



CHOICESM
Health Plans

2019 VNSNY CHOICE

Medicare and FIDA Benefits Training

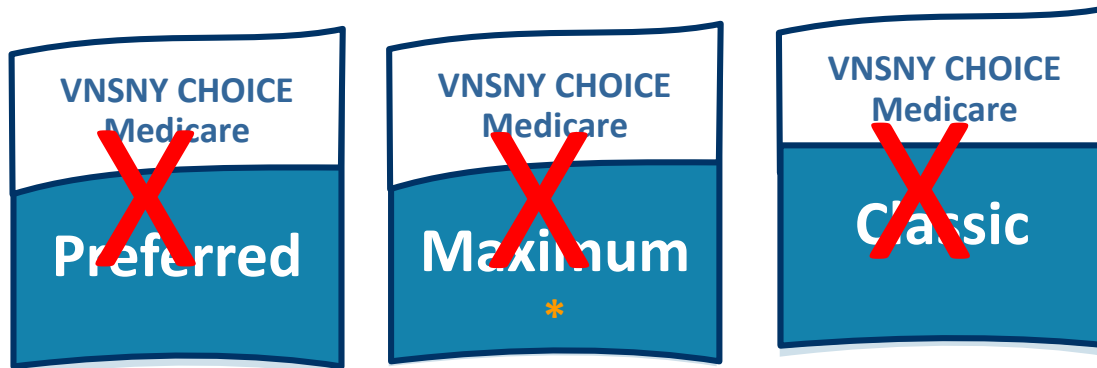


2019 VNSNY CHOICE Plans & Changes



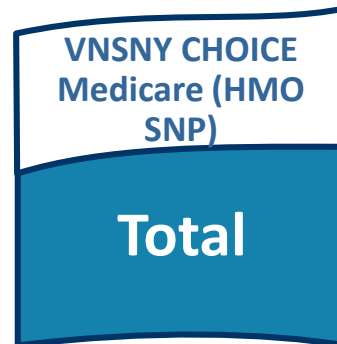
VNSNY CHOICE 2019 Medicare and FIDA

3 MA Products terminated in 2019



VNSNY CHOICE 2019 Medicare and FIDA

VNSNY CHOICE will offer one MA Product in 2019:



VNSNY CHOICE 2019 Medicare and FIDA

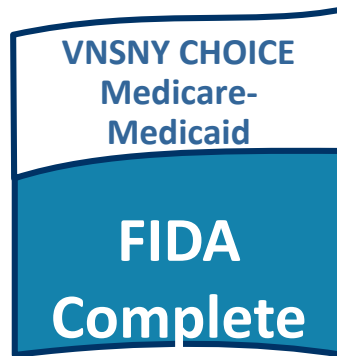
Who is **Total** designed for?

CHOICE Total HMO Special Needs Plan (SNP) is designed for individuals with long-term needs who require day-to-day assistance to remain safely in their home. It fully integrates the benefits of our Managed Long Term Care (MLTC) plan and a Medicare Advantage plan into one comprehensive program. It also includes extra benefits like coverage for over-the-counter (OTC) health items and acupuncture, all at \$0 cost.

The Total Plan is a Medicare Advantage and Medicaid Advantage Plus Plan (MAP).

VNSNY CHOICE 2019 Medicare and FIDA

**VNSNY CHOICE will continue the FIDA product
in 2019**



VNSNY CHOICE 2019 Medicare and FIDA

Who is **FIDA Complete** designed for?

CHOICE FIDA Complete combines **all** the benefits of Medicare and Medicaid for people who need long term care. It covers doctor visits, hospitalizations, prescription drugs, mental health, social services and more. It also includes extra benefits like coverage for over-the-counter (OTC) health items and acupuncture, all at \$0 cost.

