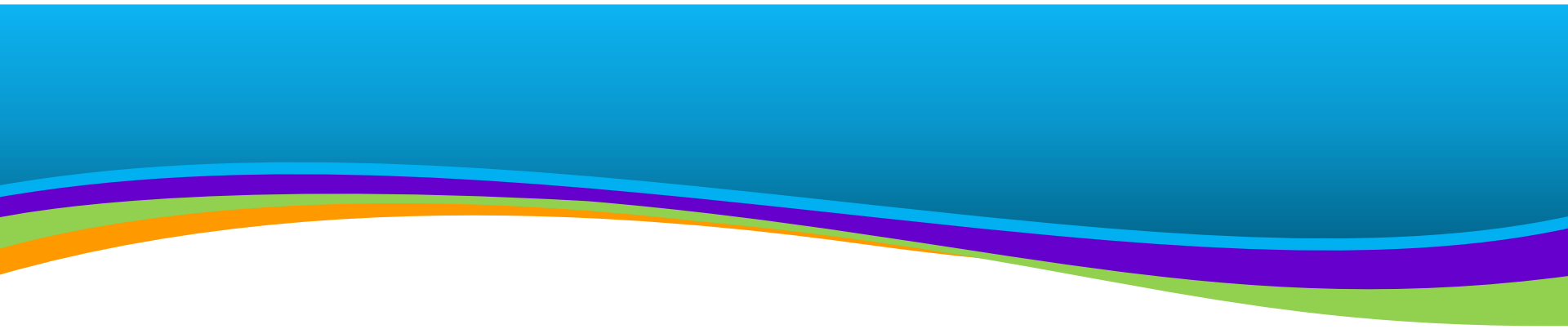




CHOICESM
Health Plans

2020 VNSNY CHOICE
Medicare Benefits Training



VNSNY CHOICE Medicare 2020

VNSNY CHOICE 2020 Medicare

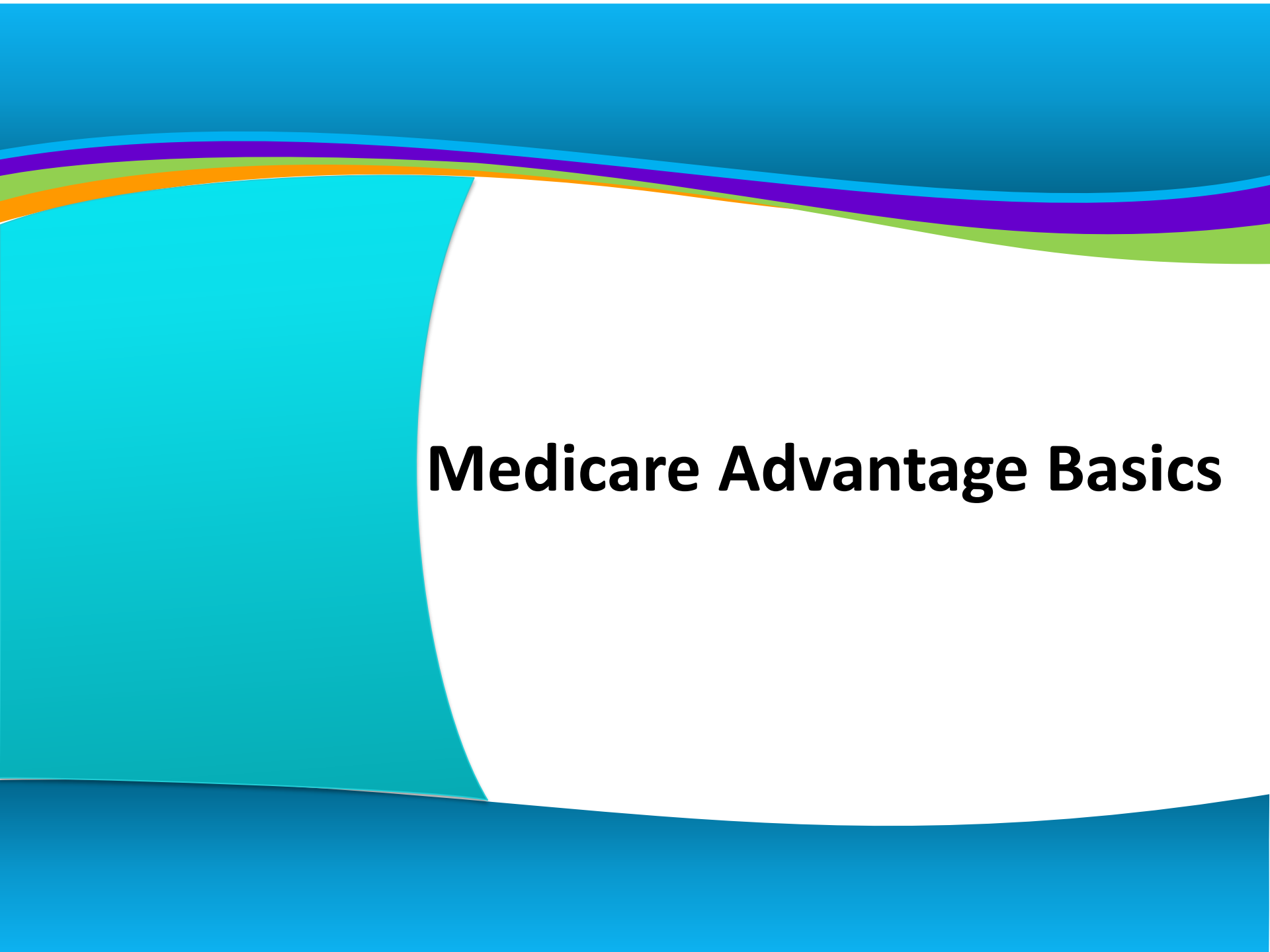
The FIDA Complete Plan will terminate the end of 2019



