

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

Annual Notice of Changes for 2022

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 2022 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.

- Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website
- Review the list in the back of your *Medicare & You 2022* 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 don't join another plan by December 7, 2021, you will be enrolled 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 12 to learn more about your choices.

4. ENROLL: To change plans, join a plan between **October 15** and **December 7, 2021**

- If you **don't join another plan by December 7, 2021**, you will be enrolled in Community Care.
- If you join another plan between **October 15 and December 7, 2021**, your new coverage will start on **January 1, 2022**. You will be automatically disenrolled from your current plan.

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

- Please contact our Customer Services number at 1-866-992-6600 for additional information. (TTY/TDD users should call 711.) You may call us 24 hours a day, 7 days a week. Calls to these numbers are free.
- If you have special needs, this document may be available in other formats. Contact Customer Service or your care team for assistance
- Customer Service has **free language interpreter services available for non-English speakers**. Phone numbers are listed below.

- **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.

English

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

Spanish

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-866-992-6600 (TTY: 711).

Hmong

CEEB TOOM: Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. Hu 1-866-992-6600 (TTY:711).

Chinese

注: 如果您说中文，您可获得免费的语言协助服务。请致电1-866-992-6600 (TTY 文字电话: 711)。

Serbo-Croatian

PAŽNJA: Ako govorite srpsko-hrvatski imate pravo na besplatnu jezičnu pomoć. Nazovite 1-866-992-6600 (telefon za gluhe: 711).

Arabic

تنبيه: إذا كنتم تتحدثون العربية، تتوفر لكم مساعدة لغوية مجانية. اتصلوا بالرقم 1-866-992-6600 (هاتف نصي: 711).

Community Care:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o 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:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact your care team toll free at 1-866-992-6600.

About Community Care

Community Care has a Medicare Advantage Special Needs Plan contract with the Center for Medicare and Medicaid Services (CMS). This plan also has a written agreement with the Wisconsin Medicaid program to coordinate your Medicaid benefits. Enrollment in Community Care depends on contact renewal. Enrollment is available to individuals who have both Medical Assistance from the State and Medicare, reside in the service area and are 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 2022

The table below compares the 2021 costs and 2022 costs for Community Care in several important areas. **Please note this is only a summary of changes.** 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.

| Cost | 2021 (this year) | 2022 (next year) |
|--|--|--|
| Monthly plan premium* | \$0 | \$0 |
| * Your premium may be higher or lower than this amount. See Section 2.1 for details. | | |
| 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 | \$0 | \$0 |
| 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. | | |
| Part D prescription drug coverage | Deductible: \$0 | Deductible: \$0 |
| (See Section 2.6 for details.) | Copayment \$0 | Copayment \$0 |

Annual Notice of Changes for 2022

Table of Contents

| | |
|--|-----------|
| Summary of Important Costs for 2022 | 5 |
| SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Community Care in 2022..... | 7 |
| SECTION 2 Changes to Benefits and Costs for Next Year | 7 |
| Section 2.1 – Changes to the Monthly Premium | 7 |
| Section 2.2 – Changes to the Provider Network..... | 7 |
| Section 2.3 – Changes to the Pharmacy Network..... | 8 |
| Section 2.4 – Changes to Benefits and Costs for Medical Services | 8 |
| Section 2.5 – Changes to Part D Prescription Drug Coverage | 10 |
| SECTION 3 Changes to your Medicaid Benefits..... | 11 |
| SECTION 4 Deciding Which Plan to Choose..... | 12 |
| Section 4.1 – If you want to stay in Community Care..... | 12 |
| Section 4.2 – If you want to change plans | 12 |
| SECTION 5 Changing Plans | 13 |
| SECTION 6 Programs That Offer Free Counseling about Medicare and Medicaid | 13 |
| SECTION 7 Programs That Help Pay for Prescription Drugs | 14 |
| SECTION 8 Questions?..... | 14 |
| Section 8.1 – Getting Help from Community Care | 14 |
| Section 8.2 – Getting Help from Medicare..... | 15 |
| Section 8.3 – Getting Help from Medicaid..... | 15 |

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in Community Care in 2022

If you do nothing to change your Medicare coverage in 2021, we will automatically enroll you in our Community Care Family Care Partnership Program (HMO SNP)(Community Care). This means starting January 1, 2022 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 plans, you can do so between October 15 and December 7. The change will take effect on January 1, 2022.

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, 2022 as a member of Community Care.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

| Cost | 2021 (this year) | 2022 (next year) |
|---|------------------|------------------|
| Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.) | \$0 | \$0 |

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 2022 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 to manage 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 Pharmacy Directory is located on our website at www.communitycareinc.org. You may also call Customer Service for updated pharmacy information or to ask us to mail you a Pharmacy Directory. **Please review the 2022 Pharmacy Directory to see which pharmacies are in our network.**

Section 2.4 – Changes to Benefits and Costs for Medical Services

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

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered)* in your *2022 Evidence of Coverage*. 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*.

The following chart lists additional Medicare benefits that Community Care will cover in 2022

| Cost | 2021 (this year) | 2022 (next year) |
|--|---|--|
| <p>Over the Counter (OTC) Program</p> | <p>Over the Counter (OTC) Program with \$15 per month limit is covered.</p> | <p>Over the Counter (OTC) Program You receive \$35 a month.</p> <p>Over-the-counter medicine is also known as OTC or nonprescription medicine. This is medicine you can buy without a prescription. Your Community Care OTC benefit gives you a monthly credit of \$35 to purchase over-the-counter products from a list of approved items. This is an additional Medicare benefit provided by Community Care. You can use your credits to shop for vitamins, toothpaste, pain relief and more. The OTC benefit is included with your Community Care health plan at no cost to you. You will not have to pay for taxes or shipping. Authorization is not required.</p> <p>You will receive a pre-paid benefits card to buy the items you choose. Along with your card, you will receive information about the available products and about how to shop for them. Unused credits expire at the end of the month and do not roll over to the next month.</p> |

| Cost | 2021 (this year) | 2022 (next year) |
|--------------------------------|--|---|
| Transportation Services | Transportation services not covered by Medicare. | Transportation services will be covered as an additional Medicare benefit in 2022. Authorization is required. You pay \$0 for this service. |

Opioid treatment program services

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP), which includes the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

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.
 - 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. (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.

If a formulary exception was approved for you in 2021, please contact your team to find out if the exception will continue in 2022 or if you will have to submit a new exception request. You can also look at the approval notice you received which lists the expiration date of the approval.

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.

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 didn’t receive this insert with this packet, please call Customer Service and ask for the “LIS Rider.”

SECTION 3 Changes to your Medicaid Benefits

There will be no changes to your Medicaid benefits in 2022. 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 by December 7, you will automatically be enrolled in Community Care.

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 2022 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.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (see Section 7), 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 www.medicare.gov/plan-compare. **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/TDD 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>.

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 **October 15 until December 7**. The change will take effect on January 1, 2022.

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, 2022, 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, 2022. For more information, see Chapter 9, Section 2.3 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 State 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 State 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 State Health Insurance Assistance Program at 1-800-242-1060. You can learn more about the Wisconsin State 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 the Wisconsin Department of Health Services (DHS), 1-800-362-3002, TTY/TDD 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. Ask how joining another plan or returning to Original Medicare affects how you get your Wisconsin Medicaid coverage.

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/TDD 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/TDD 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/TDD 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 2022 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 2022. For details, look in the *2022 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/TDD users should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (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 www.medicare.gov/plan-compare).

Read *Medicare & You 2022*

You can read the *Medicare & You 2022* 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 (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/TDD 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/TDD 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>.