard S5884-088	1-800-706-0872
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 30	1-800-765-8900
RxAmerica	Advantage Freedom Plan	1-877-279-0370
RxAmerica	Advantage Star Plan	1-877-279-0370
SierraRx	SierraRx	1-866-789-0565
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

* There are two different Health Net Orange plans available.

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 31: Idaho and Utah

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
CIGNA HealthCare	CIGNATURE Rx Value Plan	1-800-735-1459
Humana Inc.	Humana PDP Standard S5884-089	1-800-706-0872
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
Pennsylvania Life Insurance Company	Prescription Pathway Bronze Plan Reg 31	1-800-765-8900
Regence Life and Health	Regence Life and Health Medicare Script	1-800-452-2909
RxAmerica	Advantage Freedom Plan	1-877-279-0370
RxAmerica	Advantage Star Plan	1-877-279-0370
SierraRx	SierraRx	1-866-789-0565
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 32: California

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Blue MedicareRx	Blue Cross MedicareRx Value	1-866-892-5340
Health Net	Health Net Orange*	1-800-806-8811
Humana Inc.	Humana PDP Standard S5884-090	1-800-706-0872
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
SierraRx	SierraRx	1-866-789-0565
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	UnitedHealthRx	1-888-556-7052
WellCare	WellCare Signature	1-888-423-5252

* There are two different Health Net Orange plans available.

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 33: Hawaii

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
Medco Health Solutions, Inc.	YOURx PLAN	1-800-758-3605
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
RxAmerica	Advantage Star Plan	1-877-279-0370
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Region 34: Alaska

Below is a list of the Medicare drug plans in your state. If you join one of these plans, you will pay

- \$0 or a monthly fee for your drug plan premium as described in the letter,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For each plan listed, you will find the name of the organization offering the plan, the plan name, and telephone number. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

ORGANIZATION	PLAN NAME	TELEPHONE
CIGNA HealthCare	CIGNATURE Rx Value Plan	1-800-735-1459
MEMBERHEALTH	Community Care Rx BASIC	1-866-684-5353
PacifiCare Life and Health Insurance Company	PacifiCare Saver Plan	1-800-943-0399
SilverScript	SilverScript	1-866-552-6106
Unicare	MedicareRx Rewards	1-866-892-5335
United Healthcare	AARP MedicareRx Plan	1-888-867-5564
United Healthcare	United Medicare MedAdvance	1-888-556-6657
WellCare	WellCare Signature	1-888-423-5252

Note: There are other Medicare drug plans available in your area in addition to those listed above. Each organization listed above may also be offering other Medicare drug plans not listed. If you join a Medicare drug plan that is not one of the plans listed above, you may have to pay a higher monthly premium. You will need to call the Medicare drug plan you want to join or 1-800-MEDICARE (1-800-633-4227) to find out the dollar amount you will pay as your monthly premium fee. TTY users should call 1-877-486-2048.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.

Important Questions and Answers about Your New Drug Coverage

With a Medicare drug plan, you will get continuous prescription drug coverage at low cost to you. As we age, most people need prescription drugs to stay healthy. Joining gives you peace of mind knowing you have coverage if you need it.

What should I do now?

Consider your three options carefully. If you don't join a plan on your own or call 1-800-MEDICARE (1-800-633-4227) to decline Medicare prescription drug coverage, Medicare will enroll you in a drug plan. You may pay a premium fee to your plan each month. If you get a bill and don't want the plan, call the plan or 1-800-MEDICARE to decline the coverage. If you want to keep the plan Medicare enrolls you in, you don't need to do anything. You have Medicare prescription drug coverage to help you save money now and protect your future prescription needs. Call your plan to get information about your new drug coverage, and read the materials your plan mails to you. If you need to go to the pharmacy before your plan membership card arrives in the mail, bring this letter or an acknowledgement letter from the plan you enrolled in on your own, or your enrollment confirmation number. You should also bring your Medicare card and photo identification.

Note: If you moved recently, or you are getting this letter because you are a representative payee for someone with Medicare, please call the plan to be sure it serves your state or the state the person with Medicare currently lives in. If it doesn't, call 1-800-MEDICARE to choose and join a plan that serves that state.

For information about other Medicare drug plans in your area in 2006, read the list of plans included with this letter. Compare the plans and join one that works for you. You should find out which plans cover the prescriptions you take and what pharmacies you can use to fill prescriptions.

What is Medicare prescription drug coverage?

Medicare prescription drug coverage is insurance. Private companies provide the coverage through Medicare drug plans. There may be many Medicare drug plans available in your area to choose from. Medicare drug plans help you pay for both brand-name and generic drugs you need. Plans have a list of drugs they cover. The drug list may not include your specific drug. However, in most cases, a similar drug that is safe and effective should be available.

Medicare drug plans serving your area must contract with pharmacies in your area. Check with the plan to make sure the pharmacies in the plan are convenient to you. Some plans also allow you to get your prescriptions through the mail.

If you need more information about Medicare prescription drug coverage, you can do the following:

- Visit www.medicare.gov on the web and get personalized drug plan information. If you don't have a computer, your local library or senior center may be able to help you look at this information.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Call your State Health Insurance Assistance Program (SHIP) for free personalized health insurance counseling. See your copy of the "Medicare & You" handbook or call 1-800-MEDICARE for their telephone number.

What if I have other prescription drug coverage?

If you have, or are eligible for other types of prescription coverage, read all the materials you get from your insurer or plan provider. Examples of other types of prescription drug coverage include coverage from a current or former employer or union, TRICARE, the Department of Veteran's Affairs, or a Medigap (Medicare Supplement Insurance) policy.

Talk to your benefits administrator, insurer, or plan provider. Joining a Medicare drug plan may affect your current prescription drug coverage and coverage your spouse or other dependents may be getting if they are covered through your plan. Your current coverage may be as good as or better than Medicare prescription drug coverage. You may not need to join a Medicare drug plan. You may need to decline this enrollment from Medicare by calling 1-800-MEDICARE (1-800-633-4227) to keep your current coverage. TTY users should call 1-877-486-2048.

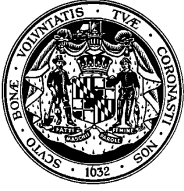
Can I join a different Medicare drug plan?

Yes. If you join a Medicare drug plan on your own, or if Medicare enrolls you in a drug plan, you can still switch plans. You can switch to a different Medicare drug plan at least once until the end of the calendar year, and once each year after, between November 15 and December 31. To join a different Medicare drug plan, call the new plan to find out how to join. Joining a different plan will disenroll you from your current plan. Your new plan coverage would start the following month.

Note: In special circumstances, Medicare may give you other opportunities to switch to another Medicare drug plan. For example, if you permanently move out of your drug plan's service area; if the plan stops offering prescription drug coverage; or if you enter, live in, or leave a nursing home.

What if I don't want Medicare prescription drug coverage?

If you don't want to join, and you don't want Medicare to enroll you in a Medicare drug plan, call 1-800-MEDICARE (1-800-633-4227) and tell them you don't want to join. TTY users should call 1-877-486-2048. If you join a Medicare drug plan, you have peace of mind knowing the coverage is there if you need it. But remember that if you don't join and need prescription drugs, Medicare won't pay until you join a plan. If you tell Medicare you don't want to join a Medicare drug plan now, you may have to pay a penalty if you decide to join later.



MARYLAND ATTORNEY GENERAL

J. Joseph Curran, Jr.

Donna Hill Staton, Deputy

Maureen M. Dove, Deputy

News Release

FOR IMMEDIATE RELEASE

April 18, 2006

MEDIA CONTACT:

Kevin Enright, (410) 576-6357

kenright@oag.state.md.us

FORMER MENTAL HEALTH COUNSELOR PLEADS GUILTY TO FRAUD

Maryland Attorney General J. Joseph Curran, Jr., announced today that a former mental health counselor has pled guilty to felony Medicaid fraud for submitting false documentation to his employer that resulted in a loss to Medicaid of at least \$6,000. Moses Ige, 44, of the 1200 block of Middleborough Road in Essex, was sentenced to probation before judgment by Baltimore City Circuit Court Judge Althea Handy, and was ordered to serve five years of supervised probation. During that probation, he must repay \$6,000 to the state Medicaid program.

Ige was paid by Calvary Healthcare Services, Inc., a now-defunct mental health counseling company then located in Baltimore City, to provide counseling services to a juvenile Medicaid recipient. Calvary in turn billed Medicaid for services rendered by Ige to the recipient, and relied on Ige's documentation of those services in determining when and how much to bill Medicaid. On 156 occasions from May through November of 2003, Ige submitted documentation to Calvary which caused the company to bill Medicaid for services Ige knew had not been rendered. An investigation by the Office of the Attorney General revealed that Ige had rarely if ever counseled the client. For example, on 75 of the 156 dates billed by Ige, time sheets signed by him show that he was actually working another job across town during the hours when he claimed to have visited the child.

The case was prosecuted by the Medicaid Fraud Control Unit (MFCU) of the Maryland Attorney General's Office. The MFCU conducted the investigation with assistance from the Mental Hygiene Administration (MHA), which suspended payments to Calvary in December of 2003. MHA has been working with the MFCU to root out fraud in its programs, and several cases of possible fraudulent behavior by MHA providers are currently under investigation by the Attorney General's Office.



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration
Spring Grove Hospital Center – Dix Building
55 Wade Avenue – Catonsville, Maryland 21228

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor — S. Anthony McCann, Secretary

Michelle A. Gourdine, M.D., Deputy Secretary, Public Health Services – Brian M. Hepburn, M.D., Executive Director

DATE: FEBRUARY 1, 2006
TO: PROVIDERS
CC: CORE SERVICE AGENCY DIRECTORS
FROM: RAYMOND LEWIS, CHIEF, OFFICE OF MANAGED CARE OPERATIONS
RE: FOURTH LEVEL APPEALS TO THE MENTAL HYGIENE ADMINISTRATION

The Mental Hygiene Administration receives a large number of fourth level appeals without necessary information or adequate documentation which would allow the MHA to render a decision. The following information is to assist the provider in making an appeal to the MHA:

PLEASE NOTE:

If your appeal documentation contains protected health information (such as name, MA#, etc.) for consumers other than the consumer being appealed, you must mark out that information before sending your appeal. Failure to conceal PHI for other consumers may put you in violation of HIPAA privacy requirements.

Appeals that are missing required documentation will be returned to the provider, by certified mail, with instructions to attach the missing information and to resubmit the appeal.

The Maryland Insurance Commission does NOT have jurisdiction over the Public Mental Health System, the Mental Hygiene Administration, or MAPS-MD. Appeals or complaints submitted to them will be forwarded to MHA for review. Thus, to expedite appeals, all 4th level appeals should be filed with MHA.

The Mental Hygiene Administration is the final appeal for uninsured consumers.

It is our experience that you have a better chance of having a denial overturned in your favor if you follow the process in order and do not skip any level of appeal.

Attached, please find a detailed list of information required for an appeal.

FOR ALL APPEALS PLEASE SUBMIT:

A cover letter, on your letterhead, which briefly outlines the reason for the appeal and which includes:

- 1) Your MA provider number and a contact name with telephone number.

- 2) The consumer's name, MA number, Social Security number and date of birth.
- 3) The type of appeal – Medical Necessity, Timely Filing, Retroactive MA, etc.
- 4) The type of service (OP, PRP, Inpatient, RTC, etc.), the start and ending dates for the services being appealed, and the number of services. (For inpatient appeals, please indicate the admission and discharge dates also if they are different from the period being appealed.) For Medical Necessity (retroactive authorization) Appeals; please be sure that you have a current authorization for future services – do not submit open ended appeals.
- 5) The consumer's *primary* DSM-IV-TR diagnosis. For inpatient appeals, both the admission and discharge diagnoses.
- 6) A brief summary of the appeal (a chronological listing of events with dates, names and telephone numbers of contacts, with results, etc.) AND
 - a) For Medical Necessity Appeals, the reason that you believe previous denials are incorrect (this must be supported by clinical documentation).
 - b) For Timely Filing and Other Appeals EITHER
 - 1) The reason that the cause of the problem was beyond your control (i.e., the problem was caused by MAPS-MD, MHA, the Medical Assistance Administration, or some other agency or individual external to your program, practice or agents) OR
 - 2) If the problem was internal to your program or practice (i.e., caused by something that you have control of or by your employees or agents), what you have done to make sure that the problem does not reoccur.

