

**Mercy Care Advantage**  
4750 44<sup>th</sup> Place, Suite 150  
Phoenix, AZ 85040



<LtrDate>

<MEM\_FULL\_NAME>

<MEMBER\_ADD1>

<MEMBER\_ADD2>

<MEMBER\_ADD3>

Dear <MEM\_FULL\_NAME >,

<MEMBER\_NO>

**We are writing to tell you about important changes to your health and drug plan coverage.**

The Arizona Health Care Cost Containment System (AHCCCS) provides your Medicaid coverage received through Mercy Care. AHCCCS told Mercy Care you will be eligible for Medicare soon. Because you are a current Mercy Care Medicaid member, **we have enrolled you into our Medicare Advantage companion plan called Mercy Care Advantage (HMO SNP) effective <effective date>.**

### **What is Mercy Care Advantage?**

Mercy Care Advantage plan is a dual eligible special needs plan designed for individuals who have both Medicare and Medicaid. Mercy Care Advantage includes coverage for medical services covered under Medicare and Part D prescription drugs. It also includes other supplemental benefits, not covered by Medicare.

Below are some of the benefits of getting your Medicare health plan coverage from Mercy Care Advantage:

- There is no monthly premium.
- Based on your Medicaid eligibility level, AHCCCS Medicaid will pay your monthly Medicare Part B premium and Medicare cost sharing for covered medical services received under Mercy Care Advantage.
- Mercy Care Advantage will coordinate your medical benefits with your Mercy Care Medicaid plan. Like with Mercy Care, you won't have any costs for doctor or hospital visits with Mercy Care Advantage.
- You will still have your Mercy Care Medicaid coverage, which will cover services not covered by Mercy Care Advantage.
- Mercy Care Advantage includes Part D prescription drug coverage. You will use this plan to fill your prescriptions. **Your Mercy Care Medicaid plan will no longer cover prescription drugs except in limited situations.**

- Because you have AHCCCS Medicaid, you qualify for Extra Help with your Part D prescription drug costs. You will pay no more than:
  - \$0 for your yearly prescription drug plan deductible
  - \$0, \$1.55, \$4.50 copayment when you fill a generic/preferred multi-source drugs
  - \$0, \$4.60, \$11.20 copayment when you fill a prescription for all other drugs

## **Mercy Care Advantage Summary of Benefits**

With this letter we have included a copy of the Mercy Care Advantage Summary of Benefits. This booklet highlights the Mercy Care Advantage benefits and includes information about the AHCCCS Medicaid benefits. Please look at this booklet to help you understand your Mercy Care Advantage and Mercy Care Medicaid plan benefit coverage.

Mercy Care has a robust network of doctors, specialists, hospitals, and pharmacies available to provide services to our Mercy Care Advantage and Mercy Care Medicaid members.

- **You can continue to see the Primary Care Physician (PCP) you have for your Mercy Care plan coverage.**
- Your PCP will work with us to coordinate your care. Your PCP will help arrange specialty services when needed.
- You must use Mercy Care Advantage network providers except in an emergency or for urgently needed care, or out-of-area dialysis services outside of the service area.

## **What Happens Next?**

Beginning on the date your Mercy Care Advantage coverage begins, you must get all of your Medicare health care services from Mercy Care Advantage, with the exception of emergency or urgently needed services or out-of-area dialysis services.

Services authorized by Mercy Care Advantage and other services contained in the Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. If you go to a provider not in the Mercy Care Advantage network without authorization, **neither Medicare nor Mercy Care Advantage will pay for Medicare-covered services.**

Once you are a member of Mercy Care Advantage, you have the right to appeal plan decisions about payment or services if you disagree. Please read the Mercy Care Advantage Evidence of Coverage to understand the plan rules you must follow to get coverage with this plan.

You will get a Welcome Packet with a notice confirming your Mercy Care Advantage enrollment and other important plan information, including your new Member ID Card showing both your Mercy Care Advantage and Mercy Care plan coverage. You will need to show your new ID card when you get services and fill prescriptions.

## **Am I required to enroll in Mercy Care Advantage ?**

**No, you have the right to choose your Medicare health plan coverage.** If you do not want to get Medicare benefits through Mercy Care Advantage you can opt out. To opt out you must notify us prior to <effective date>. You can opt out completing and returning the enclosed Opt-out form, or by calling our Member Services department. Explain to our representative that you received a letter saying you were being enrolled into Mercy Care Advantage and you want to opt out. Our representatives are available at **602-586-1730** or **1-877-436-5288**, from 8:00 a.m. – 8:00 p.m., 7 days a week. TTY users should call **711**.

