

EXCERPT - Centers for Medicare & Medicaid Services

2005 MA PPO Model Evidence of Coverage

(Note: instructions are in grey highlighted text)

SECTION 2 Getting the care you need, including some rules you must follow

Use your plan membership card instead of your red, white, and blue Medicare card	5
Using plan and non-plan providers to get services covered by Sample Plan	6
Choosing your “PCP” (PCP means <u>P</u> rietary <u>C</u> are [Provider/Physician])	7
Getting care from your PCP	7
Getting care from specialists	8
How to change your PCP	10

Use your plan membership card instead of your red, white, and blue Medicare card

Now that you are a member of Sample Plan, you have a Sample Plan membership card. Here is a sample card to show what it looks like:

[Insert Membership Card Diagram here – front and back. Mark it as a sample card (for example, by superimposing the word “sample” across the card)]

During the time you are a plan member and using plan services, **you must use your plan membership card instead of your red, white, and blue Medicare card to get covered services.** (See Section 4 for a definition and list of covered services.) Keep your red, white, and blue Medicare card in a safe place in case you are asked to show it, but for the most part you will not use it to get services while you are a member. If you get covered services using your red, white, and blue Medicare card instead of your Sample Plan membership card while you are a plan member, the Medicare program will not pay for these services and you may have to pay the full cost yourself.

Please carry your Sample Plan membership card with you at all times. You will need to show this card when you get covered services. [Add the following sentence if applicable, modifying as needed for accuracy: You [may/will] also need it to get your prescriptions at the pharmacy.] If your membership card is ever damaged, lost, or stolen, call Member Services right away and we will send you a new card.

Using plan and non-plan providers to get services covered by Sample Plan

What if you use plan providers to get your covered services?

Now that you are a member of Sample Plan, you can use plan providers to get your covered services. Your out-of-pocket costs will usually be lower if you use plan providers.

- **What are “plan providers”?** “Providers” is the general term we use for doctors, other health

care professionals, hospitals, and other health care facilities that are licensed or certified by Medicare and by the State to provide health care services. We call them “plan providers” when they participate in Sample Plan. When we say that plan providers “participate in Sample Plan,” this means that we have arranged with them to coordinate or provide covered services to members of Sample Plan.

- **What are “covered services”?** “Covered services” is the general term we use in this booklet to mean all of the health care services and supplies that are covered by Sample Plan. Covered services are listed in the Benefits Chart in Section 4.

What if you use non-plan providers to get your covered services?

“Non-plan providers,” are providers that are not part of Sample Plan. You may use non-plan providers to get your covered services. However, **your out-of-pocket costs may be higher than if you use our plan providers**. The exception is if you use non-plan providers for emergency care. See Section 8 for more detail on why it costs less to see plan providers.

[PPO Demonstrations that do not cover certain additional or supplemental services out-of-network: replace the above paragraph with the following paragraph] You may use non-plan providers to get most of your covered services. However, **your out-of-pocket costs may be higher than if you use our plan providers**. The exception is if you use non-plan providers for emergency care. See Section 8 for more detail on why it costs less to see plan providers. Certain services that we offer are not covered out-of-network. Refer to section 4 for more information on specific services not covered out-of-network.

You do not need to get a referral when you get care from non-plan providers. [PPO Demos: Insert the following sentence if appropriate for the plan] However, you do need to get prior authorization from us before you get some services from non-plan providers. Refer to Section 4 for more information on which services require prior authorization [PPO Demos: Insert the following sentence if appropriate for the plan] A penalty will apply if you do not get prior authorization for some of these services. Refer to Section 4 for more information on which services have a penalty if you do not get prior authorization.

Access to care and information from plan providers

You have the right to get timely access to plan providers and to all services covered by the plan. (“Timely access” means that you can get appointments and services within a reasonable period of time.) You have the right to get full information from your doctors when you go for medical care. You have the right to participate fully in decisions about your health care, which includes the right to refuse care. Please see Section 9 for more information about these and other rights you have, and what you can do if you think your rights have not been respected.

[PPO Demonstrations that use PCPs insert the following section.]

Choosing Your PCP (PCP means Primary Care [Provider/Physician])

What is a “PCP”?

When you become a member of Sample Plan, you must choose a plan provider to be your PCP. Your

PCP is a [Adapt this list of possibilities as needed: physician, nurse practitioner, health care professional] who meets State requirements and is trained to give you basic medical care. As we explain below, you will get your routine or basic care from your PCP. Your PCP will also coordinate the rest of the covered services you get as a plan member. For example, in order to see a plan specialist, you usually need to get your PCP's approval first (this is called getting a "referral" to a plan specialist).

[Note: PPO Demonstrations that offer financial incentives to encourage members to choose a PCP (such as lower copays) must describe those incentives here].

How do you choose a PCP?

