



Senior Care Options Program (HMO SNP) offered by Commonwealth Care Alliance

Annual Notice of Changes for 2017

You are currently enrolled as a member of Senior Care Options Program. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

Additional Resources

- Member Services has free language interpreter services available for non-English speakers (phone numbers are in Section 6.1 of this booklet).
- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-866-610-2273 (TTY: call MassRelay at 711).
- ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-610-2273 (TTY: llamar a MassRelay al 711).
- This information is available in different formats. Please call Member Services if you need information in another format or language (phone numbers are in Section 6.1 of this booklet).
- Minimum essential coverage (MEC): Coverage under this Plan qualifies as minimum essential coverage (MEC) and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information on the individual requirement for MEC.

About Senior Care Options Program

- Senior Care Options Program (HMO SNP) is a Coordinated Care plan with a Medicare contract and a contract with the Commonwealth of Massachusetts/Executive Office of Health and Human Services Medicaid program. Enrollment in Senior Care Options Program depends on contract renewal. Enrollment is voluntary.
- When this booklet says “we,” “us,” or “our,” it means Commonwealth Care Alliance. When it says “plan” or “our plan,” it means Senior Care Options Program.
- Commonwealth Care Alliance complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
- Commonwealth Care Alliance cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

H2225_ANOC2017 CMS Accepted

Think about Your Medicare Coverage for Next Year

Medicare allows you to change your Medicare health and drug coverage. It's important to review your coverage each fall to make sure it will meet your needs next year.

Important things to do:

- Check the changes to our benefits and costs to see if they affect you.** Do the changes affect the services you use? It is important to review benefit and cost changes to make sure they will work for you next year. Look in Sections 1.1 and 1.5 for information about benefit and cost changes for our plan.
 - Check the changes to our prescription drug coverage to see if they affect you.** Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies? It is important to review the changes to make sure our drug coverage will work for you next year. Look in Section 1.6 for information about changes to our drug coverage.
 - Check to see if your doctors and other providers will be in our network next year.** Are your doctors in our network? What about the hospitals or other providers you use? Look in Section 1.3 for information about our Provider Directory.
 - Think about your overall health care costs.** How much will you spend out-of-pocket for the services and prescription drugs you use regularly? How much will you spend on your premium? How do the total costs compare to other Medicare coverage options?
 - Think about whether you are happy with our plan.**
-

If you decide to stay with Senior Care Options Program:

If you want to stay with us next year, it's easy - you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide to change plans:

If you decide other coverage will better meet your needs, you can switch at any time. If you enroll in a new plan, your new coverage will begin on the first day of the month after you request the change. Look in Section 2.2 to learn more about your choices.

Summary of Important Costs for 2017

The table below compares the 2016 costs and 2017 costs for Senior Care Options Program in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes*** and review the enclosed Evidence of Coverage to see if other benefit or cost changes affect you.

| Cost | 2016 (this year) | 2017 (next year) |
|---|--|--|
| Monthly plan premium* * See Section 1.1 for details. | \$0 | \$0 |
| Doctor office visits | Primary care visits: \$0 per visit Specialist visits: \$0 per visit | Primary care visits: \$0 per visit Specialist visits: \$0 per visit |
| Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day. | \$0 | \$0 |
| Part D prescription drug coverage (See Section 1.6 for details.) | Deductible: \$0 Copays: \$0 | Deductible: \$0 Copays: \$0 |

Annual Notice of Changes for 2017
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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

| Cost | 2016 (this year) | 2017 (next year) |
|--|------------------|------------------|
| Monthly premium | \$0 | \$0 |
| (You must also continue to pay your Medicare Part B premium unless it is paid for you by MassHealth (Medicaid).) | | |

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you ever lose your low income subsidy ("Extra Help"), you must maintain your Part D coverage or you could be subject to a late enrollment penalty if you ever chose to enroll in Part D in the future. If you have a higher income as reported on your last tax return (\$85, 000 or more), you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Because you get assistance from MassHealth (Medicaid), you do not have “out-of-pocket” costs for covered services. You pay nothing for medical services covered by Senior Care Options Program.

