



DualChoice

[PROCESSED DATE]

Member ID Number
[Member Number]

[Member Name]
[Member Address]
[CITY], [STATE] [ZIP]

Dear [Member Name]:

This letter is to inform you that we can no longer cover prescription medications effective [OIG_STATE_EXCLUSION_DATE] that are [prescribed by [Physician Name]] [dispensed by [Pharmacy Name]] [[distributed by [Distributor Name]]][manufactured by [Manufacturer Name]]. This includes new prescriptions, as well as any refills left on the prescription(s) you are currently taking.

IEHP DualChoice (HMO D-SNP) cannot cover medications [prescribed by [Physician Name]] [dispensed by [Pharmacy Name]] [[distributed by [Distributor Name]]][manufactured by [Manufacturer Name]] because they/it has been excluded from participation in all federal health care programs as of [OIG_STATE_EXCLUSION_DATE], including the Medicare program, by the U.S. Department of Health and Human Services' Office of Inspector General (OIG). Medicare plans are prohibited from making payment for prescriptions prescribed, dispensed, or furnished by excluded individuals and entities. For more information about exclusions, you may visit the OIG's website at <http://oig.hhs.gov/fraud/exclusions.asp>.

[Please call IEHP DualChoice Member Services at 1-877-273-IEHP (4347) (TTY users should call 1-800-718-4347) if you need assistance finding another pharmacy.] [Please call IEHP DualChoice Member Services at 1-877-273-IEHP (4347) (TTY users should call 1-800-718-4347) if you need assistance finding another provider in your area who can prescribe your medications.] If you have further questions regarding the status of your prescription(s), we are available from 8am - 8pm (PST), 7 days a week including holidays.

Sincerely,

IEHP DualChoice Pharmacy Services

IEHP DualChoice (HMO D-SNP) is an HMO plan with a Medicare contract. Enrollment in IEHP DualChoice (HMO D-SNP) depends on contract renewal.