VNSNY CHOICE 2020 Medicare

VNSNY CHOICE will offer one Medicare Advantage product in 2020:

VNSNY CHOICE Medicare (HMO D-SNP)
Total



Medicare Advantage Basics

Medicare Advantage Basics

Medicare Advantage (MA) plans are:

- Private insurance plans also known as Medicare Part C
- Offered to beneficiaries eligible for Original Medicare (Part A & Part B) who live in the plan's service area.
- Beneficiaries with End Stage Renal disease **cannot** join a Medicare Advantage plan, with some exceptions.*

** If a beneficiary develops ESRD while in a plan, they may stay in the plan or **join another plan offered by the same company**. Also, beneficiaries with ESRD of plans that are terminating may join another MA plan.*

Medicare Advantage Basics

Beneficiaries
can
get Medicare
Coverage
through
one MA plan:

- Medicare Part **A**
(Hospital/Inpatient)
- Medicare Part **B**
(Medical/Outpatient)
- Medicare Part **D***
(Prescription Drug Coverage)

**MA plans that offer Part D are MA-PD plans. Our Total plan is an MA-PD plan.*

Medicare Advantage Basics

**Beneficiaries
can
get extra
benefits
not covered
by Medicare
such as:**

- Vision
- Over the Counter (OTC) Health Products
- Health and Wellness Education
- Worldwide Coverage
- Acupuncture
- Dental
- Hearing (Audiology)

Medicare Advantage Basics

Election Periods

Medicare Advantage Basics

Election Periods

Initial Election Period (IEP)

Applies to those new to Medicare:
Consumers may join a Medicare Advantage Prescription Drug Plan (MA-PD) or Stand Alone Part D Prescription Drug Plan (PDP)

A 7-month period from 3 months before the month you turn 65 to 3 months after



Medicare Advantage Basics

Election Periods

Annual Election Period (AEP)

October 15 - December 7

All Medicare consumers may join, drop, or switch coverage during the AEP. New plan coverage is **effective on January 1**.

Medicare Advantage Basics

Election Periods

MA Open Enrollment Period (MA OEP)

- Takes place from **January 1 – March 31** of each year
- During the MA OEP, those enrolled in a Medicare Advantage plan
 - May change to another MA plan or
 - Dis-enroll from their plan and return to Original Medicare and enroll in a Part D Plan.

*Note: The MA OEP **does not** provide an opportunity for an individual enrolled in Original Medicare to join an MA plan.*

Medicare Advantage Basics

Election Periods

Special Election Period (SEP)

For Dually Eligible Individuals

Dually Eligible beneficiaries are those who have both Medicare and Medicaid.

Medicare Advantage Basics

Election Periods

Special Election Period (SEP)

For Dually eligible Individuals without a change in Medicaid

This SEP allows an individual to enroll in or dis-enroll from an MA plan once per calendar quarter for the first nine months of the year. This SEP can be used once during each of the following time periods:

- January – March
- April – June
- July – September

It may not be used in the 4th quarter of the year. (October – December).

Medicare Advantage Basics

Election Periods

Other Special Election Periods

These SEPs can be used **any time** of the year:

- **MCD - Recently had a change in Medicaid**
 - *Example - Can use this for someone who recently became eligible for Long Term Care.*
- **LTC – Moving in or out of a long term care facility**
- **MOV - Move inside/outside the plan current service area**

Medicare Advantage Basics Review



Review Questions



Medicare Advantage Basics Review

1. A Medicare Beneficiary has Part A but not Part B. Can she enroll in a Medicare Advantage Plan?

☐ YES

☐ NO

Medicare Advantage Basics Review

1. A Medicare Beneficiary has Part A but not Part B. Can she enroll in a Medicare Advantage Plan?

The answer is NO. A Medicare beneficiary must have both Parts A & B to be eligible for an MA plan

Medicare Advantage Basics Review

2. A Medicare beneficiary with ESRD **can never** enroll in a Medicare Advantage plan?

- ☐ True
- ☐ False

Medicare Advantage Basics Review

2. A Medicare beneficiary with ESRD **can never** enroll in a Medicare Advantage plan?

The answer is FALSE. There are some exceptions, such as changing a plan within the same company or if a plan is terminating.

