Family Care Partnership Program  
(HMO SNP)(Community Care)  
offered by Community Care Health Plan, Inc.

Annual Notice of Changes for 2020

You are currently enrolled as a member of Community Care Family Care Partnership Program (HMO SNP)(Community Care). Next year, there will be some changes to the plan’s costs and benefits. This booklet tells about the changes.

What to do now

1. **ASK:** Which changes apply to you

   - Check the changes to our benefits and costs to see if they affect you.
     - It’s important to review your coverage now to make sure it will meet your needs next year.
     - Do the changes affect the services you use?
     - Look in Section 2.1 and 2.4 for information about benefit and cost changes for our plan.

   - Check the changes in the booklet to our prescription drug coverage to see if they affect you.
     - Will your drugs be covered?
     - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
     - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
     - Review the 2020 Drug List and look in Section 2.5 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 2.2 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 and deductibles?
     - How do your total plan costs compare to other Medicare coverage options?
☐ Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

☐ Check coverage and costs of plans in your area.

- Review the list in the back of your Medicare & You handbook.
- Look in Section 4.2 to learn more about your choices.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you want to **keep** Community Care, you don’t need to do anything. You will stay in Community Care.
- If you want to **change to a different plan that may better meet your needs**, you can switch plans between October 15 and December 7. Look in Section 4, page 9 to learn more about your choices.

4. **ENROLL:** To change plans, join a plan between **October 15 and December 7, 2019**

- If you **don’t join another plan by December 7, 2019**, you will stay in Community Care.
- If you join another plan between **October 15 and December 7, 2019**, your new coverage will start on **January 1, 2020**.

Note: If you are eligible to change plans, because you are in the Partnership program you must also contact your local ADRC. The ADRC contact information can be found in Chapter 2, Section 10 of your Evidence of Coverage.

**Additional Resources**

- Customer Service has free language interpreter services available for non-English speakers. Phone numbers are listed below and in in Section 8.1 of this booklet.

- Please contact our Customer Service number at 1-866-992-6600 for additional information. (TTY users should call 711.) You may call us 24 hours a day, 7 days a week.

- If you have special needs, this document may be available in other formats. Contact Customer Service or your care team for assistance.

- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** 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.
About Community Care

Community Care is a Coordinated Care Plan with a Medicare Advantage Contract and a contract with the Wisconsin Department of Health Services (DHS) for the Medicaid Program. Enrollment in Community Care depends on contact renewal. Enrollment is available to anyone who has both Medical Assistance from the State and Medicare and is functionally eligible as determined by the Wisconsin Long-Term Care Functional Screen.

When this booklet says “we,” “us,” or “our,” it means Community Care. When it says “plan” or “our plan,” it means Community Care Health Plan, Inc.
Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for Community Care 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 Evidence of Coverage to see if other benefit or cost changes affect you. A copy of the Evidence of Coverage is located on our website at www.communitycareinc.org. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

If you are eligible for Medicare and Medicaid, you pay $0 for your deductible, doctor office visits, and inpatient hospital stays.

<table>
<thead>
<tr>
<th>Cost</th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monthly plan premium</strong>*</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>* Your premium may be higher or lower than this amount. See Section 2.1 for details.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Doctor office visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care visits: $0 per visit</td>
<td></td>
<td>Primary care visits: $0 per visit</td>
</tr>
<tr>
<td>Specialist visits: $0 per visit</td>
<td></td>
<td>Specialist visits: $0 per visit</td>
</tr>
<tr>
<td><strong>Inpatient hospital stays</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Part D prescription drug coverage</strong></td>
<td>Deductible: $0</td>
<td>Deductible: $0</td>
</tr>
<tr>
<td>(See Section 2.6 for details.)</td>
<td>Copayment $0</td>
<td>Copayment $0</td>
</tr>
</tbody>
</table>
Annual Notice of Changes for 2020
Table of Contents

Summary of Important Costs for 2020 ................................................................. 4

SECTION 1 Unless You Choose Another Plan, You Will Be
Automatically Enrolled in Community Care in 2020 ................................. 6

