<Plan name>

Participant Handbook

[*The Plan may add a front cover to the Participant Handbook that contains information such as the plan name, Participant Handbook title, and contact information for Participant Services. Plan may add a logo and/or photographs to the front cover as long as these elements do not make it difficult for Participants to read other information on the cover. If the plan adds a front cover, it must contain the Marketing Material ID.*]

[Where the template uses “medical care,” “medical services,” or “health care services” to explain services provided, plan may revise and/or add references to long-term services and supports and/or home and community-based services as applicable.]

[The Plan must change references to “member,” “customer,” “enrollee,” or “beneficiary” to “Participant.”]

[Where the template instructs inclusion of a phone number, the FIDA-IDD Plan should include a TTY/TDD number and days and hours of service.]

[The Plan should refer Participants to other parts of the handbook using the appropriate chapter number, section, and/or page number. For example, "see Chapter 9, Section A, page 1." An instruction [plan may insert reference, as applicable] is listed next to each cross reference throughout the handbook.]

[The Plan may include an overall Table of Contents for the *Participant* Handbook.]

**<start date> – <end date>**

## Your Health and Drug Coverage under <plan name>

[Optional: Insert beneficiary name.]  
[Optional: Insert beneficiary address.]

This handbook tells you about your coverage under <plan name> (Medicare-Medicaid Plan) from the date you are enrolled with <plan name> through <end date>. It explains how <plan name> covers Medicare and Medicaid services, including prescription drug coverage, at no cost to you. It explains the health care services, behavioral health services, prescription drugs, and long-term services and supports that <plan name> covers. Long-term services and supports include long-term facility-based care and long-term community-based services and supports. Long-term community-based services and supports provide the care you need at home and in your community and can help reduce your chances of going to a nursing facility or hospital.

**This is an important legal document. Please keep it in a safe place.**

<Plan name> is a Fully Integrated Duals Advantage for people With Intellectual and Developmental Disabilities (FIDA-IDD) Plan that is offered by [insert sponsor name] When this *Participant Handbook* says “we,” “us,” or “our,” it means [insert sponsor name]. When it says “the plan” or “our plan,” it means <plan name>*.*

## Disclaimers

[Insert plan’s legal or marketing name] is a managed care plan that contracts with Medicare, New York State Department of Health (Medicaid), and the Office for People With Developmental Disabilities to provide benefits to Participants through the Fully Integrated Duals Advantage for individuals with Intellectual and Developmental Disabilities (FIDA-IDD) Demonstration.

Limitations and restrictions may apply. For more information, call <plan name> Participant Services or read the <plan name> Participant Handbook. This means that you need to follow certain rules to have <plan name> pay for your services.

The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.

Benefits may change on January 1 of each year.

[The Plan may insert additional disclaimers or state-required statements, including state-required disclaimer language, here.]

You can get this information for free in other languages. Call <toll-free number> and <TTY/TDD numbers> during <days and hours of operation>. The call is free. [This disclaimer must be placed in both English and all non-English languages that meet the Medicare and state thresholds for translation. 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 formats, such as large print, braille, or audio. Call <toll-free number> and <TTY/TDD numbers> during <days and hours of operation>. The call is free.

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 offered by <plan name>. ICAN may be reached toll-free at 1-844-614-8800 (TTY users call 711, then follow the prompts to dial 844-614-8800) or online at icannys.org.

Chapter 1: Getting started as a Participant

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# Welcome to <plan name>

<Plan name> is a Fully Integrated Duals Advantage for individuals with Intellectual and Developmental Disabilities (FIDA-IDD) Plan. A *FIDA-IDD Plan* is an organization made up of doctors, hospitals, pharmacies, providers of long-term services and supports, and developmental disability providers other providers. It also has Care Managers and Interdisciplinary Teams (IDTs) to help you manage all your providers and services. They all work together to provide the care you need.

<Plan name> was approved by New York State and the Centers for Medicare & Medicaid Services (CMS) to provide you services as part of the FIDA-IDD Demonstration.

FIDA-IDD is a demonstration program jointly run by New York State and the federal government to provide better health care for people with intellectual and developmental disabilities and who have both Medicare and Medicaid. Under this demonstration, the state and federal government want to test new ways to improve how you receive your Medicare and Medicaid health care services. At present, this demonstration is scheduled to last until December 31, 2018.

[Plan can include language about itself.]

# What are Medicare and Medicaid?

Medicare

Medicare is the federal health insurance program for:

* people 65 years of age or older,
* some people under age 65 with certain disabilities, and

people with end-stage renal disease (kidney failure).