Medicare Advantage Basics Review

3. Mr. X is dually eligibly (has both Medicare and Medicaid). He enrolls in a new Medicare Advantage plan on October 16, 2019. When is his effective date of coverage?

- November 1, 2019
- December 1, 2019
- January 1, 2020

Medicare Advantage Basics Review

3. Mr. X is dually eligibly (has both Medicare and Medicaid). He enrolls in a new Medicare Advantage plan on October 16, 2019. When is his effective date of coverage?

The answer is January 1, 2020. The election period available to Mr. X is the Annual Election Period from 10/15 to 12/7, with an effective coverage date of January 1.

Medicare Advantage Basics Review

4. Today is January 1, 2020 and the beginning of the MA Open Enrollment Period. A beneficiary with Original Medicare is interested in enrolling in ABC Medicare Advantage plan he saw advertised. Can he enroll in the ABC Medicare Advantage plan using the Open Enrollment Period?

- ☐ YES
- ☐ NO

Medicare Advantage Basics Review

4. Today is January 1, 2020 and the beginning of the MA Open Enrollment Period. A beneficiary with Original Medicare is interested in enrolling in ABC Medicare Advantage plan he saw advertised. Can he enroll in the ABC Medicare Advantage plan using the Open Enrollment Period?

The answer is NO. Only those who already are enrolled in an MA plan may switch plans or return to Original Medicare and enroll in a Part D plan.



Annual Changes to Benefits



Annual Changes to Benefits

Medicare
benefits
change
on an
annual
basis

The plan may change the benefits under CMS guidelines to:

- Change or reduce the cost-sharing for some benefits
- Add/remove supplemental benefits

Rates for premiums and deductibles and supplemental benefits for MA plans change yearly.

Annual Changes to Benefits

Annual Notice of Change (ANOC)

The plan mails an ANOC to enrollees in September of each year that includes any changes in coverage, costs, or service area that will be effective in January. In 2020, mailing also includes **Notice of Availability of Member Materials** with information on how to access information online and request printed copies of:

- **Evidence of Coverage (Member Handbook) Total** – Detailed description of benefits and costs
- **List of Covered Drugs (Formulary)** – Part D drugs covered by the plan
- **Provider/Pharmacy Directory** – Listings of network providers and pharmacies.

VNSNY CHOICE
Medicare

Total
HMO D-SNP

VNSNY CHOICE Total Plan 2020

VNSNY CHOICE Total (HMO SNP)

What is Total?

CHOICE Total is a Medicare Advantage HMO Dual Special Needs Plan (D-SNP) for individuals who have both Medicare and Medicaid and **require long term services and supports (LTSS)** to remain safely in their homes.



VNSNY CHOICE Total (HMO SNP)

What is **Total**?

CHOICE Total is known as a **Medicaid Advantage Plus Plan (MAP)** which:

- Integrates the benefits of Medicaid long-term care services and a Medicare Advantage plan into one comprehensive program.
- Includes extra benefits like coverage for over-the-counter (OTC) health items and acupuncture, all at \$0 cost.

VNSNY CHOICE Total (HMO SNP)

Eligibility:

To be eligible for Total, a beneficiary must have:

- Have both Medicare and Medicaid
- Be 18 years of age or older
- Not have End Stage Renal Disease at time of enrollment (**Exception: Enrollee has ESRD and is enrolled in our MLTC plan or Enrollee has ESRD in a plan that is terminating.*)
- Live in the service area: Bronx, Brooklyn, Manhattan, Queens Staten Island , Nassau, Suffolk and Westchester County
- Able to stay safely at home at the time of enrollment
- Require care management and expected to need at least one of the following **Community Based Long term Care Services for more than 120 days from time of enrollment.** (*See following slide*)

VNSNY CHOICE Total (HMO SNP)

Community Based Long Term Care Services include:

- Skilled nursing services or therapies in the home
- Personal care services in the home
- Home health aide services
- Adult day health care
- Private duty nursing
- Consumer Directed Personal Assistance Services

*To be eligible for Total, a beneficiary first must be assessed as needing at least one of the above services for more than 120 **consecutive** days. A beneficiary gets an assessment by contacting the NYS Medicaid Broker to schedule a Conflict Free Evaluation.*

VNSNY CHOICE Total (HMO SNP)

Total Plan Service Area:

- Brooklyn (Kings County)
- Bronx (Bronx County)
- Manhattan (New York County)
- Queens (Queens County)
- Staten Island (Richmond County)
- Nassau County
- Suffolk County
- Westchester County

VNSNY CHOICE 2020 Total Benefits

VNSNY CHOICE Total covers all services under Original Medicare including:

No co-pay for Medicare covered services including doctor visits, inpatient/outpatient care, home health care, vaccines