SECTION 2 Changes to Benefits and Costs for Next Year ...................... 6
  Section 2.1 – Changes to the Monthly Premium .......................................... 6
  Section 2.2 – Changes to the Provider Network ........................................ 6
  Section 2.3 – Changes to the Pharmacy Network ....................................... 7
  Section 2.4 – There are no changes to your benefits or amounts you pay for medical
                  services ................................................................................................. 7
  Section 2.5 – Changes to Part D Prescription Drug Coverage ..................... 7

SECTION 4 Deciding Which Plan to Choose ................................................ 9
  Section 4.1 – If you want to stay in Community Care .................................. 9
  Section 4.2 – If you want to change plans .................................................... 9

SECTION 5 Changing Plans ............................................................................ 10

SECTION 6 Programs That Offer Free Counseling about Medicare and
Medicaid ............................................................................................................ 10

SECTION 7 Programs That Help Pay for Prescription Drugs .................. 11

SECTION 8 Questions? ..................................................................................... 11
  Section 8.1 – Getting Help from Community Care ...................................... 11
  Section 8.2 – Getting Help from Medicare .................................................. 12
  Section 8.3 – Getting Help from Medicaid ................................................. 13
SECTION 1  Unless You Choose Another Plan, You Will Be Automatically Enrolled in Community Care in 2020

If you do nothing to change your Medicare coverage in 2019, we will automatically enroll you in our Community Care Family Care Partnership Program (HMO SNP)(Community Care). This means starting January 1, 2020 you will be getting your medical and prescription drug coverage through Community Care. If you want to, you can change to a different Medicare health plan. You can also switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan. If you want to change, you can do so between October 15 and December 7. The change will take effect on January 1, 2020.

The information in this document tells you about the differences between your current benefits in Community Care and the benefits you will have on January 1, 2020, as a member of Community Care.

SECTION 2  Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

<table>
<thead>
<tr>
<th>Cost</th>
<th>2019 (this year)</th>
<th>2020 (next year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly premium</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>(You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 2.2 – 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.communitycareinc.org. You may also call Customer Service for updated provider information or to ask us to mail you a Provider Directory. Please review the 2020 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 specialists (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, we must furnish you with uninterrupted access to qualified doctors and specialists.
• We will make a good faith effort to 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 2.3 – 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 Provider Directory is located on our website at www.communitycareinc.org. You may also call Customer Service for updated provider information or to ask us to mail you a Provider Directory. Please review the 2020 Provider Directory to see which pharmacies are in our network.

Section 2.4 – 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 2020 as they are in 2019.

Section 2.5 – 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 provided electronically.

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.**
  
  o 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 Customer Service.

- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. Members in long term care (LTC) facilities will now receive a temporary supply that is the same amount of temporary days supply provided in all other cases: 30 days of medication. (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.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

Starting in 2020, we may immediately remove a brand name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. This means, for instance, if you are taking the brand name drug that is being replaced or moved to a higher cost-sharing tier, you will no longer always get notice of the change 30 days before we make it or get a month’s supply of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about the changes we may make to the Drug List, see Chapter 5, Section 6 of the Evidence of Coverage.)

### Changes to Prescription Drug Costs

*Note:* If you are in a program that helps pay for your drugs (“Extra Help”), the information about costs for Part D prescription drugs does not apply to you. 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 costs. Because you receive “Extra Help” and if you didn’t receive this insert with this packet, please call Customer Service and ask for the “LIS Rider.” Phone numbers for Customer Service are in Section 8.1 of this booklet.

SECTION 3 Changes to your Medicaid Benefits

There will be no changes to your Medicaid benefits in 2020. Please refer to Chapter 4, Section 2.1 of your Evidence of Coverage for a list of your covered Medicaid benefits.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Community Care

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 2020.

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2020 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.

If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan

To learn more about Original Medicare and the different types of Medicare plans, read Medicare & You 2020, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to https://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 Community Care.
To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Community Care.