PLEASE DO NOT SUBMIT:

Please do not submit newly printed and dated claim forms. Submit only copies of claim forms which were previously submitted to MHP / MAPS-MD. New claim forms will be returned to you, by certified mail, so that you may properly submit them to MAPS-MD.

FOR SERVICES OUTSIDE OF THE NINE MONTH TIMELY FILING STATUTE

Send these appeals with the required timely filing documentation directly to the MHA. The CSA does not have authority to review appeals of medical necessity for services outside of the nine month timely filing statute.

FOR MEDICAL NECESSITY APPEALS PLEASE ALSO SUBMIT:

- 1) Copies of the first and second level MAPS-MD appeal denial letters. If letters are not available; the dates that the appeals were submitted to MAPS-MD and the dates that you were notified of the denials. If there has been no response, please indicate that in your cover letter.
- 2) A copy of the third level (CSA) appeal denial letter, if submitted to the CSA. If the letter is not available; the date that the appeal was submitted to the CSA and the date that you were notified of the denial. If there has been no response, please indicate that in your cover letter.
- 3) Copies of all treatment plans for the period being appealed.
- 4) Copies of all medical records, progress notes, contact notes, etc for the period being appealed.
- 5) Copies of any other relevant documentation related to the period being appealed.
- 6) If timely filing is also an issue, please submit the documentation listed in the following section.

- 7) If the consumer received retroactive Medical Assistance, please see that section below.

FOR TIMELY FILING APPEALS PLEASE ALSO SUBMIT:

- 1) Copies of the first and second level MAPS-MD appeal denial letters. If letters are not available; the dates that the appeals were submitted to MAPS-MD and the dates that you were notified of the denials. If there has been no response, please indicate that in your cover letter. Timely filing can not be appealed to the CSA, so no third level appeal letter is required.
- 2) For paper claims, copies of all claims submitted. These claims must clearly show the date that they were originally submitted. Computerized financial notes are NOT acceptable.
- 3) Copies of all EOP's received for all claims submitted. Computerized financial notes are NOT acceptable.
- 4) Copies of any other documentation related to your good faith efforts to resolve the issue within a reasonable time. This documentation should include, whenever possible, the date of any telephone calls to MAPS-MD and the name and telephone number of the person that you spoke with. Your computerized financial notes are acceptable.
- 5) If medical necessity is also an issue (the provider does not have an authorization for the services), please submit the documentation listed in the previous section.
- 6) If the appeal is for timely filing only and if the provider has an authorization for the services; do not send copies of medical records.

FOR APPEALS DUE TO RETROACTIVE MEDICAL ASSISTANCE:

The Mental Hygiene Administration expects that appeals due to retroactive Medical Assistance will be received only in limited circumstances for the following reasons:

- 1) We recommend that a provider request a courtesy review for consumers who they believe are or will become eligible for Medical Assistance. Medical necessity will have been established in advance and MAPS-MD will issue an authorization for services when the provider notifies MAPS-MD that the consumer received retroactive Medical Assistance. You will need the eligibility start and end dates, *the eligibility determination date for the span* and the name and telephone number of the DSS worker who verified the information.

If a consumer receives retroactive Medical Assistance, the provider has nine (9) months from the eligibility determination date to submit a clean claim in order to be considered within timely statute. Please submit these claims, on paper only, with a copy of the Department of Social Services MA Eligibility Determination Award Letter attached to each claim form *directly* to MAPS-MD. An appeal is not necessary if the claim is received by MAPS-MD within nine (9) months of the MA eligibility determination date.

Appeals due to retroactive Medical Assistance are NOT to be submitted to the CSA.

Appeals due to retroactive medical assistance may be submitted directly to the Mental Hygiene Administration after following the above process. Please submit the following:

- 2) Copies of the Medical Assistance Eligibility Determination Award Letter from the local Department of Social Services Office. If that letter is not available, a statement *from the local DSS* which lists the consumer's name, MA number, the start and end dates of the eligibility span, *the eligibility determination date for the span* and the name and telephone number of the DSS worker who verified the information.

HOSPITALS PLEASE NOTE: Notification of Eligibility from Hospital Support Services or other resources is only acceptable for the current Medical Assistance eligibility span and must include the

consumer's name, MA number, start and end dates of the eligibility span *and the determination date*. Appeals for previous MA eligibility spans require documentation from the local DSS as noted above.

Retroactive Medical Assistance appeals without this documentation will be returned to the provider by certified mail.

- 3) Copies of the documentation proving that the provider obtained a courtesy review in advance and why MAPS-MD is not honoring that review. If the provider did not obtain a courtesy review in advance you may appeal but must include the documentation as listed above to establish medical necessity.
- 4) Copies of the documentation as listed above under timely filing appeals.
- 5) Copies of the documentation to and from MAPS-MD concerning the claims. To include copies of all EOB's and denial letters.

FOR APPEALS RELATED TO CROSSOVER CLAIMS:

Appeals related to crossover (Medicare / Medical Assistance) claims are based upon the Medicare voucher date.

- 1) For claims with a Medicare voucher date on or after 07/01/03 you must contact the Maryland Medical Assistance Administration at 201 W. Preston Street in Baltimore for all questions or appeals.
- 2) For claims with a Medicare voucher date prior to 07/01/03 submit your appeal to the Mental Hygiene Administration following the instructions given above. You will need to attach proof to establish that timely filing has not expired.

FOR CONSUMERS WITH THIRD PARTY INSURANCE (MA SECONDARY):

Please note: Authorization is not required if the third party insurer paid any part of the claim. If the third party insurer has denied the claim, an authorization is required and you will need to submit the following:

- 1) Copies of all claims submitted to the third party insurer and copies of all EOP's received. Computerized financial notes are NOT acceptable.
- 2) Copies of all documentation to and from the insurer showing that you have exhausted the third party insurer's appeals process. Computerized financial notes are NOT acceptable.
- 3) Copies of all treatment plans for the period being appealed.
- 4) Copies of all medical records, progress notes, contact notes, etc for the period being appealed.
- 5) Copies of any other relevant documentation related to the period being appealed.
- 6) If timely filing is also an issue, please submit copies of any other documentation related to your good faith efforts to resolve the issue within a reasonable time. This documentation should include, whenever possible, the date of any telephone calls to third party insurer and MAPS-MD. Please also provide the name and telephone number of the person that you spoke with. Your computerized financial notes are acceptable.

CERTIFIED MAIL

When sending appeals by certified mail, please do not check block #4 (Restricted Delivery) on the green return receipt card. Doing so will prevent the Spring Grove Hospital mail room staff from signing for the appeal and it will be returned to the Post Office.

MULTIPLE APPEALS FOR ONE CONSUMER

If you are submitting multiple appeals for a single consumer; please submit them in the same packet.

IF YOU HAVE ANY QUESTIONS:

Please contact Ray Lewis, MHA Office of Managed Care Operations, at (410) 402-8451 before submitting an appeal if you have any questions concerning the appeals process. If you leave a voice mail message; please clearly state your name and telephone number first and then leave a brief message stating that you have a question concerning the appeals process. Please do not leave any specific, detailed information in your voice mail.

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.state.md.us



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration
Spring Grove Hospital Center – Dix Building
55 Wade Avenue – Catonsville, MD 21228

Assertive Community Treatment (ACT) - EBP Project
Revised November 15, 2006

Purpose:

To develop and implement evidence based practice (EBP) in Assertive Community Treatment (ACT). The purpose of Assertive Community Treatment (ACT)) is to enable the individual to: achieve recovery, fully participate in community life, attain stable permanent housing, and reduce the individual's unnecessary admissions to emergency rooms and inpatient psychiatric services, and incarceration in detention centers. ACT provides intensive, mobile, assertive mental health treatment and support services delivered by a multidisciplinary treatment and support team to an adult whose mental health treatment needs have not been met through routine, traditional outpatient mental health programs.

Eligibility:

To be eligible for the EBP rate, a program:

1. Shall be approved by the Office of Health Care Quality (OHCQ) and in compliance with regulations for Mobile Treatment Services (MTS) COMAR 10.21.19.
2. Shall receive technical assistance from a Mental Hygiene Administration (MHA) approved training program in order to demonstrate competence by adopting and adhering to the principles of Evidence-Based Practice (EBP) of ACT.
3. Shall accept all ACT referrals from the Core Service Agency (CSA) and the Administrative Service Organization (ASO) meeting eligibility requirements.
4. Shall have its competency validated by MHA approved evaluators within the past 6 months through meeting the Dartmouth ACT fidelity standards (DACTS), **by a minimum score of 4.2 out of 5 overall, and an average score of 4 in each of the three categories.**
5. Shall be reviewed and found to be meeting DACTS, annually, as determined by MHA approved evaluators. This will include an annual review by two MHA approved evaluators..
6. When meeting standards outlined in 4 above, is eligible for the EBP rate until the next annual evaluation/ monitoring.
7. Not meeting the fidelity standards, may request another fidelity evaluation after three months from the date of the original fidelity evaluation. During this time the program is not longer eligible for the EBP rate.

8. If after two fidelity evaluations, is unable to demonstrate fidelity **by a minimum score of 4.2 out of 5 overall, and an average score of 4 in each of the three categories** may be eligible for a new fidelity evaluation until one year from the date of the last fidelity evaluation.

Training:

MHA expects that all agencies planning to develop ACT teams participate in one of the following identified training options:

1. Training through MHA identified Training Resource Programs,
2. A series of conferences and trainings on ACT, sponsored by MHA and University of Maryland EBP Center
3. Self study through SAMHSA Tool Kit, or
4. Consultation and technical assistance from national experts in ACT

Rates:

Programs that meet the EBP criteria by adopting and adhering to the fidelity standards outlined above will be eligible to receive the following rates:

\$1100 ACT per month Medicaid and other financially needy recipients

\$ 975 ACT per month for Medicare recipients

For non ACT EBP - Mobile Treatment Programs

\$780 per month Medicaid recipients

\$598 ACT per month for Medicare recipients

Outcomes: All programs participating and receiving the EBP rates will be required to submit outcome data as determined by MHA.

Plan:

For programs interested in developing ACT services:

Programs approved under COMAR 10.21.19, Mobile Treatment Services may submit plans to the CSA for review. The CSA will forward these plans to MHA. The plan shall include timelines for implementation and process for training. MHA, will add new eligible EBP ACT programs when MHA's EBP regulations are adopted. At that time, new programs may request a fidelity assessment to determine if they are eligible to participate in the EBP project.

When MHA adopts new regulations governing ACT all programs shall be required to apply to Office of Health Care Quality (OHCQ) and be in compliance with the regulations.

Resource materials:

www.samhsa.gov

www.mentalhealthpractices.org



STATE OF MARYLAND

DHMH

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Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor — S. Anthony McCann, Secretary

Michelle A. Gourdine, M.D., Deputy Secretary, Public Health Services – Brian M. Hepburn, M.D., Executive Director

DATE: FEBRUARY 1, 2006
TO: PROVIDERS
FROM: RAYMOND C. LEWIS, CHIEF, OFFICE OF MANAGED CARE OPERATIONS
RE: APPEALS OUTSIDE OF THE NINE MONTH TIMELY FILING STATUTE

Effective immediately, the CSA no longer has the authority to review or approve appeals of medical necessity outside of the original nine (9) month timely filing statute. This includes appeals when the consumer receives retroactive Medical Assistance coverage after the nine (9) month timely filing statute expires.

Please submit these appeals directly to the MHA with documentation of timely filing (and, when appropriate, documentation of retroactive Medical Assistance).

All timely filing appeals should continue to be sent directly to MHA and not to the CSA.

Please contact Ray Lewis, MHA Office of Managed Care Operations, at (410) 402-8451 if you have any questions.

