



**MedStar Medicare  
Choice**



**MedStar Select**

Dear MedStar Provider,

There have been additional questions asked regarding the 2018 decision for the MedStar Medicare Choice Plan to discontinue in certain counties. Due to strict notification guidelines from CMS, you may not send notifications to your patients regarding their Health Plan selection. Below are additional questions and answers to assist you:

**Q:** What if I practice in a county that is no longer covered under MedStar Medicare Choice in 2018?

**A:** Your practice location is not affected by any health plan changes. Your contract with MedStar Medicare Choice will not change based on this discontinuation of the plan in certain counties.

**Q:** What changes are there for the benefits and for the premium?

**A:** Trained MedStar Medicare Choice Representatives can help answer these detailed questions. Please reach out to: Member Services at 855-222-1041; TTY 855-250-5604; or Provider Services at 855-222-1042.

**Q:** How do I continue to care for my patients impacted by a county being discontinued in 2018?

**A:** Claims, appeals, and grievances will continue to follow your negotiated contractual language with MedStar Medicare Choice. Continuity of care should be coordinated directly with the patient who must provide their 2018 health plan information to you. For inpatient stays that cross into 2018, MedStar Medicare Choice will cover any Part A hospitalization costs until your patient is discharged. After their discharge from the hospital, your patient's new Medicare Advantage plan or Original Medicare will provide coverage. For hospital admissions that occur on or after January 1, 2018, these should be coordinated with the patient's new health plan.

**Q:** What happens with my patient's prescriptions?

**A:** The patient can continue to fill prescriptions at a network pharmacy using their MedStar Pharmacy benefit through December 31, 2017. In 2018, if a patient lives in one of the discontinued counties, the patient will need to update their health plan information at their preferred pharmacy.

**Q:** Will my patients move away from my practice?

**A:** Even though your patient may have a different health plan in 2018, patients may stay with their physician in 2018. Your patient will need to confirm that you participate in their new health plan's network. The patient can ask their Medicare broker for help, or you can visit their new health plan's website.

**Q:** What plans are out there for a patient to use?

**A:** A list of alternative health plans was sent to each of your impacted patients. This list was created by CMS and cannot be changed. We recommend that your patients also check Medicare.gov or call 1-800-Medicare to confirm 2018 options in their impacted county.



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**Q:** Am I allowed to send a letter to my patients to help them through this process?

**A:** You may contact your patient about their health and upcoming appointments. However, you may not send a notice to your patients that references their health plan, or other health plan options or benefits. You also may not steer your patients in any way to a health plan based on financial interest or any other interest of the provider. These are strict guidelines monitored by CMS.

Please remember, if your Medicare patients do not enroll in a new health plan by **December 7, 2017**, Medicare will choose a new prescription drug plan and enroll your patient in Original Medicare effective **January 1, 2018**. For patients also enrolled in a Medicaid program, that coverage will not change.

We recommend your patient contact their Medicare Sales Broker directly to help them get the plan that is right for them. If your patient does not have a Medicare Sales Broker, he or she should call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week or visit Medicare.gov to find out which Medicare health plans are available in their county.

Thank you for your commitment to the Medicare population and look forward to partnering with you further to ensure every MedStar Medicare Choice patient is continuing to access care.

Thank you,

Lesley Wallace  
Vice President, Gov't Contract Mgmt & Oversight