CareSource® MyCare Ohio (Medicare-Medicaid Plan)

2021 ANNUAL NOTICE OF CHANGE



CareSource® MyCare Ohio (Medicare-Medicaid Plan) offered by CareSource

Annual Notice of Changes for 2021

Introduction

You are currently enrolled as a member of CareSource MyCare Ohio. Next year, there will be some changes to the plan's benefits. This Annual Notice of Changes tells you about the changes and where to find more information about them. Key terms and their definitions appear in alphabetical order in the last chapter of the Member Handbook.

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A. Disclaimers

 CareSource® MyCare Ohio (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. For more information, call CareSource MyCare Ohio Member Services. This means that you may have to pay for some services and that you need to follow certain rules to have CareSource MyCare Ohio pay for your services.

B. Reviewing Your Medicare and Medicaid Coverage for Next Year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. See section E2 for more information.

If you leave our plan, you will still be in the Medicare and Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (go to page 10 to see your choices).
- You must get your Medicaid benefits from one of the MyCare Ohio managed care plans available in your region (go to page 12 for additional information).

B1. Additional Resources

- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-855-475-3163 (TTY: 1-800-750-0750 or 711), Monday Friday, 8 a.m. 8 p.m. The call is free.
- ATENCIÓN: Si habla español, tiene disponible los servicios de asistencia de idioma gratis. Llame al 1-855-475-3163 (TTY: 1-800-750-0750 o 711), el lunes a viernes, 8 a.m. a 8 p.m. La llamada es gratis.
- You can get this *Notice of Changes* for free in other formats, such as large print, braille, or audio. Call 1-855-475-3163 (TTY: 1-800-750-0750 or 711), Monday Friday, 8 a.m. 8 p.m. The call is free.
- If you would like to receive materials in an alternate format, please let our Member Services department know. We have Member Handbooks, our Annual Notice of Changes, Formularies, the Summary of Benefits, Provider/Pharmacy Directories, and some letters available in Spanish. We can also send these and other materials in different formats upon request. Call our Member Services department for help at 1-855-475-3163 (TTY: 1 800-750-0750 or 711), Monday – Friday, 8 a.m. – 8 p.m. The call is free.
- To receive this document in a language other than English or in an alternate format, please let our Member Services department know. We will keep a record of that request. For help or if you need to change your request, call Member Services at 1-855-475-3163 (TTY: 1-800-750-0750 or 711), Monday Friday, 8 a.m. 8 p.m. This call is free.

B2. About CareSource MyCare Ohio

- CareSource MyCare Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees. It is for people with both Medicare and Medicaid.
- Coverage under CareSource MyCare Ohio is qualifying health coverage called "minimum essential coverage." It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.

CareSource MyCare Ohio is offered by CareSource. When this Annual Notice
of Changes says "we," "us," or "our," it means CareSource. When it says "the
plan" or "our plan," it means CareSource MyCare Ohio.

B3. Important things to do:

- Check if there are any changes to our benefits that may affect you.
 - o Are there any changes that affect the services you use?
 - It is important to review benefit changes to make sure they will work for you next year.
 - o Look in sections D1 for information about benefit changes for our plan.
- Check if there are any changes to our prescription drug coverage that may affect you.
 - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
 - It is important to review the changes to make sure our drug coverage will work for you next year.
 - Look in section D2 for information about changes to our drug coverage.
- Check to see if your providers and pharmacies will be in our network next year.
 - Are your doctors, including specialists you see regularly, in our network?
 What about your pharmacy? What about the hospitals or other providers you use?
 - Look in section C for information about our *Provider and Pharmacy Directory.*
- Think about your overall costs in the plan.
 - O How do the total costs compare to other coverage options?
- Think about whether you are happy with our plan.

If you decide to stay with CareSource MyCare Ohio:

If you decide to change plans:



If you want to stay with us next year, it's easy - you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

If you decide other coverage will better meet your needs, you may be able to switch plans (see section F2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section F2, page 10 to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2021.

We strongly encourage you to review our current Provider and Pharmacy Directory to see if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy* Directory is located on our website at CareSource.com/MyCare. You may also call Member Services at 1-855-475-3163 (TTY: 1-800-750-0750 or 711), Monday – Friday, 8 a.m. – 8 p.m. for updated provider information or to ask us to mail you a Provider and Pharmacy Directory.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, see Chapter 3 of your Member Handbook.

D. Changes to benefits for next year

D1. Changes to benefits for medical services

We are changing our coverage for certain medical services next year. The table below describes these changes.

	2020 (this year)	2021 (next year)
Ambulance Services	Prior authorization is required except for ground or non-ground emergency ambulance transport.	Prior authorization is required for non-emergency medical transportation and fixed wing transportation.
Dialysis Services	Prior authorization is not required.	Prior authorization is required on certain services.

	2020 (this year)	2021 (next year)
Intensive Outpatient Program Services	Prior authorization is required for greater than 10 visits per calendar year.	Prior authorization is not required.
Intensive Outpatient Psychiatric Services	Prior authorization is required for greater than 30 visits per calendar year.	Prior authorization is not required.
Medicare-covered Outpatient Hospital Services	Prior authorization is not required.	Prior authorization is required.
Member Assistance Fund	Member Assistance Fund is covered.	Member Assistance Fund is not covered.
Over-The-Counter Items	Over-The-Counter Items are not covered.	Over-The-Counter Items are covered up to \$100 every three months.
Partial Hospitalization	Prior authorization is required for greater than 30 plan covered visits.	Prior authorization is required.
Telehealth Services	Telehealth Services are covered for Primary Care Provider visits.	Telehealth Services are covered for Primary Care Provider visits, Individual Sessions for Mental Health Specialty Services, and Individual Sessions for Psychiatric Services.