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Web Site: www.dhmh.state.md.us

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850



CENTER FOR BENEFICIARY CHOICES

To: Medicare Advantage Organizations and 1876 Cost Plans

From: Anthony J. Culotta, Acting Director
Medicare Enrollment and Appeals Group

Subject: Updated Guidance On Facilitated Enrollments

Date: May 12, 2006

The purpose of this memo is to provide information and guidance about the following:

- Conducting facilitated enrollments on a monthly basis
- Modifications to effective dates for facilitated enrollments
- Modifications to Exhibit 28, MA Model Notice to Inform Member of Facilitated Enrollment and Exhibit 29, Acknowledgement of Request to Decline Part D

Facilitated Enrollment Conducted Monthly

Effective with this month, MA organizations and 1876 Cost Plans must begin facilitating enrollment of their non-full benefit dual eligible members who are eligible for the low-income subsidy (LIS) into MA-PD plans or cost plans that offer prescription drug benefits on a monthly basis. This includes new enrollees to MA-only plans (other than employer-sponsored plans, including "800" series plans, or beneficiaries for whom Retiree Drug Subsidy is being claimed), as well as existing enrollees of MA-only plans who become newly LIS-eligible. For 1876 Cost Plans' that offer a Part D optional supplemental benefit, this includes new enrollees to plan benefit packages (PBPs) that do not offer Part D, as well as existing enrollees of those PBPs who become newly LIS-eligible. Please see guidance issued March 17, 2006 (including correction issued April 10, 2006) on how to identify these beneficiaries.

Effective Date

The effective date of facilitated enrollment for all non-full dual, LIS-eligible members is the first day of the second month after the person is identified as qualifying for facilitated enrollment. For example, if the plan is notified in August 2006 that an existing member of an MA-only plan has become LIS eligible, the effective date is October 1, 2006. This replaces the previous effective date guidance in section 40.1.7 of Chapter 2 of the Medicare Managed Care Manual.

New Special Enrollment Period (SEP) for Certain LIS Beneficiaries

CMS has established an SEP to facilitate on-going enrollment of LIS beneficiaries who have not chosen a plan. The SEP applies to beneficiaries who newly qualify for the LIS because they

receive Supplemental Security Income (SSI) benefits, or apply and qualify. This SEP will allow newly LIS-eligible individuals to enroll in a Part D plan on their own. It permits those who are not currently members of an MA organization or 1876 Cost Plan that offers a Part D optional supplemental benefit to enroll in an organization's Part D plan. It also permits existing members of an MA-only plan or 1876 cost plan PBP without Part D to switch to a plan in the organization with Part D benefits.

The SEP will begin upon notification to the individual of his/her LIS status or the effective date of facilitated enrollment (whichever occurs first), and ends either when the individual enrolls in a Part D plan, or upon MA/cost plan's facilitated enrollment into their Part D product. For those who are not currently members of the organization who request enrollment via this SEP, proof of eligibility for this SEP may include the subsidy award letter from SSA or the state, or a notice from CMS informing the beneficiary that he/she has been deemed eligible for the subsidy. For existing members of the MA-only plan or 1876 cost plan's PBP without Part D, the notification from MARx that the person is newly LIS eligible is sufficient proof. If the beneficiary does not use the SEP to enroll in a plan, the organization should facilitate the person's enrollment; the beneficiary will then have an SEP to change back to the original plan.

Note that full and partial dual eligibles already have a continuous SEP per section 30.4.4.5 of Chapter 2.

Facilitated Enrollment and Opt-Out Notices

When notifying beneficiaries of facilitated enrollment, please use the attached updated Exhibit 28. As modified, the notice indicates that the deadline for opting out of facilitated enrollment is the last day of the month before the effective date of the facilitated enrollment. We are also using this opportunity to update Exhibit 29, the model notice for confirming a beneficiary's request to opt-out of either auto- or facilitated enrollment. Both revised notices are attached.

Summary of Differences Between Auto- and Facilitated Enrollment

Attached is a summary of the updates provided via guidance since Chapter 2 was issued in August 2006. These will be incorporated into the next update of Chapter 2.

Further Information

We appreciate MA organizations and 1876 Cost Plans' continued cooperation in ensuring full-benefit dual eligibles and other LIS-eligible individuals are enrolled in a timely manner to avoid coverage gaps. If you have any questions, please contact Sharon Donovan at (410) 786-2561 or sharon.donovan@cms.hhs.gov.

Attachments (3):

MA/Cost Plans Auto- and Facilitated Enrollment of LIS Beneficiaries

Exhibit 28 – Updated MA Model Notice to Inform Member of Facilitated Enrollment

Exhibit 29 – Updated Acknowledgement of Request to Decline Part D

Attachment 1: Enrollment of Full Benefit Duals and Other LIS-Eligible Beneficiaries Into Medicare Advantage Plans and Cost Plans for 2006

This document provides a high-level summary of guidance updating Sections 40.1.6 and 40.1.7 of Chapter 2 of the Medicare Managed Care Manual since its most recent issuance in August 2005. For details, please see guidance issued October 5, 2005; February 8, 2006; March 17, 2006; and April 10, 2006.

	Full Duals	Non-Full Dual LIS Eligibles
Frequency	Monthly	Monthly
Steps	<ul style="list-style-type: none"> • Identify full dual eligibles in MA-only plan who need to be enrolled into MA-PD • Send notice to beneficiary • If no answer within 10 business days, submit 71 transaction to move to MA-PD plan • If person opts-out, do not submit transaction (if opt-out after 10 days, submit 71 transaction to move them back to MA-only, but with prospective effective date) 	<ul style="list-style-type: none"> • Identify non-full dual LIS beneficiaries in MA-only plan who need to be enrolled into MA-PD • Send notice to beneficiary • If no answer by last day before effective date of facilitated enrollment, submit 71 transaction to move to MA-PD plan • If person opts-out, do not submit transaction (if opt-out after deadline, submit 71 transaction to move them back to MA-only, but with prospective effective date)
Who needs to be moved	<ul style="list-style-type: none"> • Full dual who newly enrolls in MA-only plan • Beneficiary in MA-only plan who recently became Medicaid eligible and is thus newly full dual 	<ul style="list-style-type: none"> • Non-full dual with LIS who newly enrolls in MA-only plan • Beneficiary in MA-only plan who recently became LIS-eligible
Who does not need to be moved	<ul style="list-style-type: none"> • Those who have already opted out 	<ul style="list-style-type: none"> • Those who have already opted out • Those with RDS • Those in 800 series employer sponsored plan • Those in employer sponsored plans (other than 800 series)

Data to identify those in MA-only plan who need to be moved to MA-PD plan	Monthly MA full dual file	LIS data (either TRR, or bi-weekly LIS file): <ul style="list-style-type: none"> • Premium subsidy = 25, 50, 75 • Premium subsidy = 100 AND <ul style="list-style-type: none"> ○ LIS copay = 4 (15%) Or • LIS copay = 1 (\$2/5) AND person is not on MA full dual file
Plan Into Which Beneficiary Should be Enrolled	MA-PD plan with lowest combined Part C and D premium or lowest Part D premium	MA-PD plan with lowest combined Part C and D premium or lowest Part D premium
Notice to send	Exhibit 27	Exhibit 28
Application date on transaction	10/15/05	First day of month prior to effective date of the enrollment
Enrollment type	S = Special Enrollment Period	S = Special Enrollment Period
Effective date	<ul style="list-style-type: none"> • First day of month person appeared on MA full dual file (will be retroactive) • Cannot be prior to start of enrollment in the MA-only plan. 	<ul style="list-style-type: none"> • First day of second month after person identified as needing enrollment • Cannot be prior to start of enrollment in the MA-only plan.
Opting out	<ul style="list-style-type: none"> • Document and do not enroll again in future. 	<ul style="list-style-type: none"> • Document and do not enroll again in future.

Attachment 2

Exhibit 28: MA Model Notice to Inform Member of Facilitated Enrollment

(Rev. 70, Issued: 09-30-05, Revised Effective Date: 06-01-06)

Referenced in section: 40.1.7

[Member # - if member # is SSN, only use last 4 digits]

[RxID]

[RxGroup]

[RxBin]

[RxPCN]

Dear <insert member name>

Our records show that you qualify to get extra help with your prescription drug costs from Medicare. Medicare is helping you enroll in our <name of MA-PD plan> that offers Medicare prescription drug coverage, beginning <effective date>. This way, you will pay the lowest possible premium for Medicare prescription drug coverage.

[This letter is proof of insurance that you should show during your doctor's appointments.]

[Plans: Include cost of premium less amount of premium assistance the member is eligible for, brief description of benefit, emergency room, durable medical equipment, inpatient care, annual out of pocket maximum on coinsurance services, etc. if changes. If no changes, simply state that there will be no changes.]

[MA PPO and PFFS plans do not use the following paragraph] Please remember that, except for emergency or out-of-area urgent care, **or out-of-area dialysis services**, if you get health care from a non-<new Plan> doctor without prior authorization, you will have to pay for the health care yourself.

In addition, you also get prescription drug coverage through our plan.

With the addition of this Medicare prescription drug coverage, you will pay:

- [insert either \$0 or \$50] for your yearly prescription drug plan deductible,
- [insert copay amount: up to \$2 and \$5; or 15%] copayments when you fill a prescription.

Please remember that you must use network pharmacies to fill your prescription. You can only use an out-of-network pharmacy in special circumstances and should call us before filling your prescription. If you don't, you will have to pay the full cost of your drugs.

You are not required to be in our Medicare prescription drug plan and have the option to stay in <insert name of MA-only plan>. If you decide not to be enrolled and don't have other drug coverage at least as good as Medicare prescription drug coverage, you may have to pay more for this coverage at a later time. If you don't want Medicare prescription drug coverage, call our Member Services Department at <phone number>. TTY users should call <TTY number> by <insert last day before effective date>. We are open <insert days/hours of operation and, if different, TTY hours of operation>. You will need to tell us you don't want Medicare prescription drug coverage.

Thank you.

<Plan Representative>

<Material ID number> [<CMS approval Date>]

Attachment 3

Exhibit 29: Acknowledgement of Request to Decline Part D

(Rev. 70, Issued: 09-30-05, Revised Effective Date: 06-01-06)

Referenced in section(s): 40.1.6 and 40.1.7

Dear <name of member>:

As requested, we have processed your request to decline Medicare prescription drug coverage. You will continue to be a member of <MA Plan> that does not offer Medicare prescription drug coverage.

[Plans: *If beneficiary declines after the effective date of the auto- or facilitated enrollment, insert the following language:*. The effective date of your request will be (insert first day of month after request received).]

If you had Medicaid drug coverage, it will no longer pay for your prescription drugs. Our records show you can get extra help with your prescription drug costs from Medicare, but you must have Medicare prescription drug coverage to get this help.

Remember, even if you don't use a lot of prescription drugs now, you still should consider signing up for a Medicare prescription drug plan. For most people, joining now means you will pay your lowest possible monthly premium. If you didn't join a plan by May 15, 2006, and you don't currently have prescription drug coverage that covers at least as much as Medicare prescription drug coverage, your premium cost will go up by up to 1% per month for every month that you wait to enroll.

If you change your mind now or at anytime in the future, you can call <MA Plan> customer service at <number>, Monday through Friday between the hours of <hours>. TTY users should call <insert TTY number>.

