



CCA Senior Care Options (HMO D-SNP) offered by Commonwealth Care Alliance, Inc.

Annual Notice of Changes for 2022

You are currently enrolled as a member of CCA Senior Care Options. Next year, there will be some changes to the plan's costs and benefits. **This booklet talks 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 Sections 1.1 and 1.5 for information about benefit and cost changes for our plan. You pay \$0 as a member of CCA Senior Care Options.

- 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? You pay \$0 as a member of CCA Senior Care Options.

- Review the 2022 Drug List and 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 healthcare costs.
 - How do your total plan costs compare to other Medicare coverage options? You pay \$0 as a member of CCA Senior Care 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 website. Click “Find health & drug plans.”
 - Review the list in the back of your Medicare & You 2022 handbook.
 - Look in Section 2.2 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. You pay \$0 as a member of CCA Senior Care Options.

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 CCA Senior Care Options (HMO D-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 2.2, page 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 CCA Senior Care Options (HMO D-SNP).
- If you join another plan between **October 15** and **December 7, 2021**, your new coverage will start on **January 1, 2022**.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 866-610-2273 for additional information. (TTY users should call 711.) Hours are 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.)
- You can get this document for free in other formats, such as large print, formats that work with screen reader technology, braille, or audio. Call 866-610-2273 (TTY 711), 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.) The call is free.
- **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 CCA Senior Care Options

- Commonwealth Care Alliance (CCA) Senior Care Options (HMO D-SNP) is a health plan that contracts with both Medicare and the Commonwealth of Massachusetts Medicaid program to provide benefits of both programs to enrollees. Enrollment in the plan depends on contract renewal.
- When this booklet says "we," "us," or "our," it means Commonwealth Care Alliance, Inc. When it says "plan" or "our plan," it means CCA Senior Care Options.

Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for CCA Senior Care Options in several important areas. **Please note this is only a summary of changes.** It is important to read 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.commonwealthcaresco.org. You may also call Member Services to ask us to mail you an Evidence of Coverage.

Cost	2021 (this year)	2022 (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 Copay: \$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 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 CCA Senior Care Options.

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 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 healthcare 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 to manage 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 in the online Provider Directory at www.commonwealthcaresco.org. You can use the Provider Directory to find the network pharmacy you want to use. You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2022 Provider Directory to see which pharmacies are in our network.**

Section 1.5 – Changes to Benefits and Costs for Medical Services

Please note that the **Annual Notice of Changes** tells you about changes to your Medicare and MassHealth (Medicaid) 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, Benefits Chart (what is covered)**, in your **2022 Evidence of Coverage**. A copy of the **Evidence of Coverage** is available on our website at www.commonwealthcaresco.org. You may also call Member Services to ask us to mail you a copy of the **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

	2021 (this year)	2022 (next year)
Annual wellness visit reward	N/A	<p>An annual wellness visit or an annual physical exam qualifies for one \$25 reimbursement per year after you've completed the visit. Routine primary care provider (PCP) visits, like a follow-up or sick visit, don't qualify for the reward. To earn this reward, you must have an annual wellness visit or an annual exam. Either annual visit type is longer than routine PCP visits. During an annual wellness visit or an annual exam, you and your doctor will review your overall health in detail.</p> <p>Information about this reward is under Annual wellness visit and Physician/Practitioner services in the Evidence of Coverage.</p>

	2021 (this year)	2022 (next year)
Healthy Savings card to purchase certain Medicare approved over-the-counter (OTC) items	<p>You receive a card with an allowance of \$125 every quarter (every three months) to purchase Medicare-approved items such as first aid supplies, dental care, cold symptom supplies, and others, without a prescription</p> <p>See Evidence of Coverage for full details.</p>	<p>You receive a card with an allowance of \$131 every calendar quarter (every three months) to purchase Medicare-approved items such as first aid supplies, dental care, cold symptom supplies, and others, without a prescription.</p> <p>See Evidence of Coverage for full details.</p>
Hearing services	<p>See Evidence of Coverage for full details.</p>	<p>See Evidence of Coverage for full details.</p> <p>The plan uses NationsHearing as the benefit administrator for hearing services, including exams and hearing aids. Members must use NationsHearing to be covered for this benefit. To contact NationsHearing, please call 877-277-9196 (TTY 711).</p>

	2021 (this year)	2022 (next year)
Help with chronic conditions	<p>See Evidence of Coverage for full details.</p> <ul style="list-style-type: none"> Food and produce allowance through Healthy Savings OTC with a quarterly allowance of \$125 at contracted retailers. 	<p>CCA Senior Care Options benefits include the following additional services:</p> <ul style="list-style-type: none"> Food and produce allowance through Healthy Savings over-the-counter benefit with a quarterly allowance of \$131 at contracted retailers. Identity theft insurance for members diagnosed with a chronic condition. Qualifying members will be able to sign up for identity theft insurance through the vendor, Equifax. Members must use Equifax to be covered for this benefit. Once you enroll, you are enrolled until the end of the current plan year. If you opt to disenroll, you cannot reenroll until the next year. You can contact Equifax by calling 866-513-1518. <p>See Evidence of Coverage for full details.</p>
Hospice care	<p><u>For hospice services and for services that are covered by Medicare Part A or B and are related to your terminal prognosis:</u> CCA Senior Care Options will pay for your Hospice services related to your terminal prognosis.</p>	<p><u>For hospice services and for services that are covered by Medicare Part A or B and are related to your terminal prognosis:</u> Original Medicare (rather than our plan) will pay for your Hospice services related to your terminal prognosis if you enroll in hospice on or after January 1, 2022. While you are in the hospice program, your hospice provider will bill Original Medicare for the services that Original Medicare pays for.</p>

