

Elderplan Plus Long-Term Care (HMO-POS D-SNP)
55 Water Street 46th Floor, New York, NY 10041
1-877-891-6447

[Enrollee Full Name]
[Address]
[City, State Zip]

[Date]

ELECTRONIC NOTICE OPTION LETTER

Dear [Enrollee First Name]:

This is an important letter about notices you will get from Elderplan Plus Long-Term Care (HMO-POS D-SNP). Please read it carefully.

Why am I getting this letter?

You are getting this letter because you can now ask Elderplan to provide you with certain notices electronically.

What notices can I get electronically?

Notices about:

- Services you asked for
- Services you are getting
- Plan appeals
- Complaints; and
- Complaint appeals

Other communications about:

- Your member handbook;
- Our provider directory;
- Changes to your Medicaid managed long term care benefits.

These notices have important information about your services and rights.

Who gets these notices?

You and your provider get these notices about your services and plan appeals. You can also choose someone to represent you, like a family member, friend, or lawyer. The person you choose will be able to file a complaint, plan appeal or request a fair hearing for you. We will also send them a copy of your notices.



If you told us before that someone may represent you, we will send that person a letter like this one. If you want someone new to represent you, you and that person must sign and date a statement saying this is what you want. Or you can both sign and date the attached Electronic Notice Request Form.

The person you choose can get copies of your notices electronically if they ask. We will send their notices as required by law. If you have any questions about choosing someone to act for you, call us at: 1-877-891-6447. TTY users call 711.

What ways can these notices be sent?

Elderplan and our vendors can send these notices to you by web portal.

You will receive an email and/or text to alert you of notices posted on the web portal.

If you choose the email message, you will need an active email address and a web browser with internet access.

If you choose the text message, you will need a mobile phone that accepts texts and has access to the internet. Please note that standard text messaging and data rates may apply.

If you need further instructions or require technical assistance with using the electronic methods offered by Elderplan, please reach out to our Member Services department at 1-877-891-6447 (TTY 711), 8 a.m. – 8 p.m., 7 days a week. Or visit www.elderplan.org for more information.

How do I ask for electronic notices?

You can contact us online, by mail, or by phone:

Onlinenotices.elderplan.org

Mail.....Elderplan c/o Command Direct, PO Box 18023, Hauppauge, NY 11788

Phone1-877-891-6447

When you contact us, you must:

- Tell us how you want to get notices that are normally sent by mail,
- Tell us how you want to get notices that are normally made by phone call, and
- Give us your contact information (mobile phone number, email address, etc.).

To sign up via the web, please visit the web portal at notices.elderplan.org and fill out the member/designee registration form. You will need at least three of the following points of member identification to access the form: full name, date of birth, member ID or CIN/Medicaid ID. Once the registration form is submitted you will receive an email with a link to complete the registration. Once completed, you can access the notices.



To sign up by mail, please fill out the attached Electronic Notice Request Form and mail it to: Elderplan c/o Command Direct, PO Box 18023, Hauppauge, NY 11788. You can use the attached Electronic Notice Request Form, but it is not required. Once your request is received and processed, you will receive an email asking you to click the link to complete registration. Once completed, you can access these notices.

To sign up by phone, please call 1-877-891-6447 (TTY 711), 8 a.m. – 8 p.m., 7 days a week and let us know that you would like to enroll in electronic notification. Our Member Services team can help guide you through the signup process to access these notices.

If your contact information changes at any time, you must let us know. To change your information, please update your information in the portal, or contact us at the mailing address or phone number listed above.

What happens next?

Elderplan will mail you confirmation that you have asked to get future notices electronically.

If you ask to get your notices electronically:

- We will send you the notice in a way that lets you save and print the notice.
- You can still ask us to send any of your notices by mail.
 - We will send your notice by mail within **two (2) working days** from the day you asked if the notice is about services, plan appeals, complaints and complaint appeals.
 - We will send your notice by mail within **five (5) working days** from the date you asked if the notice is about other communications.
- You can still ask us to send any of your notices in an alternate format to accommodate a disability or language need.
 - We will send your notice within **five (5) working days** from the day you asked if the notice is about services, plan appeals, complaints and complaint appeals. In some cases, it may take us up to **thirty (30) days** from the date of your request. In those cases, we will call you to help.
 - We will send your notice within **fifteen (15) working days** from the day you asked if the notice is about other communications. In some cases, it may take us up to 60 days from the date of your request. In those cases, we will call you to help.

