

NaviCare HMO SNP (a Medicare HMO Special Needs Plan) offered by Fallon Community Health Plan (Fallon Health)

Annual Notice of Changes for 2022

You are currently enrolled as a member of NaviCare HMO SNP. 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. NOTE: NaviCare members have no costs for covered services.
 - 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 1.4 for information about benefit 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?
 - Review the 2022 Drug List and look in Section 1.5 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, including specialists you see regularly, in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 1.2 and 1.3 for information about our *Provider and Pharmacy Directory*.
- Think about your overall health care costs. NOTE: NaviCare members have no costs for covered services.
 - 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. NOTE: NaviCare members have no costs for covered services.

- 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 3.2 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 NaviCare HMO SNP.
- 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 3.2, page 9 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 NaviCare HMO SNP.
- 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.

Additional Resources

- Please contact our Enrollee Services number at 1-877-700-6996 for additional information. (TTY users should call TRS 711.) Hours are 8 a.m.–8 p.m., Monday–Friday. (Oct. 1–March 31, seven days a week.)
- This information is available in alternate formats, such as braille, large print or audio.
- **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 www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About NaviCare HMO SNP

- Fallon Health is an HMO plan with a Medicare contract and a contract with the Massachusetts Medicaid program. Enrollment in Fallon Health depends on contract

renewal. NaviCare is a voluntary program in association with MassHealth/EOHHS and CMS.

- When this booklet says “we,” “us,” or “our,” it means Fallon Community Health Plan (Fallon Health). When it says “plan” or “our plan,” it means NaviCare HMO SNP.

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Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for NaviCare HMO SNP 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 fallonhealth.org/navicare. You may also call Enrollee Services to ask us to mail you an *Evidence of Coverage*. Because you are eligible for Medicare cost-sharing assistance under MassHealth (Medicaid), you pay \$0 for your deductible, doctor office visits, inpatient hospital stays and Part D prescription drugs.

Cost	2021 (this year)	2022 (next year)
Monthly plan premium	\$0	\$0
Doctor office visits	\$0	\$0
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 1.5 for details.)	\$0	\$0

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – 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 MassHealth (Medicaid).)	\$0	\$0

Section 1.2 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider and Pharmacy Directory* is located on our website at fallonhealth.org/navicare. You may also call Enrollee Services for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*. **Please review the 2022 *Provider and Pharmacy 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 1.3 – 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 and Pharmacy Directory* is located on our website at fallonhealth.org/navicare. You may also call Enrollee Services for updated provider information or to ask us to mail you a Provider and Pharmacy Directory. **Please review the 2022 *Provider and Pharmacy Directory* to see which pharmacies are in our network.**

Section 1.4 – Changes to Benefits for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare and MassHealth (Medicaid) benefits and costs. NOTE: NaviCare members have no costs for covered services.

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, *Benefits Chart (what is covered)*, in your *2022 Evidence of Coverage*. A copy of the *Evidence of Coverage* is located on our website at fallonhealth.org/navicare. You may also call Enrollee Services to ask us to mail you an *Evidence of Coverage*.

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

Cost	2021 (this year)	2022 (next year)
Acupuncture for chronic low back pain	Prior authorization is required for visits 13 through 20.	Prior authorization is <u>not</u> required.

Cost	2021 (this year)	2022 (next year)
Ambulance services	Ambulance services are <u>not</u> covered worldwide.	Coverage is worldwide.
Emergency care	Emergency care is <u>not</u> covered worldwide.	Coverage is worldwide.
Health and wellness education programs	Up to \$400 for a fitness tracker and/or a membership in a qualified health club or fitness facility.	Up to \$400 for a fitness tracker, cardiovascular fitness equipment and/or a membership in a qualified health club or fitness facility.
Health and wellness kit	Health and wellness kit <u>not</u> covered.	You pay \$0 for the health and wellness kit provided under this benefit.
Medicare Part B prescription drugs	Step therapy is <u>not</u> required for: <ul style="list-style-type: none"> • Udenyca • Riabni • Zilretta • Abraxane 	Step therapy is required for: <ul style="list-style-type: none"> • Udenyca • Riabni • Zilretta • Abraxane
Over-the-Counter items	You pay \$0 for MassHealth (Medicaid)-covered over-the-counter items. You pay \$0 for approved over-the-counter items with the Save Now card, up to \$120 every quarter. You pay all costs over \$120 per quarter.	You pay \$0 for MassHealth (Medicaid)-covered over-the-counter items. You pay \$0 for approved over-the-counter items with the Save Now card, up to \$150 every quarter. You pay all costs over \$150 per quarter.
Remote access technology services (Web/phone-based technologies)	Web/phone-based technology services <u>not</u> covered.	There is no copayment for covered web/phone-based technology services.

