Dual Eligible Clients with Medicare Advantage Plans

Contractor Name: _____

Contract Year: _____ through _____

OHA requires Contractors that are affiliated with or contracted with an entity that provides services as a Medicare Advantage plan to provide information for purposes of (a) identifying the affiliated or contracted Medicare Advantage plan(s); and (b) declaring the Contractor's election about Disenrollment of Members who are Full Dual Eligible clients who are not enrolled with a Medicare Advantage Plan that is affiliated with or contracted with Contractor.

List each entity that Contractor is affiliated with or has a written contract with that provides a Medicare Advantage plan.

Name of Medicare Advantage plan	Contractor service area covered by the Medicare Advantage plan
• _____	_____
• _____	_____

If Contractor is **not** affiliated with nor has a written contract with a Medicare Advantage Plan, please indicate not applicable in both the above columns.

All Full Dual Eligible clients who are enrolled with Contractor's and in a Medicare Advantage plan affiliated or contracted with Contractor should remain enrolled with Contractor (unless a different basis for Disenrollment arises). Contractor shall choose whether to disenroll or maintain Enrollment for all the Members from whom they do not receive a form at the end of 30 days unless the Member is otherwise enrolled with a Medicare Advantage Plan that is affiliated with or contracted with Contractor. This decision will cover all services areas as outlined Part V of this Contract that also coincides with the Contractor's Medicare Advantage service area of Contractor or its affiliate.

The Contractor must submit this Schedule 5, notifying OHA of Contractor's annual decision to disenroll or maintain Enrollment for these Full Dual Eligible Members who are not enrolled with the a Medicare Advantage plan that is affiliated or contracted with Contractor in accordance with OAR 410-141-0060. This notification must be submitted by January 31 of each year, or another date specified by OHA.

ELECTION NOTIFICATION:

Contractor shall indicate whether it will request Disenrollment of Full Dual Eligible members who do not submit the Medicare Advantage Plan Election Form (OHP 7208M) who are not enrolled with the Medicare Advantage Plan affiliated with or contracted with Contractor:

Yes _____
No _____

_____ _____
Print Name Print Title

_____ _____
Signature Date