**Exhibit 5a: MMP Welcome Letter for Enrolled Individuals**

Referenced in §30.4.1 of the MMP Enrollment and Disenrollment Guidance

<Date>

**<Member # >**

**<RxID>**

**<RxGroup>**

**<RxBin>**

**<RxPCN>**

<Name>

<Address>

<City>, <State> <ZIP>

**IMPORTANT: YOU HAVE BEEN ENROLLED IN A NEW COMMONWEALTH COORDINATED CARE PLAN FOR YOUR MEDICARE AND MEDICAID SERVICES.**

<Name>:

**Welcome to <plan name> (Medicare-Medicaid Plan)!**

Starting <effective date>, you will have a Commonwealth Coordinated Care plan designed to give you seamless, high quality care at a low cost or zero cost to you. <Plan name> is a health plan that contracts with both Medicare and the Virginia Department of Medical Assistance Services to provide benefits of both programs to enrollees.

Your new coverage includes:

* Your choice of doctors, pharmacies and other providers within the plan’s network who work together to give you the care you need
* Prescription drugs
* Long-term services and supports to help you with an ongoing medical condition (Long-term services and supports are often provided in your home or a community setting so you don’t have to go to a nursing home or hospital.)
* [*If applicable, insert:* Extra benefits and services, including a care coordinator [*plans may insert:* and other covered services such as dental, vision, etc*.*]]
* Durable Medical Equipment

Except as described below, you must begin using <plan name> network primary care providers and pharmacies for all of your health care services and prescription drugs as of <effective date>. If you need emergency or urgently needed care, family planning services, or out-of-area dialysis services, you can use providers outside of <plan name>’s network.

To help with the transition to <plan name>, you may be able to continue seeing the providers you go to now for up to 180 days. You will also have access to at least one [*must be at least 30*]-day supply of the Part D drugs you currently take during your first [*must be at least 90*] days in the plan if you are taking a drug that is not our List of Covered Drugs, if health plan rules do not let you get the amount ordered by your doctor, or if the drug requires prior approval by <plan name>. [*If applicable, insert other state-specific continuity of care requirements.*]

**This letter is proof of your new coverage.** [*Plans that do not include the Member ID Card in the welcome mailing should insert:* **Please bring this letter with you to the pharmacy or office visit until you receive your Member ID Card from us.**]

[*Plans may insert the following if they don’t elect to include the new member kit with the welcome mailing:* You will receive new member kit information separately*.*]

**The new member kit includes:**

* Summary of Benefits [*Plans may delete this bullet when this notice is sent to individuals that self-select into the plan. Note that plans must include the Summary of Benefits in the new member kit for individuals that are passively enrolled into the plan, but are not required to include the Summary of Benefits for individuals who self-select into the plan.*]
* List of Covered Drugs (Formulary)
* Provider and Pharmacy Directory [*Plans may delete and replace with the following sentence if they don’t elect to send the provider and pharmacy directory to enrollees*: Instructions for getting more information about the providers and pharmacies in our network]
* [*Plans may insert the following if they elect to include the Member ID Card with the welcome mailing*: Member ID Card]
* [*Plans may insert the following if they elect to include the Member Handbook with the welcome mailing*: Member Handbook (Evidence of Coverage)]

[*If the plan elects to send the Member ID Card and Member Handbook separately from the welcome mailing, the plan must insert the following*: Before <enrollment effective date>, we will send you [a Member ID card] [and] [a Member Handbook (Evidence of Coverage)].]

**How much will I have to pay for <plan name>?**

You will not have to pay a plan premium, deductible, or copayments when receiving health services through a <plan name> provider.

**How much will I have to pay for prescription drugs?**

[If your plan has any Part D prescription copays, insert *LIS cost sharing information specific to the enrollee’s LIS.*] When you pick up your prescription drugs at our network pharmacy, you’ll pay a reduced copayment or $0 copayment at the pharmacy. You’ll pay no more than <$\_\_\_ > each time you receive a generic drug that’s covered by <plan name>, and no more than <$\_\_\_> each time you receive a brand name drug that is covered by <plan name>. [*Plans may delete the following sentence if they have $0 copayments for all Part D drugs*:] Copays for prescription drugs may vary based on the level of Extra Help you receive. Please contact the plan for more details.

[*If applicable, insert:*

**How can I choose a primary care provider?**

*Information instructing member in simple terms on how to select a primary care provider/site, how to obtain services, explain which services do not need primary care provider’s approval (when applicable), etc.*]

**What if I have questions about <plan name>’s coverage?**

* Call <plan name> <Member Services> at <toll-free phone number>, <days and hours of operation>.
* Call <toll-free number> if you use TTY.
* Visit <web address>.

**What if I have other health or prescription drug coverage?**

If you have other health or drug coverage, such as from an employer or union, you or your dependents could lose your other health or drug coverage completely and not get it back if you join <plan name>. Other types of health and drug coverage include TRICARE, the Department of Veterans Affairs, or a Medigap (Medicare Supplement Insurance) policy. Contact your benefits administrator if you have questions about your coverage.

[*Include the following language when this notice is sent to individuals that are passively enrolled into the plan*:

**What if I don’t want to join <plan name>?**

You will be enrolled in <plan name> unless you cancel the enrollment before <enrollment effective date>. To cancel your enrollment, you can call the state enrollment broker at 1-855-889-5243 (TTY 1-800-817-6608), Monday through Friday from 8:30 am to 6:00 pm. You can also call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048). Tell the representative that you do not want to be enrolled in a Commonwealth Coordinated Care plan.]

**What if I want to join a different Commonwealth Coordinated Care plan or a Medicare health or drug plan?**

To join another Commonwealth Coordinated Care plan, call the enrollment broker at 1-855-889- 5243 (TTY 1-800-817-6608), Monday through Friday from 8:30 am to 6:00 pm. To join a Medicare health plan or Medicare prescription drug plan, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week or visit http://www.medicare.gov. TTY users should call 1-877-486-2048.

**Can I leave <plan name> or join a different plan after <effective date>?**

Yes. You may leave <plan name> or choose a new Commonwealth Coordinated Care plan **at any time** by calling the state enrollment broker at 1-855-889- 5243 (TTY 1-800-817-6608), Monday through Friday from 8:30 am to 6:00 pm. If you choose to leave <plan name>, your coverage will end the last day of the month after you tell us you want to leave.

If you leave <plan name> and don’t join a Medicare health or prescription drug plan, you’ll be covered under Original Medicare and Medicare will enroll you in a Medicare prescription drug plan. If you have questions about Medicare plans in your area, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week or visit http://www.medicare.gov. TTY users should call 1-877-486-2048.

If you would like to discuss your enrollment options, you can call the Virginia Insurance Counseling Assistance Program (VICAP) at 1-800-552-3402.

**How can I contact Medicare?**

If you want to join a Medicare health or prescription drug plan, want to know more about Medicare plans in your area, or have questions about Medicare:

* Call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week.
* Call 1-877-486-2048 if you use TTY.
* Visit http://www.medicare.gov.

What if I have questions about Virginia Medicaid?

If you have questions aboutVirginia Medicaid call 804-786-6145, Monday through Friday from 8:00 am to 5:00 pm.

[*The following disclaimer must be in English and all non-English languages that meet the Medicare or State thresholds for translation, whichever is most beneficiary friendly. The non-English disclaimer must be placed below the English version and in the same font size as the English version.*]You can get this information for free in other languages. Call <toll-free number>. The call is free.

You can also get this information in other formats, like Braille and audio CD.