[Explain how a member chooses a PCP, e.g., by using the Provider Directory or getting help from Member Services. The explanation should cover how the members communicate their choice to the plan and how the plan responds. It should state that members can change PCPs (as explained later in this section). Include the following sentence in your explanation if it applies to the plan, adapting the wording as needed for accuracy: "If there is a particular Sample Plan specialist or hospital that you want to use, check first to be sure your PCP makes referrals to that specialist, or uses that hospital." Add the following sentence if it applies to your plan: "The name and office telephone number of your PCP is printed on your membership card."]

[PPO Demonstrations that use PCPs should insert the section on "Getting care from your PCP."]

Getting care from your PCP

You will usually see your PCP first for most of your routine health care needs. As we explain below and in Section 4, there are only a few types of covered services you can get on your own, without contacting your PCP first. You do not need to get a referral from your PCP when you get care from non-plan providers.

Besides providing much of your care, your PCP will help arrange or coordinate the rest of the covered services you get as a plan member. This includes your x-rays, laboratory tests, therapies, care from plan doctors who are specialists, hospital admissions, and follow-up care. "Coordinating" your services includes checking or consulting with other plan providers about your care and how it is going. If you need certain types of covered services or supplies, your PCP must give approval in advance (such as giving you a referral to see a plan specialist). In some cases, your PCP will [also] need to get prior authorization (prior approval). Since your PCP will provide and coordinate your medical care, you should have all of your past medical records sent to your new PCP's office. Section 9 tells how we will protect the privacy of your medical records and personal health information.

Getting care from specialists

[PPOs that do not require any referrals should start this section with the second sentence (delete first sentence).]

When your PCP thinks that you need specialized treatment, he or she will give you a referral (approval in advance) to see a plan specialist. (You do not need a referral if you are going to see a non-plan specialist) A specialist is a doctor who provides health care services for a specific disease or part of the body. Examples include oncologists (who care for patients with cancer), cardiologists (who care for

patients with heart conditions), and orthopedists (who care for patients with certain bone, joint, or muscle conditions). Your PCP may need to get approval in advance from [Insert what is applicable: [organization name] – or – give name of specific department, such as “our Medical Management Department”] (this is called getting “prior authorization”). [If applicable, insert the following sentences instead of the prior sentence] You may get care from specialists without a referral or prior authorization from another doctor. If you use our plan specialists, your costs for covered services will be lower than if you used non-plan providers.

[PPOs that do not require any referrals or prior authorization should not use the language in the remainder of this section]

It is very important to get a referral from your PCP before you see a plan specialist (there are a few exceptions, including routine women’s health care, that we explain later in this section). **If you don’t have a referral before you receive services from a plan specialist, you may have to pay for these services yourself.** [Modify the following sentence as needed to describe the plan’s process for referrals for follow-up specialty care]. If the plan specialist wants you to come back for more care, check first to be sure that the referral you got from your PCP covers more visits to the specialist.

[If your plan uses formal referral circles where each enrollee, by selecting a specific PCP, is also selecting an entire sub-network to which his or her PCP can make referrals, include detailed information on the nature of the sub-network, provider types, referral practices and policies. In addition, refer the beneficiary to the sub-section entitled “Choosing Your PCP,” to ensure that they know how to choose a new PCP if they are unhappy with the referral circle used by their current PCP. You may modify the wording and/or order of the sentences in the following paragraph as needed for accuracy in describing the plan’s process. In addition, it is optional to mention the Provider Directory and the information it gives about plan specialists]

If there are specific plan specialists you want to use, find out whether your PCP sends patients to these specialists. [Add whichever parts of the rest of this paragraph are applicable, modifying the wording as needed for accuracy] Each plan PCP has certain plan specialists they use for referrals. This means that **the Sample Plan specialists you can use may depend on which person you chose to be your PCP.** You can change your PCP at any time if you want to see a plan specialist that your current PCP cannot refer you to. Later in this section, under “Choosing your PCP,” we tell you how to change your PCP. If there are specific hospitals you want to use, find out whether [your PCP uses / the doctors you will be seeing use] these hospitals.

How to change your PCP PPO Demonstrations that use PCPs include this section.

You may change your PCP for any reason, at any time [If applicable, you may delete “at any time” and replace it with text that specifies limits on when the change may occur, such as “at the end of the month”]. To change your PCP, call Member Services [at the number on the cover of this booklet/at the number shown in Section 1]. [Insert one or more of the remaining sentences if applicable to the plan’s provider arrangement, modifying the wording as needed for accuracy.] When you call, be sure to tell Member Services if you are seeing specialists or getting other covered services that needed your PCP’s approval (such as home health services and durable medical equipment). Member Services will help make sure that you can continue with the specialty care and other services you have been getting when you change to a new PCP. They will [also] check to be sure the PCP you want to switch to is accepting new patients. Member Services [optional: will change your membership record to show the name of your new PCP, and] tell you when the change to your new PCP will take effect.