Sincerely,

<Plan Representative>

<Material ID> [<CMS Approval Date>]



STATE OF MARYLAND

DHMH

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Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor — S. Anthony McCann, Secretary

Michelle A. Gourdine, M.D., Deputy Secretary, Public Health Services – Brian M. Hepburn, M.D., Executive Director

To: All PMHS Providers

From: Brian Hepburn, MD
Director, Mental Hygiene Administration

Re: Combination of Services

Date: September 18, 2006

Combination of Services

This memo summarizes information contained in Combination services letters dated February 1, 2005 and provides additional information about Combination of Services

OUTPATIENT

OMHC, FOHS, Hospital based clinic

- Maximum of 2 therapy services on the same day and one 90862 may be billed
- Only one individual therapy code per consumer per day may be billed
- One individual therapy and one family therapy service may be billed on the same date of service
- Family therapy and group therapy - may not be billed on the same date of service
- Only ONE group therapy service per day per consumer may be billed
- A provider may NOT bill for family therapy with consumer and family therapy without consumer on the same day
- If multiple consumers are participating in a family session, the provider may bill for only one family session.
- 90805 or 90807 (individual therapy with med management) may NOT be billed on the same day as 90862
- 90801 and H0032 may not be billed on the same day

- H0032 and therapy may be billed on the same day
- 90801 and 90862 on the same day by 2 different rendering providers may be billed (if the 90801 is by a provider who is not authorized to provide medication management services)
- 90801 and therapy may NOT be billed on the same day

Group and Individual providers

- 1 therapy session will be paid per service date, regardless of how many therapy services are provided. (This includes services by multiple providers) If 2 therapies are provided by the same provider, provider should bill as one single service with combined time.
- Only 1 medication management service will be paid per service date (90862, 90805, 90807)
- 90801 and therapy may NOT be billed on the same day

In general, it is expected that consumers will be seen by only 1 therapy provider. There are times, however, when it is appropriate for 2 providers to have authorizations for therapy services.

- An example of this would be a consumer who needs a specialized psychotherapy service (e.g., to address sexual abuse) not available with the primary therapy provider

OTHER SITUATIONS

- A session with an outpatient therapist may be paid on the same day as and an Emergency Department service or an inpatient admission day.
- Transitional PRP can be billed on the same day as traditional codes (those in the 100 block)
- PRP services will not be paid for a child residing in a Therapeutic Group Home. PRP services may be billed for a child residing in a Regular Group Home, Foster Home or Therapeutic Foster Home.



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**Mental Hygiene Administration (MHA) Evidence-Based Practice (EBP) in Supported Employment (SE) Policy Implementation Memorandum – August 2, 2006
(Supersedes Policy Implementation Memorandum, dated July 3, 2006)**

Mental Health Vocational Program Eligibility for the delivery of EBP-specific SE services and billing of the EBP rate differential

How is a program designated as an Evidence-Based Practice in Supported Employment Program?

Only currently designated Evidence-Based Practice (EBP) Programs, which have participated in the Maryland Evidence-Based Practice Pilot Project, are eligible for the EBP rate differential. When Evidence-Based Practice regulations are promulgated, new Mental Health Vocational Programs (MHVP)/Psychiatric Rehabilitation Programs (PRP) may request to be evaluated as an EBP in SE Program in order to be eligible to receive the EBP rates.

For those interested Mental Health Vocational Programs, which have not participated in the original EBP Pilot Project, but which desire to be designated as an EBP in SE Program, a comprehensive training plan must be submitted for review to the local Core Service Agency (CSA) of the jurisdiction in which EBP services are to be provided. After CSA review, the CSA will forward the proposed training plan to MHA. Once the EBP regulations have been adopted and upon completion of the requisite training, then at the request of the agency, a fidelity assessment of the supported employment program will be scheduled and conducted. In order to be eligible to deliver EBP-specific SE services, the MHVP must meet established fidelity standards, as described below. If the MHVP fails to meet established fidelity standards, the program may submit a request to the CSA for redetermination of the fidelity rating, no earlier than three months from the date of the initial fidelity assessment. If the program continues to not meet the fidelity threshold, the MHVP may request further determinations of fidelity, at intervals no sooner than one year from the date of the most recent fidelity assessment.

Which SE providers are eligible to deliver and to bill for the new EBP rate structure?

Only an MHA designated Evidence-Based Practice (EBP) in Supported Employment (SE) Program, which has been jointly approved by the Office of Health Care Quality (OHCQ) **both as a Mental Health Vocational Program (MHVP) and a Psychiatric Rehabilitation Programs (PRP)** and which **meets full fidelity** to the EBP service approach, is eligible to receive the EBP rates for Clinical Coordination service (**S9445-52**) and for Extended Support Services (**H2026-21**). That is, fidelity to the EBP service approach must be evidenced by receipt of a cumulative score of 66 on the Dartmouth Supported Employment Fidelity Scale, as determined by MHA, with each constituent item having been rated at a minimum score of 4.

At such time as the MHVP/PRP is reassessed and is determined to no longer meet the established fidelity standards, the agency must then discontinue billing for SE services at the EBP rates for the billing months immediately following, and subsequent to, the date of the corresponding fidelity assessment and, as such, in accordance with MHA policy, will submit claims **only** for the designated non-EBP rates and services.

Supported Employment Rates for EBP Programs:

H2024	Pre-placement (State General Funds) - \$400
H2024-21	Job Placement (State General Funds) - \$999
H2026-21	PRP to Individuals in Supported Employment – \$400/month (Extended Support Services) (Medicaid)
S9445-52	Clinical Coordination, non-direct service - \$100/month (State General Funds)
*H2023	Intensive job coaching -authorized only upon documentation of DORS denial of service - \$6.88 per 15-minute unit (lifetime maximum of \$2,750)

Supported Employment for non-EBP Programs:

H2024	Pre-placement (State General Funds) - \$400
H2024-21	Job Placement (State General Funds) - \$999
H2026	Extended Support Services - \$325/month (State General Funds)
S9445	PRP to Individuals in Supported Employment - \$100/month (If agency is PRP approved)(Medicaid)
*H2023	Intensive job coaching -authorized only upon documentation of DORS denial of service - \$6.88 per 15-minute unit (lifetime maximum of \$2,750)

Which SE consumers are eligible to access Clinical Coordination and when?

Any individual who is otherwise eligible for supported employment services and who gives written consent may receive the Clinical Coordination service coincident with the receipt of any other approved supported employment service, to include any and all of the following discrete service phases, either individually or in combination: Pre-Placement (H2024); DORS-sponsored job development and job coaching services; intensive job coaching services (H2023) funded by the Public Mental Health System (PMHS); Job Placement (H2024-21); and/or Psychiatric Rehabilitation Services to Individuals in Supported Employment (H2026-21), formerly designated as Extended Support Services.

What is the intent of the Clinical Coordination Service?

In order to coordinate and to integrate supported employment efforts with mental health treatment, the EBP approach dictates that the employment specialist regularly meets with and collaborates with members of a multidisciplinary treatment team, including the case manager, the psychiatric rehabilitation counselor, the residential specialist, the therapist, the psychiatrist, and any other individuals who may be involved in the treatment and rehabilitation of the individual. The following goals have been identified for the Clinical Coordination service:

- in pursuit of the consumer's goals for competitive employment, to establish a working alliance with the clinician and to enlist his or her support for the consumer's interests and desires
- to enhance the program's ability to engage and to retain consumers in supported employment through assertive engagement and follow-up;
- to facilitate effective, efficient communication between the consumer and clinical, rehabilitation, and treatment providers as a means to coordinate care;
- when desired by the consumer, to encourage timely, fully integrated interventions which collectively support the individual in identifying and selecting employment options, resolving employment-related crises, and in preserving employment placements; and
- to incorporate employment-related issues in treatment and rehabilitation plans and to ensure congruence of rehabilitation and treatment goals, interventions, activities, and plans.

How is the authorization for Clinical Coordination secured?

The MHVP enters the authorization request for the Clinical Coordination service into APS CareConnection®, which electronically forwards the request to the local Core Service Agency (CSA). This service may be requested in conjunction with the initial request for any given supported employment service and coincident with the request for continuing authorization or reauthorization of such services. For ease of implementation and CSA monitoring, the intent is for the authorization span for Clinical Coordination to extend concurrently with the authorization span of any corresponding supported employment service phase, as applicable.

Who provides the Clinical Coordination service?

The authorization for Clinical Coordination is assigned to the approved MHVP, with the expectation that the service is performed by designated supported employment staff, or by contract, to the members of the individual's treatment team. All services are designed to be provided in accordance with the Individual Vocational Plan (IVP), the Individual Rehabilitation Plan (IRP), as applicable, and the Individual Treatment Plan (IRP) to support the consumer in his or her vision for recovery to attain, to maintain, and to advance within competitive employment.

What are the service requirements and expectations for the Clinical Coordination service?

The service must include a minimum of weekly contact with the treatment team, and, one face-to face encounter per month with the individual's treating psychiatrist, therapist, or clinician, with or without the presence of the consumer. Such contact may occur within the context of a treatment team meeting, in the course of a regularly scheduled outpatient therapy or medication management visit, or at a mutually agreeable time and location for the express purpose of clinical coordination.

The face-to-face encounter is a defining principle of the EBP service approach; however, MHA recognizes that exceptions may occur that prevent the occurrence of the face-to-face meeting. Therefore, it is MHA's expectation that the MHVP exert a good faith effort to facilitate a face-to face encounter with the treating clinician, and in absence of a face-to-face encounter, to ensure that communication with the treating clinician occurs as frequently as necessary to effect the sharing of relevant clinical or employment-related information on behalf of the consumer.

Documentation in the medical record should reflect the attempts of the MHVP to contact the individual clinician by various means. In such cases wherein no contact has been established, MHVP agencies are advised to seek technical assistance and consultation from MHA, the CSA, or from the EBP Consultant and Trainer as to potential strategies to foster greater clinical involvement in the supported employment program.

MHVP agencies will be permitted to bill for the Clinical Coordination service for consumers for whom they have facilitated clinical coordination and for which documentation exists to support the effort. MHA will continue to evaluate the effectiveness of the rate structure and associated service expectations in promoting clinical integration, and may recommend certain policy or procedural changes as deemed necessary to promote optimal clinical integration among treatment, rehabilitation, and supported employment providers.

What are the documentation standards for the Clinical Coordination Service?

Documentation to support the provision of both direct and indirect service should be properly entered into the consumer's medical record in the form of one contact note per encounter. Each contact note should clearly delineate the nature, duration, mode of contact (face-to-face, telephone, e-mail), and identity of the individual being contacted and should reflect the content of the exchange, as it relates to the IVP or the IRP.

What are the service requirements and expectations for the Psychiatric Rehabilitation Services to Individuals in Supported Employment (H2026-21) formerly designated as Extended Support Services?

The service must meet all applicable requirements for psychiatric rehabilitation program (PRP) services, as delineated in COMAR 10.21.21. This includes PRP services provided to assist the individual to attain and to maintain competitive employment, in accordance with the Individual Vocational Plan (IVP) and the Individual Rehabilitation Plan (IRP), which may be integrated into one document. Such services will constitute the Extended Support Services phase of supported employment services.

Services must be for a minimum of 30 minutes duration, for a minimum of three (3) discrete service contacts per month per consumer, with a minimum of one service contact per day, although multiple services in the course of one day may be bundled to equal one service for minimum of 30 minutes duration, based on individual consumer needs. The three service contacts for PRP Services to Individuals in Supported Employment **include** those services required for Extended Services, as outlined in COMAR 10.21.28.

At least one service must be performed on the job unless the consumer has chosen not to disclose the presence of a disability to the employer. When this occurs the service may be performed in a mutually agreed upon community-based location, as indicated in the rehabilitation or disclosure plan. It is not expected that the service be performed on-site at the PRP facility.

In the event that the individual elects not to disclose his or her disability status, documentation must exist in the medical record to support the informed choice of the individual not to disclose, to include, at a minimum, a collaborative plan for providing such services, and the expected location for service provision.

What are the requirements for submission of encounter data?

The MHVP is directed to submit encounter data, using the **H2016** code with the **U1** modifier (**H2016-U1**), to support the provision of services delivered in accordance with the service requirements and expectations for the Psychiatric Rehabilitation Program (PRP) Services to Individuals in Supported Employment (**H2026-21**), formerly designated as Extended Support Services.

Encounter data must be submitted for each consumer for each discrete service count of Extended Support Services (H2026-21), which collectively reflect the provision of three (3) separate and discrete

services per month. Any claim which is submitted in the absence of corresponding encounter data, which validate compliance with the minimum required service, will be subject to denial of claims payment or to subsequent retraction of claims payment, for those claims already reimbursed.

