

Attachment B

Purpose: Model script for New York FIDA Plans to use when speaking with FIDA Participants about their FIDA Plan ending December 31, 2019, and to provide some information about their Contract Year (CY) 2019 Medicaid Advantage Plus (MAP) / Dual Eligible Special Needs Plans (D-SNPs), which could be an alternative to Participants remaining in the FIDA Plans.

[NOTE TO MCO STAFF: In accordance with section 40 of the CY 2019 Medicare Communications and Marketing Guidelines (MCMG), Medicare health plans, including Medicare-Medicaid Plans (MMPs) and Part D sponsors, cannot market for upcoming plan years prior to October 1. For example, although Medicare health plans are permitted to discuss other Medicare plans they offer in CY 2019 with their current FIDA Participants, they cannot discuss their CY 2020 Medicare plan offerings until October 1, 2019. Medicare health plans are also not permitted to mention that their D-SNP offerings will be available in CY 2020 until October 1, 2019.]

[Greet and identify yourself:]

Good <morning/afternoon/evening>. My name is <CSR's first and last name>. I'm calling from <FIDA PLAN NAME>, which is a managed care plan that contracts with Medicare and the New York State Department of Health (Medicaid) to provide benefits of both programs to Participants through the Fully Integrated Duals Advantage (FIDA) Demonstration.

[Ask for the Participant:]

May I speak with Mr./Ms. <Participant first name and last name>?

[If yes, skip ahead to "Explain purpose of the call"].

[If it is not the member, say:] May I please speak with <him/her>?

[If not available, say:] When is the best time to try to reach <Participant first and last name>?

(Document date and time called:) _____

[When Participant is on the line, say:] Hello, my name is <caller's first and last name from <FIDA PLAN NAME>>.

[Explain purpose of the call:]

Mr./Ms. <Participant last name>, you may have heard that the New York State Department of Health is ending the Fully Integrated Duals Advantage (FIDA) program on December 31, 2019. The purpose of this call is to give you some information about what this means to you for your benefits and coverage for 2019.

Because the FIDA program is ending, <Parent Organization> will no longer offer <FIDA PLAN NAME>, which is the plan you are currently a member of, beginning January 1, 2020.

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The New York State Department of Health and <FIDA PLAN NAME> will send you official notices later this year about the end of <FIDA PLAN NAME>. These notices will give you information about:

- all of your Medicare and Medicaid options for 2020; and
- who you can talk to if you have questions about your options.

If you have not heard from <FIDA PLAN NAME> by late September, you can call Participant Services. *[Give the phone number (give TTY number if applicable). Include the calling hours and days of operation.]*

It is important that you know that you can stay in <FIDA PLAN NAME> until December 31, 2019. The benefits and the services you get from <FIDA PLAN NAME> now are not affected, and you do not need to change plans at this time.

However, if you want to start thinking about other options, we can talk with you about another product that <Parent Organization> offers in 2019 that also covers Medicare and Medicaid services and that includes prescription drugs. It is a product that <Parent Organization> offers that is most like <FIDA PLAN NAME>.

To get Medicare and Medicaid services:

- You would enroll in 2 plans: 1 for your Medicare services and 1 for your Medicaid services;
- <Parent Organization> would coordinate the Medicare and Medicaid services for both plans; and
- You would have a care manager similar to the one you have now in <FIDA PLAN NAME>.

<MCO NAME>'s Medicare plan is called <D-SNP NAME>, and our Medicaid plan is called <MAP PLAN NAME>. If you would like to learn more about <D-SNP NAME> and <MAP PLAN NAME> for 2019, we can give you those details now. We can also send you information by mail.

[If the Participant wants the information mailed, confirm the Participant's mailing address.]

[If the Participant wants more information provided on the phone, say:]

Mr./Ms. <Participant last name>, you could enroll in <D-SNP NAME> and <MAP PLAN NAME> as early as <DATE FOR WHICH FIDA PARTICIPANT COULD EFFECTUATE ENROLLMENT IN BOTH PLANS>.

- <MAP PLAN NAME> and <D-SNP NAME> include <plan-specific details>.

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- If you want to enroll in <MAP PLAN NAME>, we can discuss further now or you can contact < MCO NAME CALL CENTER > at < MCO CALL CENTER TOLL-FREE PHONE AND TTY NUMBERS>. < MCO CALL CENTER > can be reached <DAYS AND HOURS FOR ENROLLING IN MAP>.
- If you want to enroll in <D-SNP NAME>, call <MCO NAME CALL CENTER> at <MCO CALL CENTER TOLL-FREE PHONE AND TTY NUMBERS AND HOURS FOR ENROLLING IN D-SNP>, or you can contact Medicare online by visiting www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. Call 1-877-486-2048 if you use TTY.

Again, you do not need to change plans at this time. The New York State Department of Health and <FIDA PLAN NAME> will send you more information later this year about your plan choices for 2020 and when you need to make a change.

Do you have any questions about this? *[Answer questions and then continue.]*

If you have questions later on, after we finish talking, you can always call Participant Services. Would you like to have the number to call?

[If yes, give the phone number (give TTY number if applicable). Include the calling hours and days of operation.]

You also have another option. The State of New York has created a Participant Ombudsman Program called the Independent Consumer Advocacy Network (ICAN) to provide Participants free, confidential assistance on any services <FIDA PLAN NAME> offers. You can reach ICAN by calling toll-free 1-844-614-8800 (call 711 if you use TTY, then follow the prompts to dial 844-614-8800) or online at icannys.org.

[Close:]

Mr./Ms. <Participant last name>, thank you for talking with me today. *[End call.]*