

**Summary of Significant Changes to 2007 Model HMO, PPO and  
Cost Evidence of Coverage**

<b>Section</b>	<b>Plan Type</b>	<b>Update</b>
Document as a whole	All	Correction of grammar, typographical errors, including page numbering and update to the table of contents
	All	Special instructions is provided for all plans using an open access model: Modify, or delete, as necessary for your plans
	All	Special Instructions is provided for plans not offering a Part D benefit Package: Modify, or delete, as necessary for your plan, all references to Part D benefits.
Welcome	HMO/PPO	Included a note stating -Dual Eligible Special Needs Plans (SNP) may revise the language in this document, as applicable, to reflect that the organization is providing both Medicare and Medicaid covered benefits. Please refer to specific sections of this document for guidance on how to incorporate Medicaid benefits into the EOC.
Section 1	All	Customer Service language provided: MA-PD, and 1876 Cost Plans offering Part D during annual enrollment through 60 days past the beginning of CY, will be required to operate a toll-free call center for both current and prospective enrollees that operates seven days a week at least from 8:00 A.M. to 8:00 P.M. according to the time zones for the regions in which they operate. During this time period, current and prospective enrollees must be able to speak with a customer service representative.
Section 1-Telephone Numbers and other Information	HMO/PPO	How to contact member services--Model language was developed stating: Dual Eligible SNPs, may as appropriate, add additional phone numbers that enrollees can use to access specific services covered under the Medicaid program.
	HMO/PPO	Other Organizations (including Medicaid, Social Security Administration)--model language developed stating: Dual eligible SNP may describe the Medicaid Managed Care program under which the organization contracts with the State Medicaid agency.
	HMO/PPO	Employer Group Coverage--Model language developed stating: Dual Eligible SNPs may as appropriate, delete this language. Beneficiaries covered under employer groups are not eligible to participate in such SNPs in some States. Therefore, this discussion would have no relevance in those States.
Section 2- Getting the Care you need, including some	HMO/PPO	Use your plan membership card instead of your red, white, and blue Medicare card--Model language developed stating: Dual Eligible SNPs may revise the language to reflect, when applicable, that the enrollees will receive coverage of both Medicaid and Medicare covered services

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rules you must follow		from the same organization and that the Plan’s membership card will be used to access both Medicare and Medicaid services instead of using the beneficiary’s Medicare or Medicaid card.
		What is covered if you have a medical emergency--Model language was provided to state: Organizations offering Dual Eligible SNPs that are obligated under the State Medicaid Program to have a transition benefit when a doctor leaves a plan, may discuss that benefit.
Section 4-Benefits Chart		Model language was developed stating: Dual Eligible SNPs may add a discussion to this section if they cover benefits under Medicaid. This can include adding new language to the benefit chart itself as well as language to the related text in this section. This may be done by an additional column or additional rows or within the existing cells of the chart.
		In addition, some covered services require “prior authorization” in order to be covered-- Model language was developed stating, “Dual Eligible SNPs may include Medicaid-Covered Benefits within the chart. The Medicaid services should be clearly identified by a parenthetical statement (Medicaid only)”.
Section 5-Medical Care and Services that are not covered or limited (List of exclusions and Limitations)		What services are not covered, or limited by the plan--Model language developed stating: Dual Eligible SNPs may, as appropriate, remove or modify language regarding benefit exclusions when the benefits are covered by the plan under the Medicaid program, e.g. excluded drugs.
Section 6-Coverage for Outpatient Prescription Drugs		How much do you pay for drugs covered by this plan--model language was developed stating: Dual Eligible SNPs may modify this language, as appropriate, to explain the impact of the extra help and Medicaid Benefits on cost sharing under the plan.
		Under section “Can the formulary change?” the second to the last sentence in the first paragraph now reads: “However if the drug is removed from our formulary because the drug has been recalled from the market, we will not give 60 days notice before removing the drug from the formulary or give you a 60 day supply of the drug when you request a refill”.
		What if your drug is not on the formulary: Third bullet, last sentence changed to-“If the exception is not approved, you may appeal the plan’s denial. See Section 12 for more information on how to request an appeal.

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Section 7-Hospital Care, Skilled Nursing Facility Care and other services		Added model language stating “ Dual Eligible SNPs may revise the language in the Section , as appropriate, to include new headings and text to discuss additional institutions that provide Medicaid-covered services to their enrollees (e.g. nursing facilities, that provide services not covered under Medicare and may as appropriate, modify service descriptions under the existing headings to encompass Medicaid coverage rules/principles”
Section 7		Allow modification of the first sentence, "If you need an organ transplant, we will arrange to have your case reviewed by one of the transplant centers that is approved by Medicare [add network information if applicable]...
Section 10- How to file a Grievance-		Information in this section related to appeals level threshold amounts were changed
Section 15- Definitions	HMO/PPO and Cost	Definitions updated for the following terms- Cost plan and non-plan provider

Note: The PFFS EOC is a new EOC for 2007.