Medicaid

Medicaid is a program run by the federal government and New York State that helps people with limited incomes and resources pay for long-term services and supports and medical costs. It covers extra services and drugs not covered by Medicare.

Each state decides what counts as income and resources and who qualifies. Each state also decides which services are covered and the cost for services. States can decide how to run their programs, as long as they follow the federal rules. Specialized developmental disability services are available to individuals who are deemed eligible for services authorized by the Office for People With Developmental Disabilities (OPWDD).

[The Plan may add language indicating that Medicaid approves their plan each year, if applicable.] Medicare and New York State must approve <plan name> each year. You can get Medicare and Medicaid services through our plan as long as:

* You are eligible to participate in the FIDA-IDD Demonstration,
* We choose to offer the FIDA-IDD Plan, and

Medicare and New York State approve <plan name> to participate in the FIDA-IDD Demonstration.

If at any time our plan stops operating, your eligibility for Medicare and Medicaid services will not be affected.

# What are the advantages of this FIDA-IDD Plan?

In the FIDA-IDD Demonstration, you will get all your covered Medicare and Medicaid services from <plan name>, including long-term services and supports (LTSS) and prescription drugs. You do not pay anything to join or receive services from this plan. However, if you have Medicaid with a “spend-down” or “excess income,” you will have to continue to pay your spend-down to the FIDA-IDD plan.

<Plan name> will help make your Medicare and Medicaid benefits work better together and work better for you. Here are some of the advantages of having <plan name>:

* You will have an Interdisciplinary Team that you help put together. An Interdisciplinary Team (IDT) is a group of people that will get to know your needs and work with you to develop and carry out a Life Plan specific to your needs. Your IDT will include your Care Manager Doctors, service providers, or other health professionals who are there to help you get the care you need.
* You will have a Care Manager. This person works with you, with <plan name>, and with your care providers to make sure you get the care you need.
* You will be able to direct your own care with help from your IDT and your Care Manager.
* The IDT and Care Manager will work with you to come up with a Life Plan specifically designed to meet your needs. The IDT will be in charge of coordinating the services you need. This means, for example:
* Your IDT will assist you to receive the community-based services you need to live in the community.
* Your IDT will make sure your doctors know about all medicines you take so they can reduce side effects.
* Your IDT will make sure your test results are shared with all your doctors and other providers.
* Your IDT will help you schedule and get appointments with doctors and other providers.

# What is <plan name>’s service area?

[Insert plan service area here or within an appendix. Include a map if one is available.

Use county name only if approved for entire county, for example: Our service area includes these counties in <State>: <counties>.

For partially approved counties, use county name plus ZIP code, for example: Our service area includes parts of <county> County with the following ZIP codes: <ZIP codes>.

If needed, plans may insert more than one row to describe their service area.]

Only people who live in our service area can join <plan name>.

If you move outside of our service area, you cannot stay in this plan.

# What makes you eligible to be a plan Participant?

You are eligible for our plan as long as:

* you live in our service area;
* you are entitled to Medicare Part A, enrolled in Medicare Part B, and eligible for Medicare Part D;
* you are eligible for Medicaid;
* you are age 21 or older at the time of enrollment;
* you are eligible for OPWDD services in accordance with New York State Mental Hygiene Law 1.03(22); and
* you have been determined to be eligible for Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) level of care; and
* if you are receiving Section 1915(c) waiver services as an alternative to ICF-IID placement, you are enrolled in the Section 1915(c) OPWDD Comprehensive Waiver;
* you are a United States (U.S.) citizen or lawfully present in the U.S.

you are not excluded from enrollment based on one of the exclusions listed below.