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Office of External Affairs

MEDICARE FACT SHEET

FOR IMMEDIATE RELEASE
March 19, 2006

CONTACT: CMS Media Affairs
(202) 690-6145

MEDICARE TAKES STEPS TO HELP PEOPLE WITH LIMITED INCOMES AND RESOURCES TAKE ADVANTAGE OF COMPREHENSIVE MEDICARE DRUG COVERAGE

Everyone in Medicare now has access to prescription drug coverage, regardless of their income or how they get their Medicare. For those with limited incomes, there is extra help providing comprehensive coverage with no or low premiums and low or no deductible.

To ensure that beneficiaries receive the benefit of the extra help, CMS is facilitating the enrollment of certain beneficiaries into prescription drug plans. This week, CMS will begin mailing letters to approximately 1.2 million people with Medicare who have applied for and been approved for the extra help and those who are enrolled in other federal assistance programs such as Supplemental Security Income (SSI) and Medicare Savings Programs.

The letters let the beneficiary know in which Medicare prescription drug plan they will be enrolled if they take no action before April 30. Unless they enroll on their own during March, these beneficiaries will have their prescription drug coverage begin on May 1. CMS is enrolling these beneficiaries earlier to make sure that they receive the benefit of the extra help immediately, and without having to pay a penalty. These beneficiaries can still decline the enrollment before it becomes effective, and would not be charged a premium.

A copy of the letter will be available online at www.cms.hhs.gov. The letter will be printed on green paper so that it can be readily identified by beneficiaries, their family members, and other organizations that counsel beneficiaries about their Medicare Choices.

Many of these individuals will not be charged a premium for this drug coverage. However, some of these individuals qualify for sliding-scale premium assistance. But if those beneficiaries don't enroll in a plan by May 15, 2006, and don't have prescription drug coverage that is as good as Medicare's, they will have to pay more for this coverage if they want to enroll later.

Beneficiaries whose employer or union plan sponsor is claiming the retiree drug subsidy on their behalf will not be included in this facilitated enrollment process. However, it is possible that a beneficiary with other drug coverage that is as good as or better than Medicare prescription drug coverage will still be enrolled by CMS because he or she qualifies for extra help. These beneficiaries may want to keep their current coverage and decline enrollment from Medicare.

These beneficiaries should read the letter they received from their employer or union (or the plan that administers their drug coverage), because employers and unions can work with Medicare prescription drug coverage in different ways. If they have questions, they should call their plan or benefits administrator or the office that answers questions about their benefits. They may want to keep their current coverage and decline enrollment from Medicare by calling 1-800-MEDICARE.

CMS also worked with State Pharmacy Assistance Programs in New York, New Jersey, Connecticut, Pennsylvania, and Illinois to make sure that any of their members that the State plans to enroll in a Medicare Prescription Drug Plan are not also facilitated enrolled by CMS.

All of the plans that qualify for the automatic enrollment must meet Medicare's standards for access to medically necessary drugs at a convenient local pharmacy. Beneficiaries also have the option to change plans if they are unhappy with the plan into which CMS facilitated them. The letters will also help ensure that these beneficiaries are aware that they can choose a different approved plan in their area, and that they can call 1-800-MEDICARE to find out more about these plans.

The letters make it clear to beneficiaries that they can choose a different approved plan in their area. The green facilitated enrollment letter will list all the prescription drug plans available in their region with premiums at or below the low-income premium subsidy amount. It also recommends calling 1-800-MEDICARE to find out more about these plans.

Beneficiaries can get personalized information about their prescription drug plan options. 1-800-MEDICARE is available at anytime with little or no waiting. People can also go to www.medicare.gov, or get face-to-face help from one of the many partner organizations, such as the State Health Insurance Programs or attend one of the many enrollment events being held around the country to get additional information about their drug coverage options.

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STATE OF MARYLAND

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Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration
Spring Grove Hospital Center – Dix Building
55 Wade Avenue – Catonsville, Maryland 21228

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor — S. Anthony McCann, Secretary

April 3, 2006

Family Psychoeducation (FPE)

Effective for Dates of Service beginning February 1, 2004

Family Psychoeducation (FPE) is a reimbursable service under the Public Mental Health System only if the agency/provider is an approved Outpatient Mental Health Clinic and a participant in the Evidence Based-Practice (EBP) project or is meeting the fidelity standards and has received approval from MHA to provide FPE.

FPE is targeted to individuals with serious mental illness and their families or significant others. It is a multi-family group that provides education and support. FPE is not age restricted and is available to both Medicaid beneficiaries and Uninsured Eligible consumers.

The groups meet weekly and generally run for two years.

Authorization:

FPE services are not included in the initial twelve (12) mental health outpatient visits in APS CareConnection® (service codes 100, 110). A new service code, service code 135: “Family Psycho-education - With or Without Consumer Present”, has been added to APS CareConnection®. Programs requesting FPE will receive an initial twelve (12) visits. When medically necessary, the program may request an additional twenty-four (24) visits. Requests for authorization for FPE may be entered in APS CareConnection® at the same time as requests for authorization for other mental health services the individual may be receiving from the requesting provider.

H2027, FPE with consumer present, and H1011, FPE without consumer present, are interchangeable at the authorization level

Reimbursement:

Billing Code	Service Description	Reimbursement
H2027	Family Psychoeducation with Consumer Present	\$34.90 per consumer, per family, per group
H1011	Family Psychoeducation without Consumer Present	\$34.90 per consumer, per family, per group

FEDERAL CITIZENSHIP REQUIREMENTS FOR MEDICAID APPLICANTS

The Federal Government has imposed rules regarding federal citizen requirements for new Medical Assistance applicants, as well as current recipients going through the redetermination process.

The Medicaid website: http://www.dhmh.state.md.us/html/hotissues_citizen.htm contains useful information, forms and meeting information.



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Family Psychoeducation (FPE) - EBP Project
Revised August 23, 2006

Purpose:

To develop and implement evidence based practice (EBP) in Family Psychoeducation (FPE) for adults with serious and persistent mental illness. The purpose of FPE is to help families and consumers better understand mental illness while working together towards recovery by providing training in problem solving, social skills, communications skills and coping skills.

Eligibility:

To be eligible for the EBP rate, a program:

1. Shall be approved by Office of Health Care Quality and in compliance with regulations for Outpatient Mental Health Clinic (OMHC) COMAR 10.21.20.
2. Shall complete training from a Mental Hygiene Administration (MHA) approved training program in order to demonstrate competence by incorporating principles of Evidence-Based Practice (EBP) in FPE.
3. Shall have its competency validated by MHA approved evaluators within the past 6 months through meeting the FPE fidelity standards, by a minimum score of 4 out of 5 overall, **and a minimum score of 4 in each item** .
4. Shall meet FPE fidelity standards as determined by MHA approved evaluators. This will include an annual fidelity evaluation by two MHA approved evaluators..
5. When meeting standards outlined in 3 above, is eligible for the increased rate until the next annual fidelity evaluation.
6. Not meeting fidelity standards, may request another fidelity evaluation after three months from the date of the original fidelity evaluation. During this time the program is no longer eligible for the EBP rate.
7. If after two fidelity evaluations, is unable to demonstrate fidelity by a score of 4 overall and a minimum score of 4 in each item, may be eligible for a new fidelity evaluation after one year from the date of the last fidelity evaluation.

Training:

Plan is to provide training by University of Maryland- Evidence-Based Practice Center and other existing FPE programs through monthly meetings and conference calls.

Programs may submit alternative plans for training in the FPE EBP principles. These are to be submitted through the Core Service Agency (CSA) for review and to MHA for approval.

Proposed Rates:

Programs that meet the EBP criteria through the fidelity standards as outlined above will be eligible to receive the following rate:

H 2027 –U6 \$ 50 per family group (with or without consumer) per individual served. Provider may only submit one claim per family regardless of the number of family members participating in group.

For OMHCs interested in developing FPE services submit plans to the CSA for review and the CSA will forward to MHA. The plan shall include timelines for implementation and process and request for training. MHA and CSAs will notify interested OMHCs of training options. MHA, will add new eligible FPE programs when MHA's EBP regulations are adopted. At that time, new programs may request a fidelity evaluation to determine if they are eligible to participate in the EBP project.

Resource materials:

www.samhsa.gov

www.mentalhealthpractices.org

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Web Site: www.dhmh.state.md.us



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Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor — S. Anthony McCann, Secretary

January 24, 2005

Some providers may have experienced problems in obtaining payment for interdisciplinary treatment planning for psychiatric services provided in a hospital based clinic. In order to insure payment for the services the following change is effective for services from October 1, 2004.

Revenue code '910' (0910) should be used to report interdisciplinary treatment planning. No other services should be reported under revenue code '910'. Revenue code 910 has been set as payable for dates of service on or after 10/1/2004.

An authorization is not required for payment of revenue code '910'. It is expected that this service may be provided twice per year and the services are subject to retrospective review.

Providers may bill for services that are within timely filing through the normal claims submission process. Claims that are outside of the nine (9) month timely filing window should be sent to my attention. An authorization for a waiver of the timely filing requirement and the claims will be forwarded to MAPS-MD for processing.

Daniel W. Roberts
Mental Hygiene Administration
Dix Building
55 Wade Ave
Catonsville, MD 21228
410-402-8437

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Michelle A. Gourdine, M.D., Deputy Secretary, Public Health Services – Brian M. Hepburn, M.D., Executive Director

To: All Inpatient Psychiatric Facilities
From: Brian Hepburn, M.D.
Executive Director, Mental Hygiene Administration
Date: July 10, 2006
Re: Aftercare Plans

Aftercare plans developed and distributed by MHA facilities, private psychiatric facilities, and acute psychiatric units of general hospitals are required to comply with COMAR 10.21.05. COMAR 10.21.05.03 requires that aftercare planning staff of a facility, with consent and when appropriate, provide notification to CSAs prior to the discharge of a patient. In addition, COMAR 10.21.05.05 requires that the ASO (MAPS-MD) is included on the distribution of aftercare plans.

Beginning September 1, 2006, inpatient authorizations through MAPS-MD will require discharge information in APS CareConnection® to be completed on the day of discharge. This applies to all consumers after any length of hospitalization. As a result, discharge information will be required after the initial pre-authorization or after the final concurrent review.

Data entry of the following information will be required:

1. Discharge date
2. Reason for discharge
3. Indication whether consumer will receive services after discharge
4. New provider agency name
5. Date of first appointment

Entering the discharge information in APS CareConnection® will fulfill the requirement to notify the CSA and provide MAPS-MD with the Aftercare Plan.

To discharge a client in APS CareConnection®:

1. Open the most recent authorization in APS CareConnection®
2. Go to the “Services Requested” Section of the authorization form
3. Hit “Click here to DISCHARGE Services”
4. Complete the discharge form
5. Hit “Submit Discharge”

Please contact Jennifer Lowther, MAPS-MD, Clinical Liaison 410-281-2716 or jrlowther@apshealthcare.com if you have questions.

Subject: #06-109 IMPORTANT UPDATE –Beneficiaries Awaiting Assistance from May 15

Importance: High

To All State SHIP Directors:

This message is a follow-up to yesterday's message (#06-108) regarding beneficiaries who were awaiting assistance at midnight last night (5/15).

In that message, CMS requested that SHIPs maintain a list of beneficiaries who were in queues awaiting enrollment assistance as of midnight last night. CMS also requested that SHIPs contact beneficiaries on that list until noon (your local time) on Wednesday, May 17. State SHIP directors are asked to submit the names and phone numbers of those beneficiaries who you are unable to serve by noon, 5/17, to this email box no later than COB (your time) on Thursday, 5/18.

There are two important additions to these instructions:

1. CMS requests that state SHIP directors maintain the list of beneficiaries' names and numbers that you serve today and until noon tomorrow from these queue lists. State SHIP directors should submit those lists of beneficiaries served no later than close of business on Friday (your time) to this email box.
2. Your CMS Regional Office will contact you today and ask for the total number of beneficiaries that you have in your queue lists and for your best estimate of how many of these beneficiaries you project that you will serve by noon on Wednesday, 5/17. Please provide this information to your CMS Regional Office as soon as possible.