To **change to Original Medicare without a prescription drug plan**, you must either:

- Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 8.1 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.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

If you are changing plans, you **must** also contact your local Aging and Disability Resource Center (ADRC). Please see the summary of Medicaid-Covered Benefits Section in Chapter 2, Section 10 of the Evidence of Coverage (EOC) for the telephone numbers of the ADRCs. You can also use the following link to find an ADRC in your area: [https://www.dhs.wisconsin.gov/adrc/consumer/index.htm](https://www.dhs.wisconsin.gov/adrc/consumer/index.htm).

---

**SECTION 5  Changing Plans**

If you want to change to a different plan or Original Medicare coverage for next year, you can do it from now until December 7. The change will take effect on January 1, 2020.

**Are there other times of the year to make a change?**

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year.

If you enrolled in a Medicare Advantage plan for January 1, 2020, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2020. For more information, see Chapter 9, Section 2.1 of the *Evidence of Coverage*.

---

**SECTION 6  Programs That Offer Free Counseling about Medicare and Medicaid**

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Wisconsin, the SHIP is called the Wisconsin State Health Insurance Assistance Program.
The Wisconsin Sate Health Insurance Assistance Program 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. The Wisconsin Sate Health Insurance Assistance Program 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 the Wisconsin Sate Health Insurance Assistance Program at 1-800-242-1060. You can learn more about the Wisconsin Sate Health Insurance Assistance Program by visiting their website

https://www.dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm

For questions about your Wisconsin Medicaid benefits, contact Wisconsin Department of Health Services (DHS), 1-800-362-3002, TTY call 711, and Monday –Friday from 8:00 am to 6:00 pm. You can also contact your local Aging and Disability Resource Center (ADRC). See the Evidence of Coverage Chapter 2, Section 10 for contact information. To ask how joining another plan or returning to Original Medicare affects how you get your Wisconsin Medicaid coverage, call DHS at the phone number listed above.

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in ‘Extra Help,’ also called the Low Income Subsidy. Extra Help pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. 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 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).

SECTION 8 Questions?

Section 8.1 – Getting Help from Community Care

Questions? We’re here to help. Please call Customer Service at 1-866-992-6600. (TTY only, call 711.) We are available for phone calls 24 hours a day, 7 days a week. Calls to these numbers are free.
Read your 2020 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 2020. For details, look in the 2020 Evidence of Coverage for Community Care. 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 located on our website at www.communitycareinc.org. You may also call Customer Service to ask us to mail you an Evidence of Coverage.

Visit our Website

You can also visit our website at www.communitycareinc.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 8.2 – 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 (https://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 https://www.medicare.gov and click on “Find health & drug plans.”)

Read Medicare & You 2020

You can read Medicare & You 2020 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 (https://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 8.3 – Getting Help from Medicaid

To get information from Medicaid you can call the Wisconsin department of Health Services (DHS) at 1-800-362-3002. TTY users should call the Wisconsin Relay System at 711 You can also contact the Medicaid website at https://www.dhs.wisconsin.gov/medicaid/index.htm.
Section 9  Notice Informing Individuals About Nondiscrimination and Accessibility Requirements

Community Care, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Community Care, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Community Care, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact your Team.

If you believe that Community Care, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Michael Garlie, Chief Compliance, Quality and Risk Officer, Community Care, 205 Bishops Way, Brookfield, WI 53005, 414-231-4000, (TTY 711), Fax 262-827-4044, compliancehotline@communitycareinc.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Michael Garlie, Chief Compliance, Quality and Risk Officer, is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at [https://ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).


OMB Approval 0938-1051 (Expires December 31, 2021)
**Section 10  Multi-Language Insert**

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-992-6600 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-992-6600 (TTY: 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 1-866-992-6600 (TTY：711)。 [CHINESE]


ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-992-6600 (رقم هاتف الصم والبكم: 711). [ARABIC]

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-992-6600 (телефон: 711). [RUSSIAN]

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-992-6600 (TTY: 711) 번으로 전화해 주십시오. [KOREAN]


OMB Approval 0938-1051 (Expires December 31, 2021)
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-992-6600 (TTY: 711).[POLISH]

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-992-6600 (TTY: 711) पर कॉल करें। [HINDI]