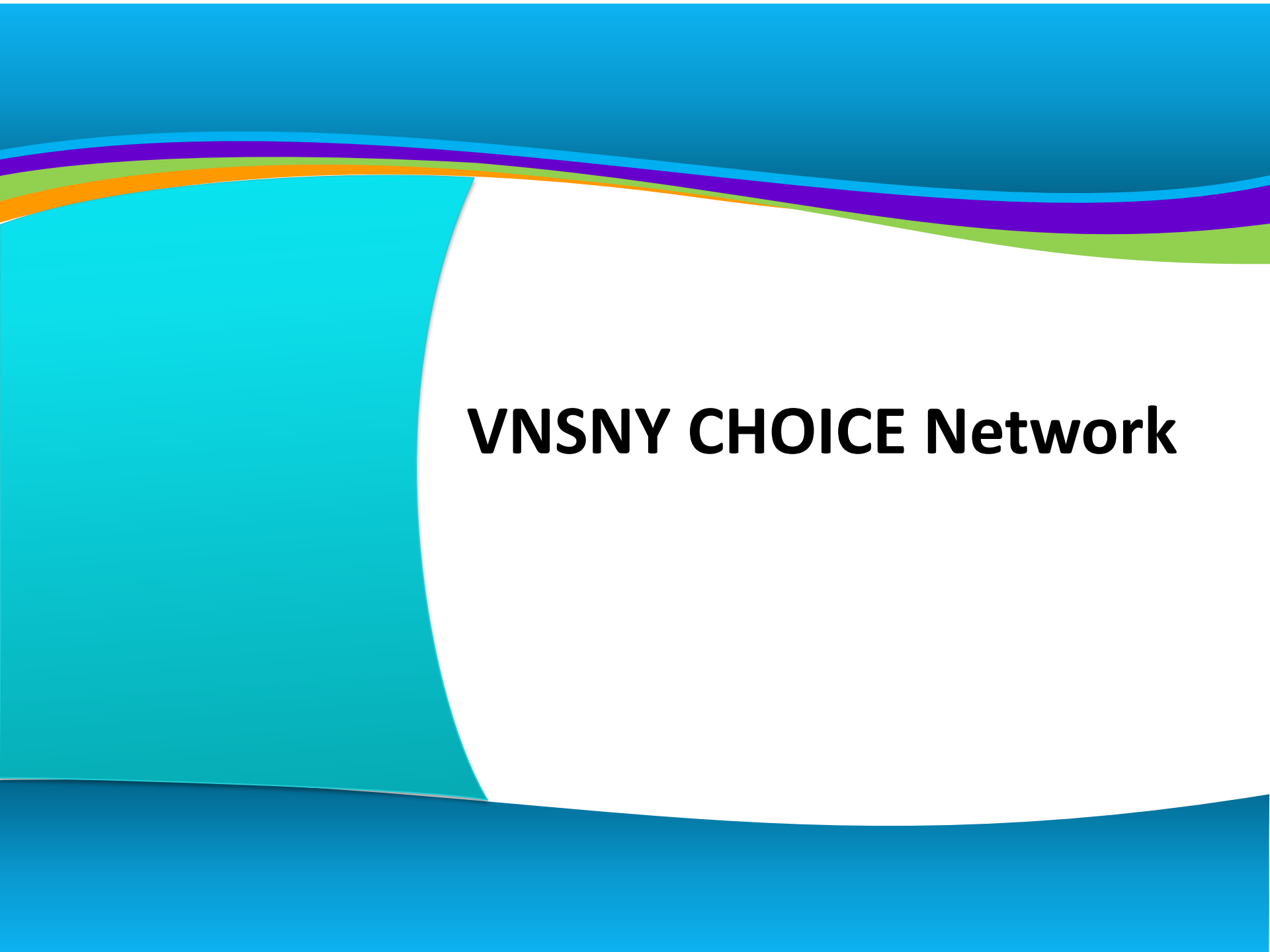
VNSNY CHOICE 2020 Total Benefits

VNSNY CHOICE Total Additional Benefits

- Acupuncture – 10 visits per year
- \$100 Over the Counter (OTC) monthly benefit (Does not roll over)
- Routine podiatry visits (4 per year)
- Routine and Comprehensive Dental.
- Unlimited Transportation to medical appointments.
- Routine eye exams and \$200 toward eyeglass frames and lenses **or** contact lenses every year
- \$50,000 annually for Worldwide Coverage for emergency services and urgent care

VNSNY CHOICE 2020 Total Benefits

Total Additional Benefits	
Over the Counter (OTC) items	\$100 monthly (does not roll over)
Vision	\$200/eyeglasses or contact lenses every year
Dental	Preventive and comprehensive
Transportation Benefit	Unlimited to medical appointments
Acupuncture	10 visits per year at \$0 copay
Podiatry	4 routine visits per year
Worldwide Coverage	Up to \$50,000 per year for emergency and urgent care outside the United States and its territories.