The timeline for this project is as follows (all times are local):

Until midnight, 5/15: SHIPs keep lists of beneficiaries who are in a queue to receive enrollment assistance.

5/16: CMS Regional Offices will ask each state SHIP director to report the number of people on the SHIP's queue list and ask the state SHIP director to project the number of those beneficiaries the SHIP will serve through noon on May 17.

5/16 – Noon, 5/17: SHIPs contact people on queue lists and provide enrollment assistance, including using the Plan Finder and Online Enrollment Center to enroll beneficiaries who choose to enroll. SHIPs keep a list of all people who received this service during this time period

Noon, 5/17: SHIPs stop providing enrollment assistance to people on queue lists.

COB, 5/18: SHIPs provide to CMS (through CMS_SHIP@cms.hhs.gov) lists of beneficiaries who are awaiting enrollment assistance, but whom the SHIP was unable to reach by noon, 5/17.

COB, 5/19: SHIPs provide to CMS (through CMS_SHIP@cms.hhs.gov) lists of the beneficiaries for whom SHIPs provided enrollment assistance on 5/16-5/17.

Thank you for your continued efforts to assure that people have access to enrollment assistance and Medicare prescription drug coverage. If you have questions about this process, please contact Kevin Simpson in CMS Central Office at 410-786-0017 or at Kevin.simpson@cms.hhs.gov.



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Michelle A. Gourdine, M.D., Deputy Secretary, Public Health Services – Brian M. Hepburn, M.D., Executive Director

TO: OMHC Providers

FROM: Susan Steinberg, Deputy Director, MHA

RE: Policy Clarification: Interdisciplinary Team Treatment Planning (H0032)

DATE: April 10, 2006

Outpatient Mental Health Clinics (OMHC) may bill the Public Mental Health System (PMHS) for Interdisciplinary Team Treatment Planning (Code H0032) and therapy (e.g. CPT Code 90804) on the same date of service for an individual consumer. The services must be two distinct services. For example, the fifty (50) minutes must have been expended, and, then, additional time spent on the treatment plan. The two (2) services must be documented in the consumer's medical record as separate services.

Outpatient Mental Health Clinics (OMHC) may not bill the PMHS for Interdisciplinary Team Treatment Planning (Code H0032) and an initial evaluation (CPT Code 90801) on the same date of service for an individual consumer.

The necessary edits were made in the MAPS-MD claims system effective August 1, 2005 which will be considered the effective date for required compliance with the policy.

Providers who received denials for claims for H0032 and 90801 for dates of service prior to August 1, 2005, may request adjustments by sending a new claim and a copy of the EOP to MAPS-MD Claims, Attention: Christa Snyders, Claims Provider Liaison.

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January 9, 2006

“Licensed Social Worker sentenced for Defrauding Medicaid Program”. This headline in local papers was a result of an audit conducted by the Mental Hygiene Administration and the Frederick County Core Service Agency. It was one of several audits conducted by the State that found Healthcare providers in violation of State or federal regulations governing participation in the Medicaid program or a Health Practice Act.

The Mental Hygiene Administration, within the Department of Health and Mental Hygiene, is responsible for the Public Mental Health System. (PMHS). The MHA with the local mental health authorities (Cores Service Agencies) manage the provision and funding of services for consumers with Medical Assistance, and certain uninsured persons. To ensure that quality services are provided in accordance with State and federal regulations (Medicaid and Mental Hygiene regulations, Social Work Practice Act), The Mental Hygiene Administration, along with the Office of the Attorney General- Medicaid Fraud Control Unit, and the Department of Health and Mental Hygiene’s Office of Inspector General are performing compliance audits of Medicaid Providers. Violation of statutes or regulations may result in civil or criminal penalties (retraction of claims and reimbursement by provider of funds, fines, expulsion from Medicaid program, or incarceration), In addition, MHA reports its findings to the Board of Social Work.. Thus, MHA seeks to remind all providers of some of the rules governing participation in the PMHS.

To be a provider within the Public Mental Health System (to be a provider to individuals with Medical Assistance), one must be a licensed mental health provider, or otherwise permitted by the Board of Social Work to perform the clinical service. If a provider is not employed by a Hospital or Outpatient Mental Health Clinic, the provider must have a Medicaid Provider number. If the provider is a sole practitioner, the provider should obtain an Individual provider number. If the provider is part of a group practice, the practice must have a group practice number, and the provider must have a Medicaid rendering number. On the claim form submitted for payment, the provider attests that the Medicaid Provider whose number is listed on the claim form performed the clinical service. A provider may not have other persons perform services under that provider’s Medicaid number. A provider in an individual or group practice may NOT bill for services performed by unlicensed persons.

Providers within the PMHS are required to know and comply with all applicable Medicaid regulations, MHA regulations, and Board of Social Work statutes and regulations. This includes, maintaining adequate records that document the service provided. A contact/progress note shall be made for every billable service. This includes at minimum the date, start and end time the therapy session, type of service provided (individual, family therapy) summary of the session and consumer’s response to the intervention. If billing for an assessment, the notes should include more than the diagnosis, but information to support that an assessment was done, i.e. symptoms. If documentation does not exist supporting the service billed, it is considered as if the service was not performed, and the claim was falsely billed.

If you have any questions regarding participation in the Public Mental Health System you may contact:

1. Your local Core Service Agency
2. MAPS-MD provider relations at 1-800-888-1965
3. Mental Hygiene Administration at 410-402-8300

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January 31, 2006

TO: Program Director
Outpatient Mental Health Clinic

From: Brian Hepburn, M.D.
Executive Director, MHA

Re: Audit- Medical Director

REPLY REQUIRED By March 31, 2006

CERTIFIED MAIL

The Mental Hygiene Administration, the Office of Healthcare Quality and the Office of the Inspector General of the Department of Health and Mental Hygiene are conducting a review of the staffing provided at Outpatient Mental Health Clinics (OMHC). The regulations (COMAR 10.21.20.08) covering staffing at an OMHC are very clear on the requirement for the Medical Director. The Medical Director is responsible for many aspects of the OMHC including but not limited to the medical aspects of quality management and clinical supervision of the medical staff. In order to properly discharge these duties under COMAR, the psychiatrist must be on duty at the OMHC for a minimum of twenty (20) hours per week.

As a screening tool to ensure compliance we are requiring that all OMHC provide documentation of the presence on site of the psychiatrist(s). We recognize that providers may pay their Medical Director and other psychiatrists as contract staffing or as employees and that pay schedules may differ from clinic to clinic. Please provide documentation of the payments to all psychiatrists for the following period(s)

1. If payment is made to the psychiatrist(s) on a weekly basis then payments covering the following two weeks
 - a. October 23, 2005 through October 29, 2005 and
 - b. November 6, 2005 through November 12, 2005

If the work week is Monday through Sunday or some other period then please adjust the dates accordingly.

2. If payment is made to the psychiatrist(s) on a biweekly basis then payments covering the biweekly payment period that includes services for November 7, 2005.
3. If payment is made to the psychiatrist(s) to cover one-half of the month then payments covering the first half of November, 2005.

4. If payment is made to the psychiatrist(s) on a monthly basis then the payments covering the month of November, 2005.

OMHCs practicing jointly at different locations under the same Medicaid base number, e.g., 1234567-00 and 1234567-01, may submit joint documentation reporting the total hours under the base Medicaid number. In this example 1234567 is the base number and the -00 and -01 indicate different locations under the same base number. Provider organizations with multiple base Medicaid numbers should contact the Office of Compliance for instructions before submitting documentation. The documentation should only refer to payments made to the psychiatrist(s) for services actually delivered at the site of the OMHC. Payments for consultation made off-site or on-call payments should not be included in the documentation. The documentation must include the following:

- a. OMHC Provider Medicaid number(s)
- b. Name of Medical Director
- c. Time period reporting
- d. Actual hours on site at the OMHC on a daily basis by all psychiatrists
- e. An attestation by the Program Director that the hours reported include only services delivered on location at the OMHC.
- f. Copy of employment contract and hourly rate or weekly salary.
- g. Additional comments or explanations are welcome but not required

A sample presentation is shown below. Providers may choose to present their documentation in another format but it must include the required information. This documentation is due by March 15, 2006 and should be sent to:

Mental Hygiene Administration

Office of Compliance

Dix Building

55 Wade Avenue

Catonsville, MD 21228

Clinics may be selected for further review based on the documentation noted above. Failure to comply with the above requirements may be the basis for suspension of payment and/or immediate audit by the Office of Compliance of the Mental Hygiene Administration, the Office of the Inspector General of the Department of Health and Mental Hygiene or the Office of Health Care Quality.

Questions regarding the documentation requirements should be directed to the Office of Compliance at 410-402-8451

Sample documentation

Anytown Outpatient Mental Health Clinic

Provider number 123456789

123 State Street

Smalltown, Maryland

1. The Medical Director is Mary Smith, M.D.
2. Time period(s) reported 10/23/2005 – 10/29/2005 and 11/6/2005 to 11/12/2006
3. The following services were delivered the Anytown Outpatient Mental Health Clinic

Date of Service	Psychiatrist name	Medicaid number of psychiatrist (SSN if no Medicaid number)	Hours worked on site
10/24/2005	Mary Smith, M.D.	234567890	8.0
10/25/2005	Mary Smith, M.D.	234567890	8.0
10/26/2005	Mary Smith, M.D.	234567890	8.0
10/26/2005	John Jones, M.D.	123456789	8.0
11/7/2005	John Jones, M.D.	123456789	8.0
11/09/2005	John Jones, M.D.	123456789	8.0
11/10/2005	John Jones, M.D.	123456789	8.0
11/11/2005	Mary Smith, M.D.	234567890	8.0
11/12/2005	Mary Smith, M.D.	234567890	8.0
11/13/2005	Mary Smith, M.D.	234567890	8.0
11/13/2005	Thomas Allbright, M.D.	547896578	8.0

4. The services were delivered at the following locations:
 - a. 123 State Street Smalltown, MD (Medicaid number 456789001)
 - b. 45 W. Broad Street Anothertown, MD. (Medicaid number 456789002).

5. The hours reported above include only hours for which the psychiatrist was present at the OMHC and available to the OMHC for direct patient care and/or administrative, clinical or supervisory duties related to the OMHC.

I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing paper are true.

Thomas Jones

Date

Program Director Anytown Outpatient Mental Health Center

State Preemption

The attached Q&A responds to the question "Are states preempted from pursuing a Part D plan sponsor or Medicare Advantage organization?"

Webpage and Listserv Information

- State MMA Webpage <<http://www.cms.hhs.gov/States/>>
- Please email feedback and suggestions in regards to the State MMA Webpage to MMAStatesWebsite@cms.hhs.gov
- To subscribe to this listserv, go to <<http://www.cms.hhs.gov/apps/maillinglists/default.asp?audience=14>> . Enter your information, then select the appropriate list serve "MMA_States" and choose subscribe
- To unsubscribe from this listserv, go to <<http://www.cms.hhs.gov/apps/maillinglists/default.asp?audience=14>> . Enter your information, then select the appropriate list serve "MMA_States" and choose unsubscribe

Lisa J. Wilson
Intergovernmental Affairs
Email: lisa.wilson@cms.hhs.gov
Phone: 202.260.6079
www.cms.hhs.gov/states

Q/As

QUESTION 1. Are states preempted from pursuing a Part D plan sponsor or Medicare Advantage organization (MAO):

(A) For a marketing violation in situations where the materials have been approved by CMS pursuant to Federal standards, but the “approved material” violates a State law (e.g., a phone script approved by CMS), or

(B) In situations where a state believes a plan sponsor or MAO may be violating a Part C or D law or the applicable Medicare Marketing Guidelines?

ANSWER: (A) Generally yes. Other than state laws relating to state licensure and solvency requirements for entities, a state law is preempted when it applies to a field of law that Congress intended CMS to regulate under Part C or D. For example, Congress intended CMS to regulate, via Federal laws and guidance, plan sponsors’ marketing activities and materials.