The FIDA Complete Plan is a Medicare-Medicaid Plan. (MMP)



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.***

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:
Can 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

Can join, drop, or switch coverage

Medicare Advantage Basics

Election Periods

New for 2019

MA Open Enrollment Period (MA OEP)

- Takes place from **January 1 – March 31** of each year (beginning in 2019)
- 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

New for 2019

Special Election Period (SEP)

For Dual eligible and Low Income Subsidy
Individuals

Dual Eligible beneficiaries (those with Medicare and Medicaid) and those with **Low Income Subsidy (LIS)** who are not Dual Eligible have a Special Election Period with limitations starting in 2019. *(See following slide)*

Medicare Advantage Basics

Election Periods

New for 2019

Special Election Period (SEP)

**For Dual eligible and Low Income Subsidy
Individuals**

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).



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. Mailing also includes:

- **Evidence of Coverage (Member Handbook)**
Total members receive Summary of Benefits in September. Member Handbook is mailed in December.
- **Formulary**
- **Evidence of Coverage for Extra Help (if applicable)**

Note: *Provider Directories are no longer mailed with the ANOC but are available online and mailed upon request.*

VNSNY CHOICE
Medicare

Total
HMO SNP

2019 Total Plan

VNSNY CHOICE Total (HMO SNP)

Plan Description:

HMO Special Needs Plan (SNP) designed for individuals with long-term needs who require day-to-day assistance to remain safely at home.

Assessment is performed by a nurse to determine long term care needs.

Fully integrates the benefits of our Managed Long Term Care (MLTC) plan and a Medicare Advantage plan into one comprehensive program known as Medicaid Advantage Plus. (MAP)

Eligibility:

- Have both Medicare and Medicaid
- Be 18 years of age or older
- Not have End Stage Renal Disease at time of enrollment*
- 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 long term care services more than 120 days from time of enrollment. (See following slide)

**Exception: Enrollee has ESRD and is enrolled in our MLTC plan and didn't have CHOICE Medicare product or Enrollee has ESRD and is enrolled in one of CHOICE Medicare products*

VNSNY CHOICE Total (HMO SNP)

Managed Care Long Term Care Services include:

- Skilled Nursing services or therapies in the home
- Personal care services in the home
- Adult day health care
- Private Duty Nursing
- Consumer Directed Personal Assistance Service

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 2019 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

Additional benefits for 2019 include:

- **Acupuncture – 10 visits per year**
- **\$100 Over the Counter (OTC) monthly benefit (Does not roll over)**
- Routine podiatry visits (4 per year)
- Routine Hearing exam and up to \$1,000 coverage limit for hearing aids every three years, limited to \$500 maximum per ear (one right, one left)
- 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 2019 Total Benefits

2019 Changes

Benefit	2018	2019
Health Club	Silver Sneakers	None
Over the Counter (OTC)	\$94 monthly credit	\$100 monthly credit
Acupuncture	12 visits per year	10 visits per year



2019 FIDA Complete Plan

VNSNY CHOICE FIDA Complete (MMP)

Plan Description:

Managed Care Plan that contracts with both Medicare and the New York State Department of Health (Medicaid) to provide benefits of both programs to participants through the Fully Integrated Dual Advantage (FIDA) Demonstration.

It is for people with both Medicare and Medicaid and who meet other eligibility requirements for the FIDA Demonstration.

Eligibility:

- Must be 21+ to enroll
- Live in Service Area: Bronx, Brooklyn, Manhattan, Queens Staten Island and Nassau county
- For people who have both Medicare and Medicaid and need long term care services
- Must require more than 120 days of long term care services
- Includes all Medicare, Medicaid and long term care services and newly **carved in medical and behavioral health benefits**
- Must enroll through **Maximus**, which the New York State Enrollment Broker

VNSNY CHOICE FIDA Complete (MMP)

FIDA Plan Service Area:

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

VNSNY CHOICE FIDA Complete (MMP)