VNSNY CHOICE Network

VNSNY CHOICE Total Network

Network Requirement

VNSNY CHOICE Medicare covers services obtained from our comprehensive network of providers—doctors and other medical professionals, hospitals and other health care facilities contracted with **VNSNY CHOICE Medicare Advantage**. Services that are received outside the network will not be covered by the plan, **except for Emergency and Urgent Care.**

VNSNY CHOICE Total 2020 Vendors

Benefits Vendors

VNSNY CHOICE Total 2020 Vendors

Vendors

- **Pharmacy** (MedImpact)
- **Vision** (Superior Vision)
- **Audiology and Hearing Aids** (Hear USA)
- **Dental** (Healthplex)
- **OTC Card** (InComm)

VNSNY CHOICE Total 2020 Vendors

Vendors

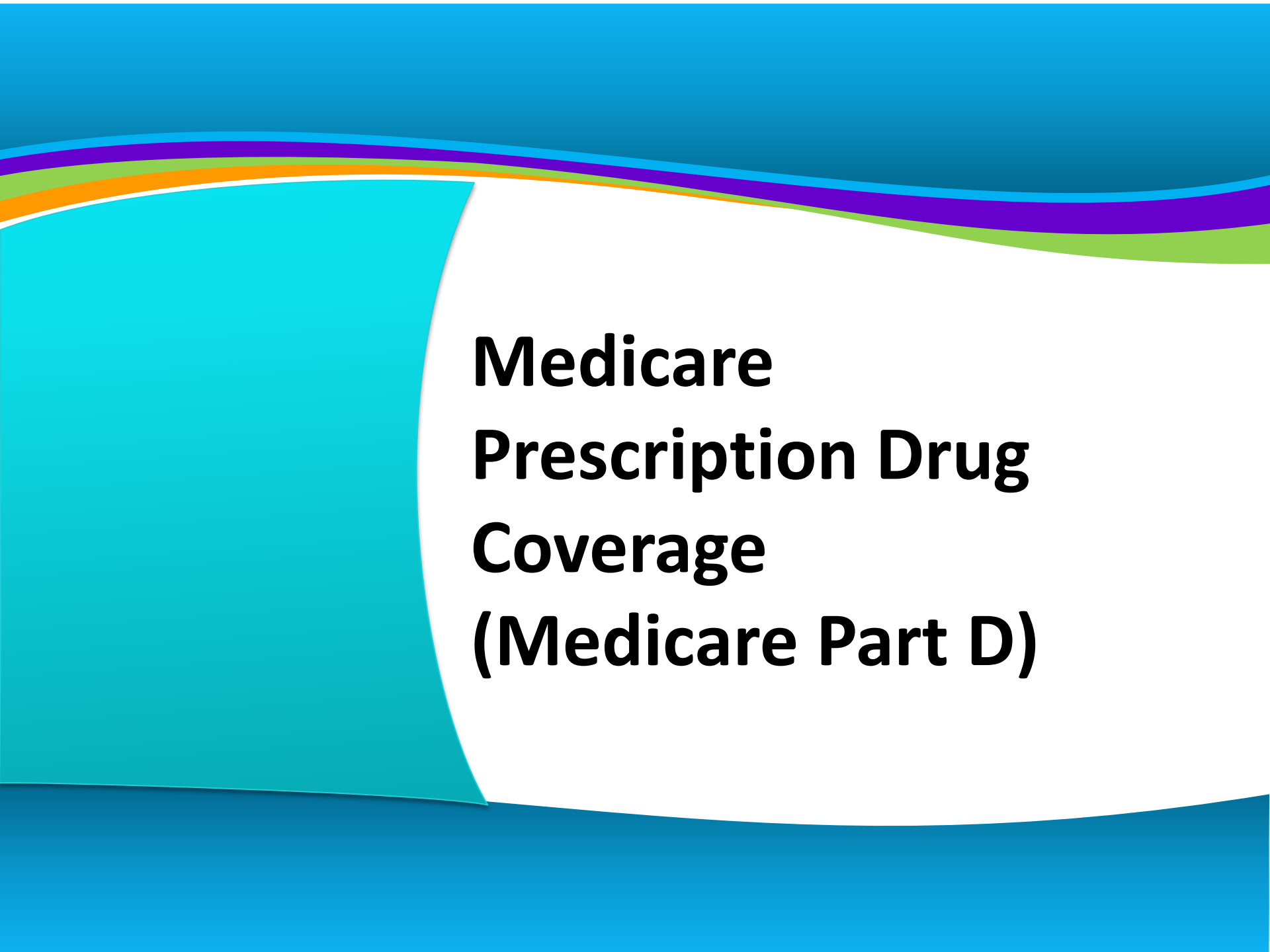
**Preferred Vendor for
Diabetes Supplies**

VNSNY CHOICE Total 2020 Vendors

Vendors

Ascensia/Bayer

- VNSNY CHOICE chosen brand for diabetes **monitoring and testing supplies** when obtained at an **in network** pharmacy
- All other branded products **will require** plan approval for coverage and **need to be obtained through a DME vendor under the Medical benefit.**



Medicare Prescription Drug Coverage (Medicare Part D)

Medicare Prescription Drug Coverage (Medicare Part D)

Part D

Cost Sharing in 2020

- Beneficiaries **without Extra Help*** whose **total Drug costs reach \$4020** will pay for **25%** of a plan's cost for Brand Drugs and for Generic Drugs in the Coverage Gap.
- **Dually eligible** members or those with **full Low Income Subsidy (LIS)** are not responsible for additional cost share during Coverage Gap.