The Social Security Act sets forth standards governing marketing materials and the dissemination of information by Part D plan sponsors and MAO’s offering MA plans. In addition, CMS has issued additional standards governing plans’ marketing and information dissemination activities under 42 C.F.R. §§ 422.80, 422.111, 423.50 and 423.128 and the Medicare Marketing Guidelines

http://www.cms.hhs.gov/PrescriptionDrugCovContra/07_RxContracting_Marketing.asp#TopOfPage). Because Congress clearly intended for CMS to regulate Part D plan sponsors’ and MAOs’ marketing materials, and CMS has affirmatively issued standards regulating such activities, state laws applicable to Part D and MAO plan marketing materials approved by CMS are preempted. Therefore states may not take enforcement action against a Part D plan sponsor or MAO for an alleged violation of any such state marketing law. As a note, CMS encourages Special Needs Plans (SNPs), to coordinate their activities with an affected state, anytime SNP marketing materials mention Medicaid, or how its benefits interface with a state Medicaid program. However, CMS retains the final review authority over all MA and MA-PD marketing materials.

(B) Yes. Consistent with the discussion in §A above, a State would not be permitted to seek an enforcement action against a PartD plan sponsor or MAO for violating Part C or D law or the applicable Medicare Marketing Guidelines. If a Part D sponsor or MAO allegedly engages in a fraudulent or otherwise potentially inappropriate telemarketing activity in violation of the Medicare Marketing Guidelines, CMS would investigate the allegations and, if warranted, take corrective action against the Part D sponsor or MAO. CMS will forward the complaint to the appropriate federal agency for further action. If the Marketing Guidelines rely on a state law to establish a standard relating to a plan and a state believes that a plan sponsor might be violating the state law, the state should contact CMS so that CMS may investigate the alleged violation of the Marketing Guidelines, and, as necessary, take enforcement action against the plan.

Action:

If a state has a concern about a Part D plan's or MAO's marketing materials that were approved by CMS or a plan sponsor's or MAO's marketing activities, we hope that the state will relay its concerns to CMS by contacting CMS's regional office in the region where the state is located. The state representative should ask to speak with the regional account manager for the plan in question. Or the state may forward its concerns or comments to CMS via its web address that was established specifically for states to correspond with CMS. The email address is Medicare_PartC&D_Complaints@cms.hhs.gov.

QUESTION 2. Are Part D and MA plan telemarketers required to meet the requirements of state law? For example some states require that telemarketers be registered with the state. Would this specific requirement apply to all Part D plans?

ANSWER: With respect to licensing, yes. The Medicare Marketing Guidelines, which cover Parts C and D, require that a plan sponsor or MAO use a state licensed individual to perform marketing. Specifically, the Marketing Guidelines state that a "Plan Sponsor must utilize only a state licensed, certified, or registered individual to perform marketing, if a state has such a marketing requirement. This requirement applies to any individual that performs marketing on behalf of a Plan Sponsor, whether as an employee or under contract directly or downstream." CENTERS FOR MEDICARE AND MEDICAID SERVICES, MEDICARE MARKETING GUIDELINES 136 (November 1, 2005 edition). Therefore if a State requires an individual to be licensed, registered or certified to perform marketing then a Part D plan sponsor must only use an individual who is State licensed, registered or certified to market its plan(s). This would apply to all Part D plan sponsors and MAOs offering an MA plan.

As a note, the Medicare Marketing Guidelines discuss CMS's position on state marketing representative appointment laws. We anticipate changes to the language in the November 1, 2005 edition of the Medicare Marketing Guidelines in the 2007 Marketing Guidelines, so please review both the November 1, 2005 edition of the Marketing Guidelines as well as the 2007 Guidelines when they are posted, for further information. Furthermore, it is otherwise important to check CMS's website for updates to the Medicare Marketing Guidelines because the Guidelines are revised from time to time.

Question: Can Part D plans include over-the-counter products (OTCs) as part of administrative expenses since they may provide significant cost savings as part of a utilization management program?

Answer: CMS understands that health plans and pharmacy benefit managers currently provide targeted coverage of over-the-counter medications (OTCs) in the commercial market as part of their cost-reduction strategies. OTCs -- many of which (e.g. Prilosec OTC® and Claritin®) were available by prescription when first marketed -- offer significantly cheaper alternatives to branded prescription medications, and often work just as well for most patients. The MMA does not allow Medicare plans to include OTCs as part of their drug benefit or supplemental coverage. As an incremental extension of the 2006 policy, for the 2007 benefit coverage year, CMS will allow Medicare plans the option to provide this alternative as part of their administrative cost structure without limitation to approved step therapy protocols since other OTCs play a role by substituting for prescription drugs as part of an overall drug utilization management strategy (e.g. OTC non-steroidal anti-inflammatory drugs). Having the plan process OTC purchases at the pharmacy under the Part D contract improves safety by allowing the prescription drug plan to access and include information on OTC utilization in its drug utilization review editing.

CMS will continue to review and approve plans' specific OTC protocols shown to provide safe, effective and less costly alternatives. While the potential cost savings associated with using certain OTCs is significant, CMS does not believe many OTC products will offer such savings. In certain situations, OTCs may be included as part of a step-therapy program, but this is no longer required. However, if a plan includes OTC products as a part of its utilization management program other than within step-therapy algorithms, the plan may not prior authorize or otherwise limit dispensing of formulary alternatives on the basis of prior usage of the OTC product.

Without exception OTCs included as part of a cost-effective drug utilization management program must still be provided to the beneficiary without any direct cost-sharing at the point of sale (costs would be included in administrative portion of the bid and, thus, ultimately reflected in premiums).

As we stated in the 2006 OTC guidance, since CMS will limit OTCs to those shown to provide safe, effective and less costly alternatives to formulary drugs, and since plans are not obligated to include OTC products within their utilization management programs, Medicare beneficiaries should not expect broad inclusion of OTCs under the Part D benefit. Similarly, States should not interpret this as justification to discontinue coverage for OTCs under Medicaid Programs. Plans choosing to include OTC products within their utilization management programs must understand and be prepared to appropriately educate their enrollees on the difference between OTCs provided as administrative costs as opposed to covered part D drugs. While beneficiaries will (and must) enjoy zero direct cost-sharing on these OTCs, they will also not have the same beneficiary protections required to ensure appropriate access to part D drugs. For example, if a plan changes its utilization management program to substitute one OTC agent for another, beneficiaries would not have meaningful transition supplies or exceptions or appeals options to remain on the original OTC agent. (This does not affect enrollees' ability to pursue an exception or appeal of step therapy requirements in favor of a part D drug).

OTCs as Part of Administrative Expenses

The attached Q&A responds to the question, "Can Part D plans include over-the-counter products (OTCs) as part of administrative expenses since they may provide significant cost savings as part of a utilization management program?"

Webpage and Listserv Information

- State MMA Webpage <<http://www.cms.hhs.gov/States/>>
- Please email feedback and suggestions in regards to the State MMA Webpage to MMAStatesWebsite@cms.hhs.gov
- To subscribe to this listserv, go to <<http://www.cms.hhs.gov/apps/maillinglists/default.asp?audience=14>> . Enter your information, then select the appropriate list serve "MMA_States" and choose subscribe
- To unsubscribe from this listserv, go to <<http://www.cms.hhs.gov/apps/maillinglists/default.asp?audience=14>> . Enter your information, then select the appropriate list serve "MMA_States" and choose unsubscribe

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Phone: 202.260.6079

www.cms.hhs.gov/states

MEMORANDUM

To: Program Directors
Outpatient Services

From: Brian Hepburn, M.D.
MHA Executive Director

Re: Policy Clarification: **Outpatient Services / Nurse Practitioners**

Date: December 26, 2006

This memorandum is to further clarify nursing services that are reimbursable through the Public Mental Health System (PMHS). The services nurses provide are governed by the Nurse Practice Act (Annotated Code of Maryland, Health Occupations Article, Title 8; and COMAR Title 10, Subtitles 27 and 39.)

A. Within an **Outpatient Mental Health Clinic** (OMHC):

Providers may bill the PMHS for the following services performed by a ***RN-C or RN-BC*** (certification in Psychiatric and Mental Health Nursing through the American Nurses Credentialing Center): ***Certified Registered Nurse Practitioners with a Psychiatry specialty, CRNP-P; and Certified Advanced Practice Registered Nurse/Psychiatric Mental Health, APRN/PMH:***

- 90801 Psychiatric interview exam
 - 90804, 90806 (individual therapy, which includes individual supportive counseling)
 - 90846, 90847, 90847-52 (family therapy, which includes family supportive counseling)
 - 90849 90849-52 (multi-family group therapy, which includes group supportive counseling)
 - 90853 (group therapy, which includes group supportive counseling)
 - 90875, 90876 (individual psychophysio therapy including biofeedback)
2. Providers may bill the PMHS for medication management (90862) or therapy with medication management (90805, 90807) if performed by a Certified Registered Nurse Practitioner with a specialty in Psychiatry (CRNP-P), as permitted by the Board of Physicians and the Board of Nursing.

The OMHC, as a component of its credentialing process shall assure nurses have the proper credentials and competencies to perform mental health treatment, medication management, and evaluation services, and shall keep a copy of the required documentation in the nurse's personnel record.

B. Group or Individual Practice

The PMHS will only reimburse *Certified Registered Nurse Practitioners with a Psychiatry specialty, CRNP-P; and Certified Advanced Practice Registered Nurse/Psychiatric Mental Health, APRN/PMH* . The following services are reimbursable:

- 90801 Psychiatric interview exam
- 90804, 90806 (individual therapy, which includes individual supportive counseling)
- 90846, 90847, 90847-52 (family therapy, which includes family supportive counseling)
- 90849 , 90849-52 (multi-family group therapy, which includes group supportive counseling)
- 90853 (group therapy, which includes group supportive counseling)
- 90875, 90876 (individual psychophysio therapy including biofeedback)
- 90862, 90805, 90807 (medication management or therapy with medication management) if performed by a Certified Registered Nurse Practitioner with a specialty in Psychiatry (CRNP-P), as permitted by the Board of Physicians and the Board of Nursing.

Special Instructions for individual and group practices: Prior to obtaining authorizations and enrolling in MAPS-MD, the provider must submit the following to Susan Steinberg, Deputy Director, Mental Hygiene Administration, 55 Wade Avenue, Catonsville, MD 21228:

1. Copy of nursing license with either the CRNP-P or APRN/PMH certification.
2. Medicaid Number. If in group practice, name of group practice and group MA number, as well as individual rendering number.
3. If seeking authority to provide medication management- must provide a copy of the written agreement between the nurse practitioner and a psychiatrist pursuant to COMAR 10.27.07.02.

The Mental Hygiene Administration will review your credentials. If approved, MHA will advise MAPS-MD that the nurse is eligible to receive authorizations. It will be the responsibility of the nurse to properly enroll with MAPS-MD, MHA's Administrative Service Organization. See: <http://www.maps-md.com>. The nurse performing the service as an independent practitioner must have a Medicaid provider number (either individual number, or a rendering number), and the Medicaid number must be included on the claim as the renderer of the service.

If approval to participate in the PMHS is denied, the nurse may file an appeal within 30 days of notice of MHA's decision with Brian Hepburn, Director, Mental Hygiene Administration or file an administrative appeal pursuant to

(1) COMAR 10.01.03;

(2) State Government Article, Title 10, Subtitle 2, Annotated Code of Maryland; and

(3) Health-General Article, § 2-201--2-207, Annotated Code of Maryland.