	2021 (this year)	2022 (next year)
Physician/ practitioner services, including doctor's office visits	See Evidence of Coverage for full details.	See Evidence of Coverage for full details. Additional details about telehealth services were added, as seen below. <ul style="list-style-type: none"> • Certain telehealth services, including: urgently needed services; home health services; primary care provider services; occupational therapy services; individual sessions for mental health specialty services; other health care professional; individual sessions for psychiatric services; physical therapy and speech-language pathology services; individual sessions for outpatient substance use
Transportation (medical)	The plan covers transportation you need for medical reasons other than emergencies to approved destinations. This non-emergency transportation is covered by our plan under the MassHealth (Medicaid) benefit.	The plan covers transportation you need for medical reasons other than emergencies to approved destinations in the plan's service area. This non-emergency transportation is covered by our plan under the MassHealth (Medicaid) benefit. The plan uses Coordinated Transportation Solutions (CTS) for all non-emergency transportation rides. To contact CTS, please call 855-204-1410 (TTY 711). Transportation must be arranged by CTS and be within the CCA Senior Care Options service area to be covered by CCA Senior Care Options.

	2021 (this year)	2022 (next year)
Transportation (non-medical purposes)	<p>Eight one-way trips per month are provided for non-medical purposes, such as grocery shopping. Mile limitation applicable. This benefit is covered by the plan under the MassHealth (Medicaid) benefit.</p>	<p>Eight one-way trips per month are provided for non-medical purposes, such as grocery shopping. If you cannot go on a scheduled ride, you must cancel the ride at least 2 hours before the scheduled pick-up time. If you do not, and you either do not show up or late cancel, the scheduled ride will count against your eight one-way non-medical trips per month. Mile limitation applicable. This benefit is covered by the plan under the MassHealth (Medicaid) benefit.</p> <p>The plan uses Coordinated Transportation Solutions (CTS) for all non-emergency transportation rides. To contact CTS, please call 855-204-1410 (TTY 711). Transportation must be arranged by CTS and be in within the CCA Senior Care Options service area to be covered by CCA Senior Care Options.</p>
Vision care	<p>See Evidence of Coverage for full details.</p>	<p>See Evidence of Coverage for full details.</p> <p>VSP is the benefit administrator for the plan's vision care services, including exams and eyewear. Member's must use the VSP network of providers to be covered. To contact VSP, please call 855-492-9028.</p>

	2021 (this year)	2022 (next year)
Wellness allowance	See Evidence of Coverage for full details.	See Evidence of Coverage for full details. Reimbursement for allowance now covers: <ul style="list-style-type: none"> • Instructional fitness, such as golf and tennis lessons • Fitness equipment, such as free weights, treadmill or stationary bike, rowing machines, resistance bands, or other items that can be used in the home to support health and fitness goals • Weight management programs, such as Weight Watchers and Jenny Craig

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 provided electronically. **You can get the complete Drug List** by calling Member Services (see the back cover) or visiting our website (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 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 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. For 2022, 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: 31 days of medication rather than the amount provided in 2021, which was a 98-day supply 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.

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

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: Because you are eligible for MassHealth Standard (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 costs. 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 Standard (Medicaid), you do not have “out-of-pocket” costs for covered prescription drugs. You pay nothing for prescription drugs covered by CCA Senior Care Options.

Cost	2021 (this year)	2022 (next year)
Part D Prescription Drug Coverage	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: \$0	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: \$0

SECTION 2 Deciding Which Plan to Choose

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

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 2022.

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 2022 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan at any time,
- -- **OR**-- You can change to Original Medicare at any time.

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 2022**, 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 <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 CCA Senior Care Options.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from CCA Senior Care Options.
- 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.

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 3 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.

Note: Effective January 1, 2022, if you’re in a drug management program, you may not be able to change plans.

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 4 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 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.mass.gov/health-insurance-counseling).

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

SECTION 5 Programs That Help Pay for Prescription Drugs

Because you have MassHealth Standard (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 MassHealth (Medicaid) office (applications).

SECTION 6 Questions?

Section 6.1 – Getting Help from CCA Senior Care Options

Questions? We're here to help. Please call Member Services at 866-610-2273 (TTY 711). We are available for phone calls 8 am to 8 pm, 7 days a week, from October 1 to March 31. (April 1 to September 30: 8 am to 8 pm, Monday to Friday, and 8 am to 6 pm, Saturday and Sunday.) 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 CCA Senior Care Options. 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.commonwealthcaresco.org. You may also call Member Services to ask us to mail you an **Evidence of Coverage**.

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 (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 **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 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.