**You will be excluded from joining our plan if:**

* you are a resident of a New York State Office of Mental Health (OMH) facility;
* you are a resident of a Skilled Nursing Facility (SNF)/Nursing Facility (NF). Upon leaving the SNF/NF, a person with IDD is then eligible for the FIDA-IDD Demonstration or Medicaid Fee-for-Service. A FIDA-IDD Participant who after enrolling in the FIDA-IDD Demonstration subsequently requires placement in a SNF/NF will remain in the FIDA-IDD Demonstration.
* you are a resident of a Developmental Center. Upon leaving the Developmental Center a person with IDD is then eligible for the FIDA-IDD Demonstration or Medicaid Fee-for-Service. A FIDA-IDD Participant who after enrolling in the FIDA-IDD Demonstration subsequently remains continuously in a Developmental Center for more than 90 days, will be disenrolled effective the first of the next month.
* you are under the age of 21;
* you are a resident of a psychiatric facility;
* you are expected to be Medicaid eligible for less than six months;
* you are eligible for Medicaid benefits only with respect to tuberculosis-related services;
* you are an individual with a "county of fiscal responsibility" code 99 (individuals eligible only for breast and cervical cancer services);
* you are receiving hospice services (at time of enrollment);
* your are an individual with a "county of fiscal responsibility" code of 97 (individuals residing in a State Office of Mental Health facility);
* you are eligible for the family planning expansion program;
* you are under 65 years of age (screened and require treatment) in the Centers for Disease Control and Prevention breast and/or cervical cancer early detection program, need treatment for breast or cervical cancer, and are not otherwise covered under creditable health coverage;
* you are a resident of an alcohol/substance abuse long-term residential treatment program;
* you are eligible for Emergency Medicaid only;
* you are enrolled in a Section 1915(c) waiver other than the OPWDD Comprehensive Waiver. Individuals enrolled in the following Section 1915(c) waivers programs are not eligible to participate in the FIDA-IDD Demonstration:
* Traumatic Brain Injury (TBI)
* Nursing Home Transition and Diversion Waiver
* Long-Term Home Health Care Waiver.
* you are a resident of an Assisted Living Program; or
* you are in the Foster Family Care Demonstration.

# What to expect when you first join the FIDA-IDD plan

**When you first join the plan**, you will receive a comprehensive assessment of your needs within the first 30 days. The assessment will be conducted by a Registered Nurse from <plan name>.

You can keep seeing the doctors you go to now and getting your current services for a certain amount of time. This is called the “transition period.” In most cases, the transition period will last for 90 days or until your Life Plan is finalized and implemented, whichever is later. However, you may choose to begin receiving services according to your approved Life Plan prior to 90 days.

Unless <plan name> or your IDT decides otherwise, after the transition period, you will need to see doctors and other providers in the <plan name> network. *A network provider is a provider who works with <plan name>.* See Chapter 3 [plan may insert reference, as applicable] for more information on getting care.

There are two exceptions to the transition period described above:

* If you are receiving services from a behavioral health provider at the time of your enrollment, you may continue to get services from that provider until treatment is complete, but not for more than two years. This is the case even if the provider does not participate in <plan name>’s network.
* If you reside in an OPWDD certified residence, you can continue to receive residential services from your current provider as long as your Life Plan continues to describe the need for the service

# What is a Life Plan?

After <plan name>’s Registered Nurse conducts the comprehensive assessment, you will meet with the members of your Interdisciplinary Team (IDT) to talk about your needs and develop your Life Plan (LP). Your LPis the plan for what health services, long-term services and supports, prescription drugs and social needs you will get and how you will get them.

You will have a comprehensive re-assessment when necessary, but at least once annually after the initial assessment completion date. Within 30 calendar days of the comprehensive re-assessment, your IDT will work with you to update your LP. At any time, you may request a new assessment or an update to your LP by calling your Care Manager.

# Does <plan name> have a monthly plan premium?

No. There is no monthly plan premium and there are no other costs for participating in <plan name>. However, if you have Medicaid with a “spend-down” or “excess income,” you will have to continue to pay your spend-down to the FIDA-IDD plan.

# About the Participant Handbook

This *Participant Handbook* is part of our contract with you. This means that we must follow all of the rules in this document. If you think we have done something that goes against these rules, you may be able to appeal, or challenge, our action. For information about how to appeal, see Chapter 9 [plan may insert reference, as applicable], call 1-800-MEDICARE (1-800-633-4227), or call the Independent Consumer Advocacy Network at 1-844-614-8800 (TTY users call 711). You may also complain about the quality of the services we provide by calling Participant Services at <phone number>.

The contract is in effect for the months you are enrolled in <plan name> between <start date> and <end date>.

# What other information will you get from us?

You should have already received a <plan name> Participant ID card, a *Provider and Pharmacy Directory*, [*if the* *plan limits DME brands and manufacturers insert*: a *List of Durable Medical Equipment*,] and a *List of Covered Drugs*.

Your <plan name> Participant ID card

Under our plan, you will have one card for your Medicare and Medicaid services, including long-term services and supports and prescriptions. You must show this card when you get any services or prescriptions. Here is a sample card to show you what yours will look like:

[Insert picture of front and back of Participant ID card. Mark it as a sample card (for example, by superimposing the word “sample” on the image of the card).]

If your card is damaged, lost or stolen, call Participant Services right away and we will send you a new card.