If you have further questions, please contact Ms. Susan Steinberg at 410-402-8451.

cc: MHA Management Committee
CSA Directors
Jennifer Huber
Nancy Calvert

STATE OF MARYLAND

DHMH

**Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration
Spring Grove Hospital Center – Dix Building
55 Wade Avenue – Catonsville, Maryland 21228**

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor — S. Anthony McCann, Secretary

TO: Mental Health Vocational Program (MHVP) Directors
MHVP Agency Executive Directors
Core Service Agency Supported Employment Liaisons
Office of Health Care Quality, Mental Health Services Unit Staff
MAPS-MD Staff

FROM: Lissa Abrams, Director, Office of Adult Services

RE: Policy Clarification, Psychiatric Rehabilitation Program (PRP) Services to
Individuals in Supported Employment (SE) – U1

DATE: January 3, 2006

cc: Steve Reeder, Dan Roberts

This transmittal is to clarify several policy and procedural issues, which have emerged in the course of the review of billing practices by the Mental Hygiene Administration (MHA), Office of Compliance, surrounding the provision of PRP Services to Individuals in Supported Employment (SE) - (U1).

- I. **CPT Code for U1 – Effective April 1, 2005 the CPT code used to bill PRP U1 Services was changed to S9445, thus differentiating this service from any other PRP services provided within the context of the PRP case rate structure. It has, however, come to our attention that PRP claims submitted under the prior CPT code (H2018-U1) may still have been paid subsequent to the April 1, 2005 conversion date. Effective December 1, 2005 any previously unpaid or future claims submitted under CPT code H2018-U1 will no longer be processed for payment. Billing for S9445 includes a minimum of two service counts and is limited to one payment per month.**

(Reference: *Billing for PRP Services* transmittal -DHMH, dated February 17, 2005 and available electronically on the MAPS-MD website – www.maps-md.com)

- II. PRP Encounter Data in Support of PRP Services to Individuals in SE – U1 - Pursuant to the MAPS-MD transmittal referenced below, encounter data (H2016-U1) were to have been submitted to reflect the actual number of PRP services delivered within the context of PRP to Individuals in SE (Code: S9445), as of September 1, 2005. Encounter data is to be submitted using the H2016 CPT code, with the U1 modifier, to support the provision of any PRP services delivered in accordance with service expectations and requirements of the service, PRP to Individuals In SE (S9445). Any pending or future claim for S9445, which is submitted, as of December 1, 2005, in the absence of the corresponding encounter data (H2016-U1) which reflect compliance with the service minimum of two discrete service counts per month, will be subject to denial of claims payment and subsequent retraction of payment, for claims already reimbursed.**

For additional clarification and technical assistance, please consult Steve Reeder, MHA, Coordinator, Vocational Services at 410-402-8476.

(Reference: *Claims and Coding Update* transmittal –MAPS-MD, dated August 17, 2005 and available electronically on the MAPS-MD website – www.maps-md.com)

The following narrative, excerpted from MHA Policy Clarification, dated February 11, 2004, details the service requirements and expectations attendant to implementation of this service:

“Any individual currently receiving supported employment services, who has secured competitive employment through an approved supported employment program, is eligible to receive Psychiatric Rehabilitation Program Services to Individuals in Supported Employment (U1). That is, an individual must either be receiving DORS-sponsored job coaching, intensive job coaching from the Public Mental Health System (PMHS), or extended services from the PMHS to be eligible for this service.

This service is reserved to those supported employment programs, which are concurrently approved to provide both Mental Health Vocational Program (MHVP) and Psychiatric Rehabilitation Program (PRP) services. The supported employment program secures the approval and authorization from the local Core Service Agency (CSA) for the service, as with any other supported employment service, once DORS-sponsored job coaching services have been initiated (i.e., have received preliminary authorization from DORS field counselor for a given number of job coaching hours) or coincident with the referral for supported employment extended services.

While either PRP or MHVP staff may perform this service, the authorization is assigned to the approved supported employment program, with the expectation

that revenue generated from such services will be used to supplement existing revenue streams for supported employment within the PMHS and DORS. All services are designed to be provided as an adjunct to supported employment services in accordance with the Individual Vocational Plan (IVP) and the Individual Rehabilitation Plan (IRP), which may be integrated into one document, to support the maintenance of competitive employment. These services should not be diverted to support tangential or peripheral psychiatric rehabilitation goals unrelated to competitive employment, such as to supplement those PRP services provided within the context of the PRP case rate structure.

The service must meet all applicable requirements for psychiatric rehabilitation program (PRP) services, as delineated in COMAR 10.21.28.

The service must be provided on the job, unless the person has chosen not to disclose the presence of a disability to the employer, upon which occasion the service may be performed in a mutually agreed upon community-based location, as indicated in the rehabilitation or disclosure plan. In no cases may the service be performed on-site at the PRP facility.

In the event that the individual elects not to disclose his or her disability status, documentation must exist in the clinical chart to support the informed choice of the individual not to disclose, to include, at a minimum, a collaborative plan for providing such services, and the expected location for service provision.

Services must be for a minimum of 30 minutes duration, for a minimum of two discrete service counts per month per consumer, although multiple services in the course of one day may be bundled to equal the service minimum of 30 minutes (i.e., 15 minutes, as person starts shift and 15 minutes, as person ends shift), based on individual consumer needs. The two service counts for PRP Services to Individuals in Supported Employment are in addition to, not in place of, those services required for Extended Services, as outlined in COMAR 10.21.28.”



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Mental Hygiene Administration
Spring Grove Hospital Center – Dix Building
55 Wade Avenue – Catonsville, Maryland 21228

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor — S. Anthony McCann, Secretary

February 1, 2005

IMPORTANT NOTICE REGARDING RETRACTIONS AND PRP ENCOUNTER DATA SUBMISSION:

If a claim is adjusted to retract payment for PRP services billed without sufficient encounter data, the PRP provider may rebill for the services after the encounter data supporting the original payment has been submitted.

The claim must be submitted within sixty (60) days of the date of retraction and must be submitted as hard copy with an attached copy of the EOP on which the retraction appears.

MAPS-MD has been instructed to retract payment for claims unsupported by encounter data for dates of service, February 1, 2004 – March 31, 2005.

For date of service beginning April 1, 2005, providers must be in full compliance with timely filing requirements. I.e., claims must be resubmitted within sixty (60) days of the adjustment or within nine (9) months of the service, whichever is longer.

Reminder: Providers are always responsible for the return of overpayments, whether identified by MAPS-MD, the MHA or the provider.

If you have questions or concerns, please contact MAPS-MD Claims Customer Service at 1-800-888-1965, option 5.

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.state.md.us



STATE OF MARYLAND

DHMH

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TO: All PSYCHIATRIC REHABILITATION PROGRAMS
FROM: Brian Hepburn, M.D.
Executive Director
DATE: May 2, 2006
RE: Covered services

As summer begins, this is a reminder. The Public Mental Health System does **NOT** pay for services provided in camps or amusement parks. PRP services are to be individualized to the consumer, and are designed to address problems listed in the consumer's rehabilitation plan. The IRP must be individually determined for each consumer's needs and must be clinically justified. Socialization skills should not be automatically listed on each consumer's plan. PRP activities are not rewards for good behavior. If a provider chooses to take a consumer(s) to a camp, amusement park or other entertainment venue as a reward for good behavior, the activity may not count as a PRP encounter. If the activity is being presented to address an IRP problem, then it is expected that a rehabilitation counselor will be present with the consumer during the entire activity, and the contact note will fully document the interaction.

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Transitional Psychiatric Rehabilitation Program (TPRP)

Effective for Dates of Service beginning February 1, 2004

The Mental Hygiene Administration (MHA), through the local Core Services Agencies (CSA), has provided funding for Transitional Psychiatric Rehabilitation Program (TPRP) services. These services are designed to assist adult and Transitional Age Youth (TAY) consumers transition to a Residential Rehabilitation Program (RRP) from an inpatient facility. The purpose is to provide PRP and RRP support, through a planned process, to facilitate the consumer's success in the community environment prior to discharge from inpatient. APS CareConnection® has been modified. The claims systems will be modified by April 17, 2006.

The focus of the TPRP service is to support the successful integration of the consumer into the community. The services are to be offered while the consumer is in an inpatient facility and may include both PRP services and RRP services. The Residential Room and Board charges (T2048, \$11.70 per day) are not bundled in the TPRP payment, and may be billed separately. When the consumer is discharged from the hospital and begins service in the RRP program, additional PRP and RRP services may be authorized for the remainder of the transition month. The CSA will determine if PRP services (H2018 U1 to U7) are appropriate for authorization in addition to the TPRP and RRP room and board.

The new code for TPRP service is T1023 and should be billed with place of service 49 only. The CareConnection® service code is 749. The service must be authorized by the CSA. It will be authorized with 30 RRP (T2048) room and board charges. The new procedure code, T1023, will be reimbursed at \$400. A minimum of four (4) face to face contacts, for at least sixty (60) minutes or longer, are required to bill for the T1023 service. The TPRP encounters should be submitted as H2016-U8 and place of service 15 or 52 as appropriate. Sufficient encounters must be submitted to support both the TPRP payment and traditional PRP payment. Neither RRP nor the TPRP services are subject to FFP.

Example

The CSA authorizes T1023, T2048 and H2108-U7 for the month of December 2005. The hospital treatment team has recommended transition visits before the consumer is discharged to an RRP. The consumer begins receiving PRP services through a variety of on-site and off-site interventions over the in two (2) weeks, including four (4) overnight stays at the RRP. These four onsite stays are sufficient to meet the requirements for T1023. A claim can be submitted for T1023 for \$400. The PRP encounter data is submitted to the ASO as H2016-U8 for a total of four (4) services.

Mid-month, the consumer is discharged from the state facility and continues to participate in a variety of on-site and off-site PRP interventions. A total of eighteen (18) additional interventions are provided in the last part of the month. The provider is therefore eligible to bill a monthly rate of \$1,474 for the traditional PRP services (H2018-U7) in December. The provider must submit at least seventeen (17)

encounters as H2016 without a modifier, using the proper place of service. The encounters for the H2018-U7 authorization are in addition to the encounters required for the TPRP (T1023). Under this scenario, at least 21 encounters must be submitted (4 for transition PRP and 13 for the cascaded U7). Under this scenario, the highest reimbursement would be realized if the consumer had at least 27 encounters – 23 to qualify for the highest U7 and 4 for TPRP.

The provider may also submit a claim for 30 days of room and board charges using T2048 at \$11.70 per day.

The authorization for TPRP services includes both one T1023 and thirty (30) days of RRP, T2048, and must be made by the CSA. Ongoing PRP/RRP services are also authorized by the CSA. In order to prevent overlapping authorization for the RRP services, the original TPRP authorization should be ended and the provider must select billing dates based upon the consumer's admission to the RRP during the period of the authorization.

Post-payment review of the payment(s) will be completed to ensure that all encounters are properly documented in both the clinical records and billing system.

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258
Web Site: www.dhmh.state.md.us

Updated Guidance On Facilitated Enrollments

The purpose of this memo is to provide information and guidance about the following:

- Conducting facilitated enrollments on a monthly basis
- Modifications to effective dates for facilitated enrollments
- Modifications to Exhibit 28, MA Model Notice to Inform Member of Facilitated Enrollment and Exhibit 29, Acknowledgement of Request to Decline Part D

Webpage and Listserv Information

- State MMA Webpage <<http://www.cms.hhs.gov/States/>>
- Please email feedback and suggestions in regards to the State MMA Webpage to MMAStatesWebsite@cms.hhs.gov
- To subscribe to this listserv, go to <<http://www.cms.hhs.gov/apps/maillinglists/default.asp?audience=14>> . Enter your information, then select the appropriate list serve "MMA_States" and choose subscribe
- To unsubscribe from this listserv, go to <<http://www.cms.hhs.gov/apps/maillinglists/default.asp?audience=14>> . Enter your information, then select the appropriate list serve "MMA_States" and choose unsubscribe

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VETERANS TREATMENT RESOURCES

DHMH-MHA is working with the Maryland Army National Guard (MDARNG) and the Maryland Defense Force (MDDF) to develop a collaborative program providing psychoeducation on a number of relevant topics to FRGs (Family Readiness Groups), including a resource directory of recommended articles, books and links on veteran issues and concerns, and a speakers list of individuals available to talk with the FRGSs on a number of subjects

Useful websites for additional information are:

www.va.gov

www.ncptsd.com

www.samhsa.gov