2019 Changes

Benefit	2018	2019 Change
Physical Therapy/Occupational Therapy/Speech Therapy	Limited to 20 visits per year per therapy.	40 visits per year for PT; 20 visits per year for OT and ST respectively

VNSNY CHOICE 2019 FIDA Complete and Total Plans

Feature	FIDA Complete	Total
Age Eligibility	21+	18+
Service Area	Brooklyn, Bronx, Manhattan, Queens, Staten Island and Nassau County	Brooklyn, Bronx, Manhattan, Queens, Staten Island, Nassau, Suffolk and Westchester
OTC Benefit	\$100 monthly	\$100 monthly
Vision Benefit	\$0 eyeglasses or contact lenses every 2 years	\$200/eyeglasses or contact lenses every year
Transportation Benefit	Unlimited to medical and non-medical appointments	Unlimited to medical appointments. May be eligible for CFCO non-medical transportation.
Acupuncture	12 visits per year at \$0 copay	10 visits per year at \$0 copay
Prescription Drug Benefit	\$0 copay for Brand and Generic Drugs	\$0 copay for Brand and Generic Drugs



VNSNY CHOICE Network

VNSNY CHOICE 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 within the **VNSNY CHOICE Medicare Advantage** service area. Cost sharing applied accordingly.

VNSNY CHOICE 2019 Vendors

Benefits Vendors

VNSNY CHOICE 2019

Vendors

- **Pharmacy** (MedImpact)
- **Vision** (Superior Vision)
- **Hearing Aids** (Hear USA)
- **Dental** (Healthplex)
- **OTC** (InCom)
- **Acupuncture and Chiropractic** (Evicore)

VNSNY CHOICE 2019

Vendors

**Preferred Vendor for
Diabetic Supplies**

VNSNY CHOICE 2019

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.



Medicare Prescription Drug Coverage (Medicare Part D)

Medicare Prescription Drug Coverage (Medicare Part D)

Part D

Coverage Gap Cost Sharing in 2019

- Medicare **Coverage Gap** is being gradually phased out as part of the 2010 Health Reform Law.
- Beneficiaries **without Extra Help*** whose **Total Drug costs reach \$3820** will pay for **25%** of plan's cost Brand Drugs and **37%** for Generic Drugs in the Coverage Gap.
- **Dual 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 **Dual 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.

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

2019 VNSNY CHOICE Medicare Formulary

- List of prescription drugs covered by the plan
- Brand named drugs are in Upper case and generic drugs in lower case
- Total and FIDA Complete each have their own formulary.
- Beneficiaries must use in-network pharmacies to obtain their prescription drugs

VNSNY CHOICE Medicare Prescription Drug Coverage

2019 Total Formulary

In 2019, 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

2019 FIDA Formulary

In 2019, **the FIDA** plan will have an Enhanced Alternative Formulary with 4 tiers. 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.



Prescription Drug Coverage: Enrollee's Rights

Medicare Prescription Drug Coverage: Enrollee's Rights

Enrollee's 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's Rights

Enrollee's 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's Rights

Enrollee's 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's Rights

Enrollee's 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 drug was removed for safety reasons, all Medicare Part D drug plans must cover transition fills for:
 - New members that have been taking a drug that is not listed on the formulary or a drug that is on formulary but is subject to coverage limitations such as PA, ST, or QL.
 - Continuous members that 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's Rights

Enrollee's Rights

Transition Fill

NYS Medicaid covered drugs that FIDA Complete doesn't cover – These are still provided as 90 day supply temporary fill (regardless of setting).



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

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



The slide features a vibrant blue background with a large, white, curved shape on the left side. This shape contains the main text. To the right of the white shape, there is a vertical band of lighter blue. The entire slide is decorated with several horizontal, wavy lines in shades of blue, purple, and orange, creating a dynamic, layered effect.

Thank you for completing the **2019 VNSNY CHOICE**
Medicare and FIDA Benefits e-learning module!