Cost	2021 (this year)	2022 (next year)
Reward and Incentive Program	<p>You pay \$0. You may earn up to \$100 annually for completing the health activities below:</p> <ul style="list-style-type: none"> • Welcome to Medicare/ Annual physical or qualified wellness visits • Preventive vaccines such as: <ul style="list-style-type: none"> ○ Annual flu vaccine ○ Tdap ○ Pneumococcal vaccine ○ Shingles vaccine 	<p>You pay \$0. You may earn up to \$100 annually for completing the health activities below:</p> <ul style="list-style-type: none"> • Welcome to Medicare/ Annual physical or qualified wellness visits • Preventive vaccines such as: <ul style="list-style-type: none"> ○ Annual flu vaccine ○ Tdap ○ Pneumococcal vaccine ○ Shingles vaccine ○ COVID-19 vaccine
Urgently needed services	Urgently needed services are <u>not</u> covered worldwide.	Coverage is worldwide.
Vision care	<p>You pay \$0 for Medicare- and MassHealth (Medicaid)-covered vision care services, including low vision aids.</p> <p>You pay \$0 for supplemental eyewear up to \$240. There is a \$240 plan coverage limit for supplemental eyewear every year. You pay all charges over \$240 each year.</p>	<p>You pay \$0 for Medicare- and MassHealth (Medicaid)-covered vision care services, including low vision aids.</p> <p>You pay \$0 for supplemental eyewear up to \$570. There is a \$570 plan coverage limit for up to two pairs of supplemental eyewear every year. You pay all charges over \$570 each year.</p>

Section 1.5 – 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 Enrollee Services.
- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Enrollee Services 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 108 days of the plan year or the first 108 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.

Formulary exceptions are covered for 1 to 3 years from the date of approval. Current formulary exceptions will be covered next year, as long as the approval duration has not expired.

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 changes we may make to the Drug List, see Chapter 5, Section 6 of the *Evidence of Coverage*.)

SECTION 2 Administrative Changes

Description	2021 (this year)	2022 (next year)
<p>Effective 1/1/2022, NaviCare HMO SNP has new contract and plan benefit package (PBP) numbers with the Centers of Medicare & Medicaid Services (CMS). The new contract number is H8928 and PBP is 001. This will have no impact to your eligibility, enrollment or benefit coverage as a member of NaviCare; we are required to make this administrative change to support our contract with the Commonwealth of Massachusetts.</p>	<p>NaviCare HMO SNP's contract number is H9001 and PBP is 019.</p>	<p>NaviCare HMO SNP's contract number is H8928 and PBP is 001.</p>
<p><i>Chapter 2, Section 1</i> Coverage Decisions for Part D Prescription Drugs – Contact Information</p>	<p>CALL: 1-866-239-4707 FAX: 1-855-633-7673 WRITE: CVS Caremark MC 109 P.O. Box 52000 Phoenix, AZ 85072-2000</p>	<p>CALL: 1-844-657-0494 FAX: 1-844-403-1028 WRITE: OptumRx Prior Authorization Department P.O. Box 25183 Santa Ana, CA 92799</p>
<p><i>Chapter 2, Section 1</i> Payment Requests for Pharmacy Claims (what you get at the pharmacy) – Contact Information</p>	<p>WRITE: Med D Paper Claims P.O. Box 52066 Phoenix, AZ 85072-2066 WEBSITE: caremark.com</p>	<p>WRITE: OptumRx Claims Department P.O. Box 650287 Dallas, TX 75265-0287 WEBSITE: optumrx.com</p>
<p><i>Chapter 6, Section 2.1</i> How and where to send us your request for payment</p>	<p>Pharmacy claims (services you get at the pharmacy): Med D Paper Claims P.O. Box 52066 Phoenix, AZ 85072-2066</p>	<p>Pharmacy claims (services you get at the pharmacy): OptumRx Claims Department P.O. Box 650287 Dallas, TX 75265-0287</p>

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in NaviCare HMO SNP

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 our NaviCare HMO SNP.

Section 3.2 – 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 5), or call Medicare (see Section 7.2).

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.**

As a reminder, Fallon Community Health Plan (Fallon Health) offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from NaviCare HMO SNP.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from NaviCare HMO SNP.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Enrollee Services if you need more information on how to do this (phone numbers are in Section 7.1 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.

SECTION 4 Changing Plans

If you want to change to a different plan or Original Medicare 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 5 Programs That Offer Free Counseling about Medicare and MassHealth (Medicaid)

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

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 1-800-243-4636. You can learn more about SHINE by visiting their website (www.mass.gov/health-insurance-counseling).

For questions about your MassHealth (Medicaid) benefits, contact MassHealth (Medicaid) at 1-800-841-2900, TTY: 1-800-497-4648, Monday–Friday, 8 a.m.–5 p.m. Ask how joining another plan or returning to Original Medicare affects how you get your MassHealth (Medicaid) coverage.

SECTION 6 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 MassHealth (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).
- **Help from your state’s pharmaceutical assistance program.** Massachusetts has a program called Prescription Advantage that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 5 of this booklet).

SECTION 7 Questions?

Section 7.1 – Getting Help from NaviCare HMO SNP

Questions? We’re here to help. Please call Enrollee Services at 1-877-700-6996. (TTY only, call TRS 711.) We are available for phone calls 8 a.m.–8 p.m., Monday–Friday. (Oct. 1–March 31, seven 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 NaviCare HMO SNP. 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 fallonhealth.org/navicare. You may also call Enrollee Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

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

Section 7.2 – 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 (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 users should call 1-877-486-2048.

Section 7.3 – Getting Help from MassHealth (Medicaid)

To get information from MassHealth (Medicaid) you can call MassHealth (Medicaid) at 1-800-841-2900. TTY users should call TRS 711.