Section 1.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated Provider Directory is located on our website at www.commonwealthcaresco.org. You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2017 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialist (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, Medicare requires that we furnish you with uninterrupted access to qualified doctors and specialists.
- When possible we will provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan please contact us so we can assist you in finding a new provider and managing your care.

Section 1.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at www.commonwealthcaresco.org. You may also call Member Services for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2017 Pharmacy Directory to see which pharmacies are in our network.**

Section 1.5 – There are no Changes to Your Benefits or Amounts You Pay for Medical Services

Please note that the *Annual Notice of Changes* only tells you about changes to your Medicare benefits and costs.

Our benefits and what you pay for these covered medical services will be exactly the same in 2017 as they are in 2016.

Section 1.6 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is in this envelope. The Drug List we included in this envelope includes many – *but not all* – of the drugs that we will cover next year. If you don’t see your drug on this list, it might still be covered. **You can get the *complete Drug List*** by calling Member Services (see the back cover) or visiting our Web site (www.commonwealthcaresco.org).

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug.
 - To learn what you must do to ask for an exception, see Chapter 8 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Member Services.
- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a **one-time**, temporary supply of a non-formulary drug in the first 90 days of coverage of the plan year or coverage. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Formulary exceptions are usually valid for 12 months from the approval date unless the prescription is written for shorter amount of time and/or shorter approval duration is noted in the approval letter.

Changes to Prescription Drug Costs

Note: Because you are eligible for MassHealth (Medicaid), you qualify for and are getting “Extra Help” from Medicare to pay for your prescription drug plan costs. We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug coverage. If you didn’t receive this insert with this packet, please call Member Services and ask for the “LIS Rider.” Phone numbers for Member Services are in Section 6.1 of this booklet.

Because you get assistance from MassHealth (Medicaid), you do not have “out-of-pocket” costs for covered prescription drugs. You pay nothing for prescription drugs covered by Senior Care Options Program.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Senior Care Options Program

To stay in our plan you don’t need to do anything. If you do not sign up for a different plan or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2017.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2017 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan and whether to buy a Medicare supplement (Medigap) policy.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2017*, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <http://www.medicare.gov> and click “Find health & drug plans.” **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

Step 2: Change your coverage

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Senior Care Options Program.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Senior Care Options Program.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

Because you are eligible for both Medicare and MassHealth (Medicaid) you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Massachusetts, the SHIP is called Serving the Health Information Needs of Elders (SHINE).

SHINE is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHINE counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHINE at 1-800-AGE-INFO (1-800-243-4636). You can learn more about SHINE by visiting their website (www.800ageinfo.com).

SECTION 5 Programs That Help Pay for Prescription Drugs

Because you are eligible for MassHealth (Medicaid), you qualify for and are getting “Extra Help” from Medicare to pay for your prescription drug plan costs. You do not need to do anything further to get this “Extra Help.”

If you have questions about Extra Help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
- Your State Medicaid Office (applications).

SECTION 6 Questions?

Section 6.1 – Getting Help from Senior Care Options Program

Questions? We’re here to help. Please call Member Services at 1-866-610-2273. (TTY only, call 711.) We are available for phone calls 8 a.m. – 8 p.m., 7 days a week. Calls to these numbers are free.

Read your 2017 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2017. For details, look in the 2017 *Evidence of Coverage* for Senior Care Options Program. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is included in this envelope.

Visit our Website

You can also visit our website at www.commonwealthcaresco.org. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (<http://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <http://www.medicare.gov> and click on “Find health & drug plans.”)

Read Medicare & You 2017

You can read *Medicare & You 2017* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Section 6.3 – Getting Help from MassHealth (Medicaid)

To get information from Medicaid, you can call MassHealth (Medicaid) at 1-800-841-2900. TTY users should call 1-800-497-4648.