

Addendum to the New York State Medicaid Managed Care or Health and Recovery Plan Member Handbook for the Integrated Benefits for MVP DualAccess Complete (HMO D-SNP) Eligible Enrollees

Introduction

This member handbook addendum provides information for members with an MVP Health Care (MVP) DualAccess Complete (HMO D-SNP) plan. This plan allows Medicare-eligible members to continue receiving their Medicaid benefits. Members will get their Medicare and Medicaid benefits through their MVP DualAccess Complete plan.

How to Use This Member Handbook Addendum

This addendum will tell you how your new integrated health care program works and how you can get the most from your MVP DualAccess Complete plan. It provides you with information that applies to a member who has both Medicare and Medicaid coverage with MVP.

This includes information about enrollment, disenrollment, access to services, and how to file a complaint or appeal that may be different than what is included in the member handbook.

When you have a question, check your member handbook or call the MVP Member Services/Customer Care Center at **1-866-954-1872** (TTY 711). Representatives are available from 8 am-8 pm Eastern Time, Monday through Friday. From October 1 to March 31, call seven days a week.

You can find your Evidence of Coverage (EOC) in your MVP DualAccess Member Guide in Gia[®]. In the *Gia by MVP* mobile app, tap *Benefits and Coverage*. If you use Gia on your computer, sign in at **my.mvphealthcare.com**, select *My Plan*, then *My Benefits*. You can find the member handbook in the Medicaid Member Guide online at **mvphealthcare.com/MemberHandbooks**. You can also call the MVP Member Services/Customer Care Center to request either document.

Enrollment

To be a member of the MVP DualAccess Complete plan offered by MVP, you must:

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- Have both Medicare Part A and Medicare Part B and be enrolled in MVP DualAccess Complete
- Live in the service area which currently includes these New York counties: Albany, Columbia, Dutchess, Fulton, Genesee, Greene, Herkimer, Livingston, Monroe, Montgomery, Ontario, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Sullivan, Ulster, Warren, Washington, and Westchester
- Be a United States citizen or be lawfully present in the United States
- Be enrolled in MVP Medicaid Managed Care (MMC) or Health and Recovery Plan (HARP) and
- Not have received or require community-based long-term services and supports (CBLTSS) for more than 120 days.

Review your EOC for more information on eligibility requirements.

Your Health Plan Identification (ID) Card

After you enroll, you will be sent a welcome letter. Your new MVP DualAccess Complete ID card should arrive within 14 days after your enrollment date. Your card has your Primary Care Provider's (PCP's) name and phone number on it. It will also have your Client Identification Number (CIN). If any information is incorrect on your MVP DualAccess Complete ID card, call us right away. Your MVP DualAccess Complete ID card does not show that you have Medicaid or that MVP DualAccess Complete is a special type of health plan.

Always carry your MVP DualAccess Complete ID card and show it each time you go for care. If you need care before the card comes, your welcome letter is proof that you are a member. You should keep your Medicaid benefit card. You will need this card to get services that MVP does not cover.

Benefits and Services

MVP will coordinate both your Medicare and Medicaid benefits through the MVP DualAccess Complete plan. Your cost-sharing for Medicare-covered services will be \$0 because Medicaid will cover your Medicare cost-sharing amounts.

As an MVP DualAccess Complete member, you receive both your Medicare benefits and Medicaid benefits from the same health plan. See your Medicare Advantage DualAccess Complete Evidence of Coverage for details on your Medicare benefits and services as well as those covered by Medicaid.

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The Medicaid part of your plan provides a number of Medicaid services in addition to those you get with regular Medicaid. For additional benefits and services covered through Medicaid Managed Care, see Part II of your member handbook. You can find your member handbook online in the Medicaid Managed Care Member Guide. Visit mvphealthcare.com/MemberHandbooks and select *Medicaid*.

The Medicaid Pharmacy Program (NYRx) will cover select over-the-counter (OTC) drugs, prescription vitamins, and cough suppressants that are not covered by Medicare Part D.

MVP will arrange for most services that you will need. You can get some services without going through your PCP. Please call the MVP Member Services/Customer Care Center at **1-866-954-1872** (TTY 711) if you have any questions or need help with any of these services.

Some services not covered by MVP are available through regular Medicaid or Original Medicare (e.g., non-emergency transportation and hospice services). You can get these services by using your Medicaid Benefit card or your red, white, and blue Medicare card.

You will continue to have access to regular Medicaid services during your enrollment in the MVP DualAccess Complete plan.

Disenrollment

You may voluntarily disenroll from the MVP DualAccess Complete plan at any time. If you disenroll from either Medicare or Medicaid coverage with us, your coverage under the MVP DualAccess Complete plan will end.