As long as you are a Participant of our plan, you do not need to use your red, white, and blue Medicare card or your Medicaid card to get services. Keep those cards in a safe place, in case you need them later.

Provider and Pharmacy Directory

The *Provider and Pharmacy Directory* is a list of the providers and pharmacies in the <plan name> network. While you are a Participant of our plan, you must use network providers to get covered services. There are some exceptions when you first join our plan (see page <page number>). There are also some exceptions if you cannot find a provider in our plan who can meet your needs. You will need to discuss this with your Interdisciplinary Team (IDT).

* You will receive an annual *Provider and Pharmacy Directory*.
* You can also see the *Provider and Pharmacy Directory* at <web address>. Both Participant Services and the website can give you the most up-to-date information about changes in our network providers.

### What are “network providers”?

* [The Plan should modify this paragraph to include all services covered by the state, including LTSS.] Network providers are specialized developmental disabilities service providers, doctors, nurses, health care professionals, and other providers that you can go to as a Participant of our plan. Network providers also include clinics, hospitals, nursing facilities, and other places that provide health services in our plan. They also include home health agencies, durable medical equipment suppliers, and others who provide goods and services that you get through Medicare or Medicaid.

Network providers have agreed to accept payment from our plan for covered services as payment in full. By seeing these providers, you will not have to pay anything for covered services.

### What are “network pharmacies”?

* Network pharmacies are pharmacies (drug stores) that have agreed to fill prescriptions for our plan Participants. Use the *Provider and Pharmacy Directory* to find the network pharmacy you want to use.

Except during an emergency, you *must* fill your prescriptions at one of our network pharmacies if you want our plan to pay for them. There are no costs to you when you get prescriptions from network pharmacies.

Call Participant Services at <phone number> for more information about the *Provider and Pharmacy Directory*.You can also see the *Provider and Pharmacy Directory* at <web address>, or download it from this website. Both Participant Services and the website can give you the most up-to-date information about changes in our network pharmacies and providers.

[If the plan limits DME brands and manufacturers insert the following section (for more information about this requirement, refer to the Medicare Managed Care Manual, Chapter 4, Section 10.12.1 et seq.):

List of Durable Medical Equipment

With this Participant Handbook, we sent you <plan name>’s List of Durable Medical Equipment. This list tells you the brands and makers of durable medical equipment that we cover. The most recent list of brands, makers, and suppliers is also available on our website at <website address>.]

List of Covered Drugs

The plan has a *List of Covered Drugs*. We call it the “Drug List” for short. It tells which prescription drugs are covered by <plan name>.

The Drug List also tells you if there are any rules or restrictions on any drugs, such as a limit on the amount you can get. See Chapter 5 [plan may insert reference, as applicable] for more information on these rules and restrictions.

Each year, we will send you a copy of the Drug List, but some changes may occur during the year. To get the most up-to-date information about which drugs are covered, visit <web address> or call <phone number>.

The Explanation of Benefits

When you use your Part D prescription drug benefits, we will send you a summary report to help you understand and keep track of payments for your Part D prescription drugs. This summary report is called the *Explanation of Benefits* (or *EOB*).

The *Explanation of Benefits* tells you the total amount we have paid for each of your Part D prescription drugs during the month. Chapter 6 gives more information about the *Explanation of Benefits* and how it can help you keep track of your drug coverage.

An *Explanation of Benefits* summary is also available upon request. To get a copy, please contact Participant Services.

[*Plan may insert other methods that Participants can get their* EOB*.*]

# How can you keep your Participant record up to date?

[In the heading and this section, plan should substitute the name used for this file if it is different from “Participant record.”]

You can keep your Participant record up to date by letting us know when your information changes.

The plan’s network providers and pharmacies need to have the right information about you. **They use your Participant record to know what services and drugs you get**. Because of this, it is very important that you help us keep your information up-to-date.

Let us know the following:

* If you have any changes to your name, your address, or your phone number
* If you have any changes in any other health insurance coverage, such as from your employer, your spouse’s employer, or workers’ compensation
* If you have any liability claims, such as claims from an automobile accident
* If you are admitted to a nursing facility or hospital
* If you get care in an out-of-area or out-of-network hospital or emergency room
* If your caregiver or anyone responsible for you changes

If you are part of a clinical research study

If any information changes, please let us know by calling Participant Services at <phone number>.

[If the Plan allows Participants to update this information online, it may describe that option here.]

Do we keep your personal health information private?

Yes. Laws require that we keep your medical records and personal health information private. We make sure that your health information is protected. For more information about how we protect your personal health information, see [plan may insert reference, as applicable].