



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

Annual Notice of Changes for 2023

You are currently enrolled as a member of CCA Senior Care Options. Next year, there will be changes to the plan's benefits. **Please see page 5 for a Summary of Important Changes.**

This document tells about the changes to your plan. To get more information about benefits or rules, please review the **Evidence of Coverage**, which is located on our website at ccama.org. You may also call Member Services to ask us to mail you an Evidence of Coverage.

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.
 - Review the changes to medical benefit coverage for 2023.
 - Review the changes to our drug coverage, including authorization requirements.
 - Think about how much you will spend on premiums, deductibles, and cost sharing. **Because you get assistance from MassHealth (Medicaid), you do not have “out-of-pocket” costs for covered services and supplies.**

- Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.

- Check to see if your primary care provider, specialists, hospitals and other providers, including pharmacies, will be in our network next year.
- 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 Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your **Medicare & You 2023** handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website. **Because you get assistance from MassHealth (Medicaid), you do not have "out-of-pocket" costs for covered services and supplies.**

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

- If you don't join another plan by December 7, 2022, you will stay in CCA Senior Care Options.
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with CCA Senior Care Options.
- Look in section 3, page 11 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Este documento está disponible de forma gratuita en español.
- 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

- 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.
- **Estate Recovery Awareness:** MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit www.mass.gov/estaterecovery.
- When this document says "we," "us," or "our," it means Commonwealth Care Alliance, Inc. When it says "plan" or "our plan," it means CCA Senior Care Options.
- In the Commonwealth of Massachusetts, Commonwealth Care Alliance, Inc. does business as Commonwealth Care Alliance Massachusetts (CCA).

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Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for CCA Senior Care Options in several important areas. **Please note this is only a summary of changes.**

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.

Cost	2022 (this year)	2023 (next year)
Monthly plan premium	\$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	\$0	\$0
Part D prescription drug coverage See Section 1.5 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	2022 (this year)	2023 (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 and Pharmacy Networks

An updated Provider and Pharmacy Directory is located on our website at ccama.org. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 Provider and Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 Provider and Pharmacy Directory to see which pharmacies 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. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

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.

We are making changes to benefits for certain medical services next year. The information below describes these changes. See **Evidence of Coverage** for full details.

	2022 (this year)	2023 (next year)
Dental Services	Implant Services: Limited to 4 implants when needed to support a complete denture.	Implant Services: Implants are covered for maximum of 2 implants per arch per year per lifetime, for a total maximum of 4 implants per year.
Diabetes supplies	Our plan contracts with Abbott Diabetes Care, a preferred vendor, to supply glucometers and test strips to our diabetic members. These products include: FreeStyle Lite® meters, FreeStyle Freedom Lite® meters, Precision Xtra® meters, FreeStyle Lite® test strips, Precision Xtra® test strips, Precision Xtra® Beta Ketone test strips.	<p>Our plan contracts with Abbott Diabetes Care and LifeScan, preferred vendors to supply glucometers and test strips to our diabetic members. These products include: FreeStyle Freedom Lite® meters, Precision Xtra® meters, FreeStyle Lite® test strips, Precision Xtra® test strips, Precision Xtra® Beta Ketone test strips, OneTouch Ultra2® Glucose System, OneTouch Ultra Mini® Meter, OneTouch Verio Flex® Meter, OneTouch Verio IQ® Meter, OneTouch Ultra® Test Strips and OneTouch Verio® Test Strips.</p> <p>Some restrictions may apply.</p> <p>You can obtain a new glucometer and test strips by requesting a new prescription from your provider to fill at your local pharmacy. You can also call LifeScan at 1-800-227-8862 or visit www.lifescan.com. Or call Abbott Diabetes Care at 1-800-522-5226 or visit www.AbbottDiabetesCare.com.</p>

	2022 (this year)	2023 (next year)
Emergency Care	Our plan also covers emergency services, including emergency transportation, and urgently needed care outside the United States and its territories up to one thousand dollars (\$1,000) per calendar year. This is a supplemental benefit covered under our plan.	Our plan also covers emergency services, including emergency transportation, and urgently needed care outside the United States and its territories up to one hundred thousand dollars (\$100,000) per calendar year. This is a supplemental benefit covered under our plan.
Healthy Savings card	You receive a card with an allowance of \$131 every quarter (every three months) to purchase healthy foods (should you have a chronic condition) and/or over-the-counter Medicare-approved items such as first aid supplies, dental care, cold symptom supplies, and others, without a prescription at in-network retailers.	You receive a card with an allowance of \$285 every calendar quarter (every three months) to purchase healthy foods (should you have a chronic condition) and/or Medicare-approved over-the-counter items such as first aid supplies, dental care, cold symptom supplies, and others, without a prescription at in-network retailers.

	2022 (this year)	2023 (next year)
Prescription Digital Therapeutics	Prescription Digital Therapeutics are not covered.	<p>You pay a \$0 copay for the following prescription digital therapy:</p> <p>The plan covers reSET and reSET-O, a 12-week, on demand cognitive behavioral therapy application downloadable to a smartphone.</p> <p>This therapy is indicated for adults being treated in an outpatient treatment program for substance use disorder and opioid use disorder. Treatment with reSET-O should be combined with therapy including transmucosal buprenorphine.</p> <p>Please work with your provider and Senior Care Options Plan to determine if this will work for you. Call the plan's Member Services line for more information.</p>
Transportation (non-medical)	See Evidence of Coverage for details.	<p>See Evidence of Coverage for details.</p> <p>Eight (8) one-way trips per month are provided for non-medical purposes, such as grocery shopping. Trips not used within the month are not rolled over for future use. Trips must be booked at least 72 hours in advance, Monday through Friday, of the expected trip date.</p>

	2022 (this year)	2023 (next year)
Vision care	<p>The plan pays up to \$200 per calendar year toward frames or contact lenses for prescription eyewear without prior authorization.</p> <p>VSP is the benefit administration for the plan’s routine vision care services, including exams and eyewear. Members must use the VSP network of providers to be covered.</p> <p>To contact VSP please call 1-855-492-9028, Monday through Sunday 8 am through 8 pm.</p> <p>Prior authorization is not required for outpatient vision services provided by an in-network provider.</p>	<p>The plan pays up to \$300 per calendar year toward frames or contact lenses for prescription eyewear without prior authorization.</p> <p>CCA will administer your vision benefit for the plan's routine vision care services, including exams and eyewear.</p> <p>Prior authorization is not required for outpatient vision services provided by a network provider.</p> <p>For questions about your vision benefits, call Member Services.</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. **You can get the complete Drug List** by calling Member Services or visiting our website (ccama.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.**

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. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 5 of your Evidence of Coverage and talk to your healthcare provider to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

Changes to Prescription Drug Costs

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.”

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

Cost	2022 (this year)	2023 (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 in our CCA Senior Care Options plan.

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 plans for 2023, 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, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the **Medicare & You 2023** handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

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 so.
 - – **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 to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

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 MassHealth (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, 2023, 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, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage at any time. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Note: If you’re in a drug management program, you may not be able to change plans.

SECTION 4 Programs That Offer Free Counseling about Medicare and MassHealth (Medicaid)

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

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.shinema.org).

For questions about your MassHealth (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 (Medicaid) coverage.

SECTION 5 Programs That Help Pay for Prescription Drugs

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 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
- 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 this number is free.

Read your 2023 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 2023. For details, look in the 2023 **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 ccama.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 ccama.org. 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 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 Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2023

You can read **Medicare & You 2023** handbook. Every 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/Pubs/pdf/10050-medicare-and-you.pdf>) 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.