Also known as LIS (Low Income Subsidy)

Medicare Prescription Drug Coverage

(Medicare Part D)

Part D

For **Dually Eligible** beneficiaries (Medicare and Medicaid) and beneficiaries with **full Low Income Subsidy**:

- Member pays \$0 or **small copay** during the Initial Coverage which depends on their level of Medicaid.
- There is **no** Coverage Gap for these members.

Part D

VNSNY CHOICE Medicare
Prescription Drug
Coverage

VNSNY CHOICE Medicare Prescription Drug Coverage

Part D

VNSNY CHOICE Medicare
Prescription Drug Coverage
is currently administered by
MedImpact

VNSNY CHOICE Medicare Prescription Drug Coverage

2020 VNSNY CHOICE Total Formulary

- List of prescription drugs covered by the plan
- Brand named drugs are in Upper case and generic drugs in lower case
- Beneficiaries must use in-network pharmacies to obtain their prescription drugs

VNSNY CHOICE Medicare Prescription Drug Coverage

2020 Total Formulary

In 2020, there will be a 5 tiered* Formulary for **the Total** plan. Because members of this plan are **Full Benefits Dual Eligible (FBDE) Beneficiaries Receiving Home and Community Based Services**, they pay \$0 for both Generic and Brand name drugs, regardless of the tier.

** Known as Actuarially Equivalent*

VNSNY CHOICE Medicare Prescription Drug Coverage Review

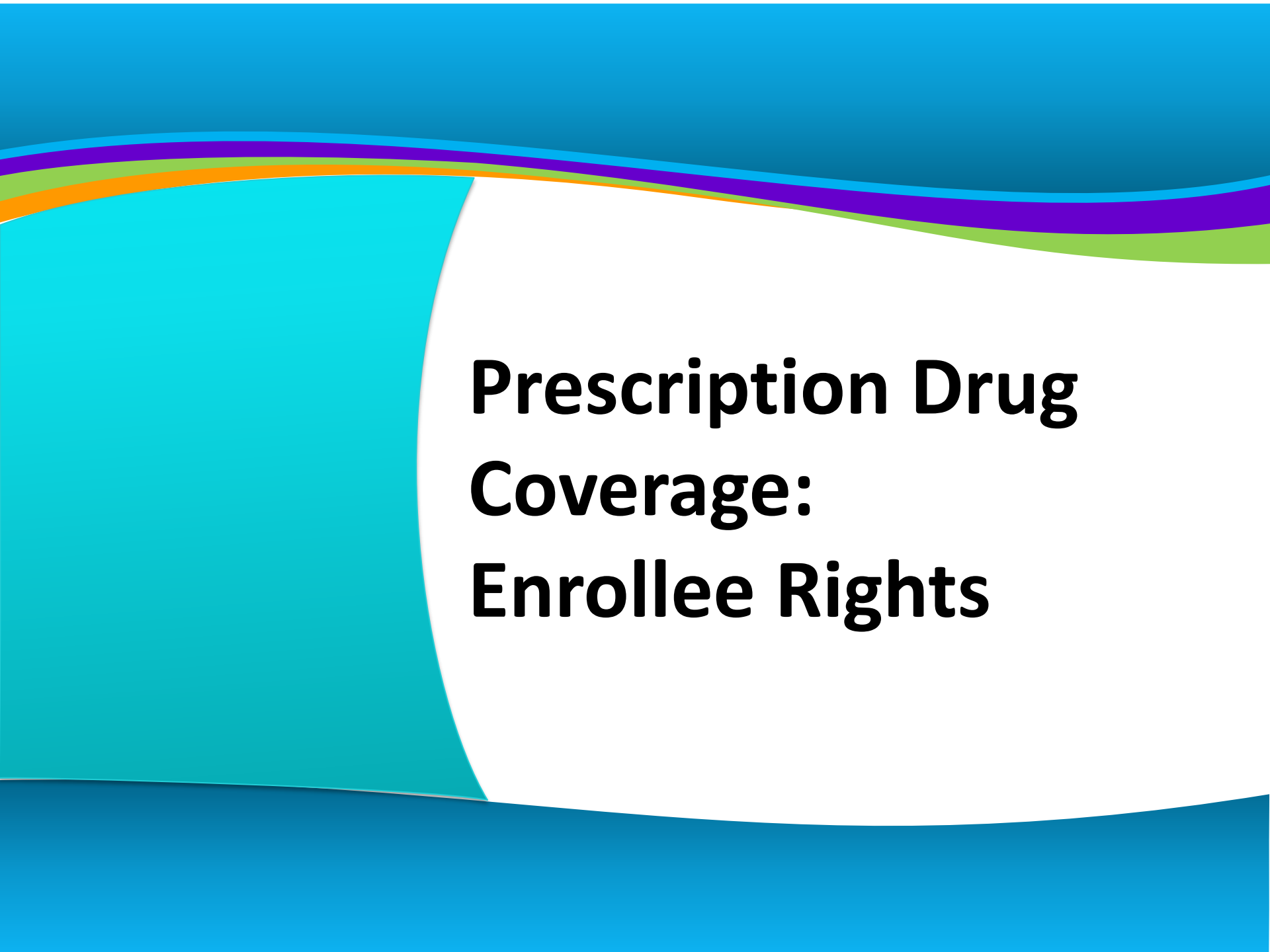
How much does a Total member pay for their prescription drugs?