You may be **involuntarily** disenrolled from your **MVP DualAccess Complete plan** if you:

- Permanently move out of our service area for the MVP DualAccess Complete plan
- Lose your Medicaid coverage and don't regain it within 90 days (see below under "Loss of Medicaid Eligibility" for more information)
- Are in receipt of long-term care services for more than 120 days (if MVP finds that you require long-term care services for more than 120 days, you will be offered the option to enroll in a Managed Long-Term Care (MLTC) plan)
- Become a long-term (permanently placed) resident of a nursing home; or,

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- Engage in conduct or behavior that seriously impairs MVP's ability to provide services to you or other MVP Members. You may also be disenrolled for non-compliance with Medicare or Medicaid rules, committing fraud or fraudulent behavior, or abusing/harming other MVP plan members, health care providers, or other staff.

Medicare Coverage

If you disenroll from the MVP DualAccess Complete plan, you can enroll in another Medicare Advantage plan. If you do not enroll in a Medicare Advantage plan, your Medicare coverage will continue through Original Medicare for your medical care and the federal government will enroll you in a Prescription Drug Plan (PDP) for your prescription drug coverage.

Medicaid Coverage

If you disenroll from the MVP DualAccess Complete plan, your Medicaid coverage for your medical care will continue through regular Medicaid (also called Fee-for-Service Medicaid).

Note: If you disenroll from the MVP DualAccess Complete plan in error, please contact MVP as soon as possible.

Loss of Medicaid Eligibility

If you lose **Medicaid** eligibility, your coverage in the MVP DualAccess Complete plan will end. However, you will have a 90-day grace period when your **Medicare** coverage will continue with an MVP DualAccess Complete plan. During this time, you will remain enrolled in the plan, but your coverage will be limited to Medicare-only benefits and you will be responsible for any co-payments, co-insurance, premiums, and/or deductibles that Medicaid would have otherwise covered had you not lost your Medicaid eligibility.

If you regain Medicaid eligibility during the 90-day grace period, your full MVP DualAccess Complete coverage will be reinstated.

If you do not regain **Medicaid** eligibility during the 90-day grace period, you will lose your coverage with MVP.

Service Authorization, Appeals, and Complaints

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Service Authorization

For services that are covered by Medicare or by both Medicare and Medicaid, MVP will make decisions about your care as described in Chapter 9 of your MVP DualAccess Complete EOC. These are also known as Coverage Decisions.

For services covered only by Medicaid, MVP will make decisions about your care following our Service Authorization rules described in your member handbook.

Appeals

If you disagree with a decision MVP makes, you can file an appeal. This is called a Level 1 appeal.

Chapter 9 of your MVP DualAccess Complete EOC tells you how to file a Level 1 appeal on any decision MVP makes.

Aid to continue while appealing a decision about your care

If MVP reduces, suspends, or discontinues a service you are getting now, you may be eligible to continue the service while you wait for a Level 1 appeal determination.

You must ask for a Level 1 appeal:

- **Within ten (10) days from the notice date that your care is changing, or**
- **By the date the change in service is scheduled to occur, whichever is later.**

If your Level 1 appeal is denied, you will not have to pay for the cost of any continued benefits that you receive.

If you disagree with your Level 1 appeal determination, you may appeal a second time. This is called a Level 2 appeal. Chapter 9 of your MVP DualAccess Complete EOC tells you how to file a Level 2 appeal on any determination MVP makes.

Aid to continue while waiting for a Fair Hearing decision

You may be able to continue your services while you wait for a Fair Hearing determination. Continuation of benefits must be requested with the Fair Hearing request and is only available if MVP reduces, suspends, or discontinues a service that was covered by Medicaid.

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You must ask for a Fair Hearing:

- **Within ten (10) days from the notice date of the Final Adverse Determination, or**
- **By the date the change in services is scheduled to occur, whichever is later.**

If the Fair Hearing Officer decides that the MVP determination or action was correct when made, you may be required to pay back the cost of any aid to continue for services received until that Fair Hearing decision.

If you disagree with the Level 2 appeal determination for a service covered by Medicare, you may have other appeal rights. For more information about additional appeals rights, see Chapter 9 of your MVP DualAccess Complete EOC or call MVP Member Services/Customer Care.

Complaint

If you have a problem with your care or services, you can file a complaint by contacting the MVP Member Services/Customer Care Center at **1-866-954-1872** (TTY 711) from October 1-March 31, call seven days a week, 8 am–8 pm Eastern Time. From April 1-September 30 call Monday–Friday, 8 am–8 pm.

If you send a complaint in writing, MVP will respond to you in writing. We will respond to standard complaints within 30 calendar days from the date your complaint is received. We will respond to expedited complaints within 24 hours.

See Chapter 9 of your MVP DualAccess Complete EOC for more information on complaints.