



Dear Member:

The Centers for Medicare & Medicaid Services, the federal agency that administers Medicare, requires us to verify and update our records periodically. Please answer the following questions about your prescription drug coverage. The information you provide will remain **confidential** and will not affect your Medicare coverage or your membership with MVP Health Care.

If both you and your spouse receive a copy of this questionnaire, please complete and return both questionnaires.

Do you have any prescription drug coverage **other than** MVP's Medicare Part D that is effective on or after the date your MVP coverage began?

- No other pharmacy coverage. [Stop and return this survey in the enclosed envelope.]
- Yes, I have other pharmacy coverage. [Please continue to the next section.]

Please check **any** of the following boxes that apply and use your pharmacy insurance card (see sample below), not your MVP member ID card, to fill in the following information.



**New York State EPIC**  
 Member ID: \_\_\_\_\_ Rx Group: NYEPIC Rx BIN: 012345

**Other State Assistance Program**  
 State of Residence : \_\_\_\_\_ Member ID: \_\_\_\_\_  
 Rx Group: \_\_\_\_\_ Rx BIN: \_\_\_\_\_

**VA (Veterans Affairs) Pharmacy Benefit**

**Other** (Example: Employer Group Coverage)

Plan Name: \_\_\_\_\_

Rx Group: \_\_\_\_\_

Member ID: \_\_\_\_\_

Rx BIN: \_\_\_\_\_

**If coverage is through an Employer Group, are you still working?**

Yes

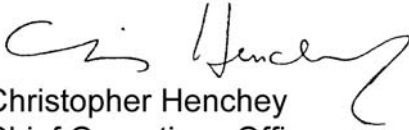
No

**If you checked "Yes", please list the name of the Employer Group:** \_\_\_\_\_

**Please return your completed survey using the enclosed postage-paid envelope.** If you are not able to complete this survey by yourself, please have a family member or caregiver help you. If you are able to send a photocopy of the pharmacy insurance card you used to fill this form out, please include it with the survey.

If you have any questions, please call MVP's Medicare Customer Care Center at **1-800-665-7924**. **USA Care Members call 1-800-597-4419. TTY users call 1-800-662-1220. Representatives are available to serve you:** Monday – Friday from 8 am – 8 pm and Saturday from 8 am – 4 pm. **From October 15th – February 14<sup>th</sup>**, representatives are available every day, from 8 am – 8 pm.

Sincerely,



Christopher Henchey  
Chief Operations Officer

**Statement of Confidentiality**

MVP Health Care respects your right to privacy. Your responses to this survey will not be shared with anyone without your prior consent. All the information that would let someone identify you or your family will be kept private. The information you provide will remain confidential and will not affect your Medicare coverage or your membership with MVP Health Care.

**Please return the questionnaire in the envelope provided to:**

Coordination of Benefits Department | MVP Health Care | PO Box 2207 | Schenectady, NY 12301