Your Mercy Care Medicaid plan coverage will remain active even if you decide you do not want to enroll in Mercy Care Advantage.

### **Do I have other choices for how I get my Medicare?**

**Yes.** If you don't want to be enrolled in Mercy Care Advantage, you have other choices in how you get your Medicare coverage, including:

**Option 1: You can join another Medicare health plan,** sometimes called a Medicare Advantage plan. You will want to check whether your providers and prescription drugs are covered by the plan.

- A Medicare health plan is offered by a private company that contracts with Medicare to provide benefits. Medicare health plans cover all services that Original Medicare covers and most also include your prescription drug coverage. They may also offer extra coverage such as vision, hearing, or dental services.
- Make sure the plan you want to join receives your enrollment request before <insert effective date>.
- If you don't join another Medicare health plan during this time, you'll only be able to change plans during certain times of the year or in certain situations.

**Option 2: You can change to Original Medicare and join a Medicare drug plan.** Original Medicare is coverage managed directly by the Federal government.

- To change to Original Medicare, call Mercy Care Advantage at **1-877-436-5288**. Call **711** if you use TTY. We are open 8:00 a.m. – 8:00 p.m., 7 days a week. Tell them you don't want to be in <plan name> (you want to "opt out").
- If you change to Original Medicare, you need to enroll in a separate Medicare prescription drug plan. You should pick a plan that covers the drugs you take. (See the question below for help in choosing.) If you don't enroll in a drug plan yourself, Medicare will enroll you in a Medicare prescription drug plan and send you a letter telling you the name of your new drug plan.

### **How can I get help comparing my Medicare plan choices?**

It's important to find a plan that covers your doctor visits and prescription drugs. You can get help comparing your plan choices if you:

- **Call the Arizona State Health Insurance Assistance Program (SHIP) at (800) 432-4040.** Representatives provide free, personalized health insurance counseling. Arizona State Health Insurance Assistance Program (SHIP) counselors are not affiliated with any health plan.
- **Visit [Medicare.gov](https://www.Medicare.gov).** Medicare's web site has tools that can help you compare plans and answer your questions. **Click "Find health & drug plans"** to compare plans in your area.
- **Call 1-800-MEDICARE (1-800-633-4227).** Tell them you got a letter saying you have Medicaid now and are going to be eligible for Medicare. Say that you want help with your Medicare choices. This toll-free help line is available 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.
- **Refer to your Medicare & You Handbook** for a list of all Medicare health and prescription drug plans in your area. If you want to join one of these plans, you can call the plan to get information about their costs, rules, and coverage.

Because you are eligible for both Medicare and AHCCCS Medicaid, you can change your Medicare plan during certain times of the year, this is called a Special Election Period. You can learn more about Special Election Periods or Medicare health plans available in your area, by visiting [Medicare.gov](https://www.Medicare.gov) or calling 1-800-MEDICARE (1-800-633-4227). TTY users should call **1-877-486-2048**. This toll-free help line is available 24 hours a day, 7 days a week.

We value you as a Mercy Care Medicaid member and look forward to providing your Medicare health plan coverage through Mercy Care Advantage. If you would like to learn more about Mercy Care Advantage, please call our Member Services department at **602-586-1730** or **1-877-436-5288**. TTY users should call **711**. Our hours of operation are 8:00 a.m. – 8:00 p.m., 7 days a week.

Sincerely,

Mercy Care Advantage  
Enrollment Department

Mercy Care Advantage is an HMO SNP with a Medicare contract and a contract with the Arizona Medicaid Program. Enrollment in Mercy Care Advantage depends on contract renewal.

**Mercy Care Advantage**  
4500 E. Cotton Center Blvd.  
Phoenix, AZ 85040



## Opt-out Form

You will be automatically enrolled in Mercy Care Advantage on <effective date>.

**If you DO NOT want Mercy Care Advantage for your Medicare health plan coverage you must notify us before your plan effective date.**

You may call our Member Services department at **602-586-1730** or **1-877-436-5288**. Our representatives are available 8:00 a.m. – 8:00 p.m., 7 days a week. TTY users should call **711**. Explain to our representative that you received a letter saying you are being enrolled into Mercy Care Advantage and you want to opt out.

Or you may complete this form and mail it back to the address at the top of the form.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

AHCCCS Membership Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are an authorized representative completing this form, please provide the following information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Mercy Care Member \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions, please call us at **602-586-1730** or **1-877-436-5288**. Our representatives are available 8:00 a.m. – 8:00 p.m., 7 days a week. TTY users should call **711**.

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