- \$0
- Small copays for brand and generic drugs
- Small copay for brand name drugs and \$0 for generic drugs

VNSNY CHOICE Medicare Prescription Drug Coverage Review

How much does a Total member pay for their prescription drugs?

The answer is \$0 because Total Members are full benefits Dually Eligible. (FBDE)



Prescription Drug Coverage: Enrollee Rights

Medicare Prescription Drug Coverage: Enrollee Rights

Enrollee Rights

Coverage Determination consists of determinations for:

- Formulary exception to cover a drug that is not on the formulary list
- Drugs requiring Prior Authorization, Step Therapy or Quantity Limits
- Providing a non-preferred drug at a lower copayment

Medicare Prescription Drug Coverage: Enrollee Rights

Enrollee Rights

Formulary Exception

- Members and providers can request formulary exception
- Plan is contacted to ask for a coverage determination
- Providers must provide supporting evidence for request
- Decision for standard requests are made within 72 hours; 24 hours for urgent requests

Medicare Prescription Drug Coverage: Enrollee Rights

Enrollee Rights

Transition Period

Allows access to non-formulary drugs and formulary drugs requiring prior approval so that the member has sufficient time to work with prescriber & plan to switch to a formulary drug or request an authorization if required or a formulary exception.

- A new member's transition period is the first **90** days from their enrollment effective date.
- Within that 90 day transition period, a new member may get a **31 day** supply of a non-formulary drug that is already being taken by the member or a drug that is on formulary but is subject to coverage limitations such as PA, ST, or QL.

Medicare Prescription Drug Coverage: Enrollee Rights

Enrollee Rights

Transition Fill

- Up to a **31 day** supply of a non-formulary drug that is already being taken by the member or a drug that is on formulary but is subject to coverage limitations such as PA, ST, or QL.
- Unless the drug was removed for safety reasons, all Medicare Part D drug plans must cover transition fills for:
 - New members who have been taking a drug that is not listed on the formulary or a drug that is on the formulary but is subject to coverage limitations such as PA, ST, or QL.
 - Continuous members who are impacted by the plan removing drugs in the formulary or adding a coverage restriction (such as PA, ST or QL)

Plans are required to mail members a written notice within three business days of the transition fill.

Medicare Prescription Drug Coverage: Enrollee Rights Review

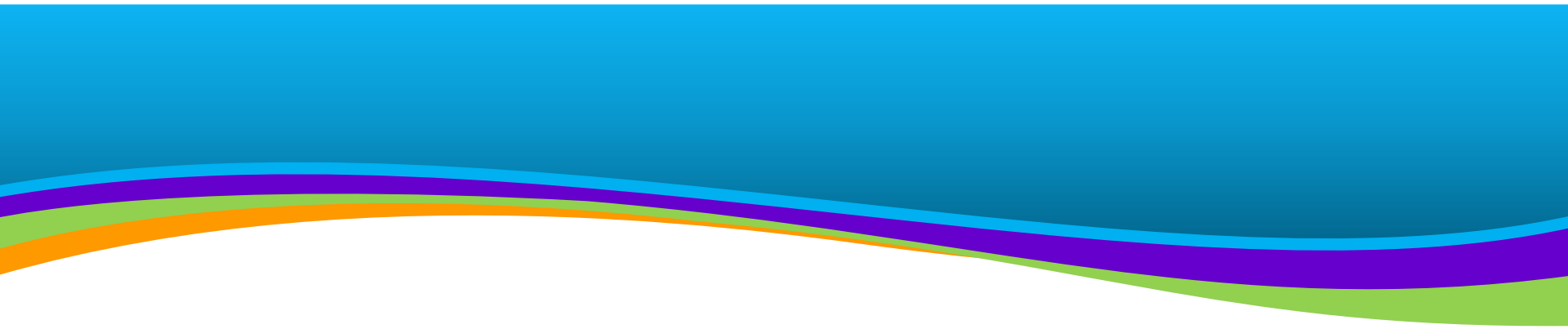
A new member in our Total Plan is **effective for January 1, 2020** and takes a prescription medication that is not on our formulary. The member is allowed a 31 day supply within which timeframe:

- The first 90 days from the January 1 effective date
- The first 30 days from the January 1 effective date
- The first 60 days from the January 1 effective date
- The first 120 days from the January 1 effective date

Medicare Prescription Drug Coverage: Enrollee Rights Review

A new member in our Total Plan is **effective for January 1, 2020** and takes a prescription medication that is not on our formulary. The member is allowed a 31 day supply within which timeframe:

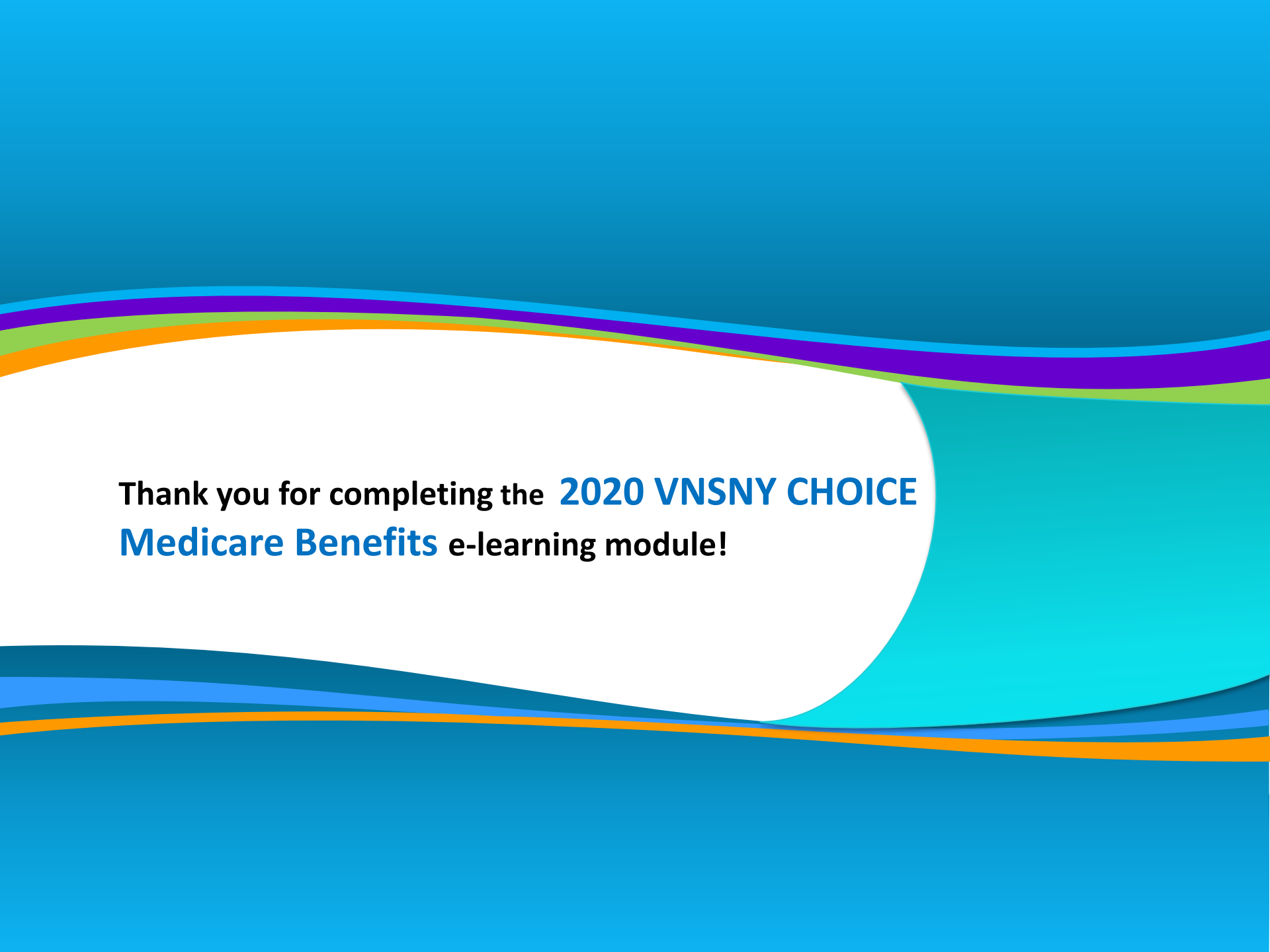
The answer is within the first 90 days from the January 1 effective date.



You can learn more about our
Medicare plans and benefits by visiting
our website at:

<http://www.vnsnychoice.org/>





Thank you for completing the **2020 VNSNY CHOICE**
Medicare Benefits e-learning module!