



COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

September 19, 2018

John Q Sample
1234 Any Street
Any City, US 12345-6789

Dear John Q Sample:

Open Enrollment for Commonwealth Coordinated Care Plus (CCC Plus)

The open enrollment period for the Virginia Medicaid CCC Plus managed care program is October 1, 2018 through December 18, 2018. Medicaid works with health plans to provide health coverage to CCC Plus members across Virginia. Open enrollment is held once a year and is the time for you to change your health plan, if you want to do so. Here is your current health plan:

Your CCC Plus Medicaid health plan is **SAMPLE MEDICAID HEALTH PLAN**.
Your Medicaid ID # is 009999999999.

Your CCC Plus Medicaid Health Plan

All of the health plans in CCC Plus must provide your Medicaid health care, long-term services and supports, and prescription drug benefits. Each of the health plans has different doctors and health care providers in their networks.

Changing your health plan during open enrollment

You know your health care needs best. It is up to you if **you want to change your health plan**. You can change your health plan for any reason between October 1, 2018 and December 18, 2018. If you change your plan, your new health plan coverage will begin **January 1, 2019**.

If you do not take action, you will keep the Medicaid health plan listed above. Outside of the open enrollment period, you can request a health plan change by calling the CCC Plus Enrollment Helpline. These requests require review and approval.



How to Choose a Health Plan

1. Make a list of your health care providers and places you get care including hospitals, doctors, specialists, pharmacies, therapists and other health care providers.
2. Call the Enrollment Helpline at **1-844-374-9159** or use the Enrollment website **cccplusva.com** to see which health plans participate with your health care providers.
3. Review the summary of added benefits in the "CCC Plus Comparison Chart" that came with this letter to see which added benefits may help you. The limits and rules related to added benefits are available by phone or online.

For questions, call the CCC Plus Enrollment Helpline at **1-844-374-9159** (TTY: 1-800-817-6608), Monday through Friday between 8:30 a.m. to 6:00 p.m. Or go to **cccplusva.com**.

Help From an Advocate

If you would like to speak to an independent Advocate who can help you with questions or problems related to your current CCC Plus health plan, please call 1-800-552-5019, Office of the State Long-Term Care Ombudsman, Department for Aging & Rehabilitative Services.

Program of All-inclusive Care for the Elderly (PACE)

If you are age 55 or older and need a higher level of assistance to stay at home, you may qualify for PACE. PACE provides all of your Medicare and Medicaid benefits, plus some extra services to help eligible seniors who have chronic conditions to live at home. To learn more about PACE go to: www.PACE4you.org. The website also has a "PACE Finder" to help you find out if there is a PACE site in your area. If you qualify for and enroll in PACE, you will be "disenrolled" (dropped) from your CCC Plus health plan.

Questions?

Call the CCC Plus Enrollment Helpline at **1-844-374-9159** (TTY: 1-800-817-6608), Monday through Friday between 8:30 a.m. to 6:00 p.m. Translation services are available.

For individuals enrolled in one of the Developmental Disabilities Waivers, the CCC Plus health plan will only provide coverage for your non-waiver services. Medicaid will continue to provide coverage for your waiver services.

You can share this letter with a family member or someone you trust who knows your healthcare needs.

You can also get this information for free in other formats such as large print, audio or online at cccplusva.com.

Thank you,

Virginia Department of Medical Assistance Services

Note: See your member handbook for a full list of member rights and responsibilities. If we find that you do **not** qualify for Medicaid for past coverage months because you did not report truthful information or changes in your circumstances to your Medicaid eligibility worker, you may have to repay monthly premiums, even if you did not get services during those months.