If you ask to get your notices electronically and we believe your electronic notice did not go through, we will then send it by mail and we may also call you by phone, as required by law.

Can I change the way I get these notices later?

You can change the way you get your notices at any time. To change the way you get notices, you can contact us by going to the web portal at notices.elderplan.org, by sending the request by mail to the address listed in the How do I ask for electronic notices section above, or by contacting us by phone at 1-877-891-6447.



If you ask for a change by web portal or phone, it can take up to 5 working days from the date we got your request to make the change. If you ask for a change by mail, we have 10 working days from the date we got your letter to make the change.

What If I don't want electronic notices?

You will keep getting these notices by mail and we may also call you by phone. We will not send these notices electronically unless you ask.

You can still ask us to send these notices in a different way because of a disability or language need.

Other help:

Please call Elderplan at 1-877-891-6447 if you have any questions about this notice or need further assistance.

Sincerely,

Your Elderplan Support Team

Enclosure(s): Electronic Notice Request Form



**ELDERPLAN PLUS LONG-TERM CARE (HMO-POS D-SNP)
ELECTRONIC NOTICE REQUEST FORM**

Mail this form to:

Elderplan c/o Command Direct
PO Box 18023
Hauppauge, NY 11788

Enrollee:

Name: [Enrollee Full Name]
Enrollee Number: [Member ID number]

Instructions: Complete this form to ask Elderplan to send [Enrollee's First name]'s notices electronically. You **must** select an electronic option in #1 and #2 below.

1. Instead of getting a notice by mail, I want Elderplan to send me these notices by:
 Web Portal
2. Along with getting a notice by phone call, I want Elderplan to send me these notices by:
 Web Portal

Instead of getting communications about my member handbook, my plan's provider directory, and changes to my Medicaid managed care benefits by mail, I want Elderplan to send me these notices by
 Web Portal

Contact Information: Enter your contact information for your choices above.

Mobile #: (_____) _____ Email: _____

You can choose someone to represent you, like a family member, friend, or lawyer. If you want someone to represent you, let us know below.

- Have you authorized this person with Elderplan before? YES NO
- Do you want this person to act for you for complaints, all steps of an appeal or fair hearing? You can let us know if change your mind. YES NO

Designee Information (person you want to represent you)

Name: _____ E- mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mobile #: (_____) _____

Designee Signature: _____ **Date:** _____

Enrollee Signature: _____ **Date:** _____



NOTICE OF NON-DISCRIMINATION

Elderplan complies with Federal civil rights laws. **Elderplan** does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Elderplan provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **Elderplan** at **1-877-891-6447**. For TTY/TDD services, call **711**.

If you believe that **Elderplan** has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with **Elderplan** by:

Mail: 55 Water Street, 46th Floor, New York, NY 10041,
Phone: 1-877-326-9978 (for TTY/TDD services, call 711)
In person: 55 Water Street, 46th Floor, New York, NY 10041

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

Web: Office for Civil Rights Complaint Portal at
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>
Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)



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| ATTENTION: Language assistance services, free of charge, are available to you. Call 1-877-891-6447 TTY/TTD: 711. | English |
| ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-891-6447, TTY/TTD: 711. | Spanish |
| 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-891-6447 711. | Chinese |
| ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم TTY/TTD: 711 رقم هاتف الصم والبكم 1-877-891-6447 | Arabic |
| 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다<1-877-891-6447, TTY/TTD: 711 번으로 전화해 주십시오. | Korean |
| ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-891-6447 (телетайп: TTY/TTD: 711. | Russian |
| ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-891-6447, TTY/TTD: 711. | Italian |
| ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-891-6447, TTY/TTD: 711. | French |
| ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-891-6447, TTY/TTD: 711. | French Creole |
| אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר איין שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-877-891-6447, TTY/TTD: 711 | Yiddish |
| UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-891-6447, TTY/TTD: 711 | Polish |
| PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-891-6447, TTY/TTD: 711. | Tagalog |
| লক্ক ককনঃ যিদ আপিন বাংলা, কথা বলেত পারে, তাহেল িনঃখরচায় ভাষা সহায়তা পিরেষবা উপলক্ক আছ। েফান ককন ১-1-877-891-6447, TTY/TTD: 711 | Bengali |
| KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-891-6447, TTY/TTD: 711. | Albanian |
| ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-891-6447, TTY/TTD: 711. | Greek |
| خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-877-891-6447, TTY/TTD: 711 | Urdu |