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated List of Covered Drugs is located on our website at CareSource.com/MyCare. You may also call Member Services at 1-855-475-3163 (TTY: 1-800-750-0750 or 711), Monday -

Friday, 8 a.m. – 8 p.m. for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The List of Covered Drugs is also called the "Drug List."

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, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at 1-855-475-3163 (TTY: 1-800-750-0750 or 711), Monday Friday, 8 a.m. 8 p.m. or contact your Care Manager to ask for a list of covered drugs that treat the same condition.
 - o This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
 - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
 - To learn what you must do to ask for an exception, see Chapter 9 of the 2021 Member Handbook or call Member Services at 1-855-475-3163 (TTY: 1-800-750-0750 or 711), Monday Friday, 8 a.m. 8 p.m.
 - If you need help asking for an exception, you can contact Member Services or your Care Manager. See Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your Care Manager.
- Ask the plan to cover a temporary supply of the drug.
 - In some situations, we will cover a **one-time**, **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply will be for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5 of the Member Handbook.)
 - When you get 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.

Any current formulary exceptions you may have will still be covered next year as long as the coverage determination has not expired.

E. Administrative changes

Effective January 1, 2021, CareSource will be adjusting the timely filing deadline for all payment reconsiderations to 60 calendar days from the date of the initial claim determination. This is a reduction from the current timely filing deadline of 120 calendar days from the date of the initial claim determination. Any claim appeal received after 60 calendar days, without written documentation of Good Cause for late filing will be dismissed.

This change is in alignment with CMS regulations, per the "Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance" chapter; https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Downloads/Parts-C-and-D-Enrollee-Grievances-Organization-Coverage-Determinations-and-Appeals-Guidance.pdf section 50.2.1 – "Guidelines for Accepting Level 1 Appeal Requests" which states appeal requests must be filed within 60 calendar days from the date of the notice of the initial determination.

	2020 (this year)	2021 (next year)
Payment Reconsideration Timely Filing Deadline	CareSource currently allows 120 calendar days from the date of initial claim determination for a claim appeal to be filed.	CareSource will only allow 60 calendar days from the date of initial claim determination for a claim appeal to be filed.
Fitness Benefit	The benefit is offered through Silver Sneakers	The benefit is offered through Silver and Fit

F. How to choose a plan

F1. How to stay in CareSource MyCare Ohio

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different MyCare Ohio Plan, change to a Medicare Advantage Plan, or change to Original Medicare, your enrollment in CareSource MyCare Ohio will automatically stay the same for 2021.

F2. How to change to a different MyCare Ohio plan

To enroll in a different MyCare Ohio plan, call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1. The Hotline will let you know what other plans are available to you.

You can end your membership at any time during the year by enrolling in another MyCare Ohio Plan, changing to a Medicare Advantage Plan, or moving to Original Medicare.

F3. If you want to change your membership in CareSource MyCare Ohio

You can change your membership in our plan by choosing to get your Medicare services separately (you will stay in our plan for your Medicaid services).

How you will get Medicare services

You have three options for getting your Medicare services. By choosing one of these options, you will automatically stop getting Medicare services from our plan.

1. You can change to:

A Medicare health plan, such as a Medicare Advantage plan, which would include Medicare prescription drug coverage

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you need help or more information:

 Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.

You will automatically stop getting Medicare services through CareSource MyCare Ohio when your new plan's coverage begins.

2. You can change to:

Original Medicare with a separate Medicare prescription drug plan

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. You can select a Part D plan at this time.

If you need help or more information:

 Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.

You will automatically stop getting Medicare services through CareSource MyCare Ohio when your Original Medicare and prescription drug plan coverage begins.

3. You can change to:

Original Medicare without a separate Medicare prescription drug plan

NOTE: 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 tell Medicare you don't want to join.

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call your Ohio Senior Health Insurance Information Program (OSHIIP) at 1-800-686-1578.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you need help or more information:

 Call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.

You will automatically stop getting Medicare services through CareSource MyCare Ohio when your Original Medicare coverage begins.

How you will get Medicaid services

You must get your Medicaid benefits from a MyCare Ohio plan. Therefore, even if you don't want to get your Medicare benefits through a MyCare Ohio plan, you must still get your Medicaid benefits from CareSource MyCare Ohio or another MyCare Ohio managed care plan.

If you do not enroll in a different MyCare Ohio plan, you will remain in our plan to get your Medicaid services.

Your Medicaid services include most long-term services and supports and behavioral health care.

Once you stop getting Medicare services through our plan, you will get a new Member ID Card and a new *Member Handbook* for your Medicaid services.

If you want to switch to a different MyCare Ohio plan to get your Medicaid benefits, call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.

G. How to get help

G1. Getting help from CareSource MyCare Ohio

Questions? We're here to help. Please call Member Services at 1-855-475-3163 (TTY only, call 1-800-750-0750 or 711). We are available for phone calls Monday – Friday, 8 a.m. – 8 p.m.

Your 2021 Member Handbook

The 2021 Member Handbook is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The 2021 Member Handbook will be available by October 15. An up-to-date copy of the 2021 Member Handbook is always available on our website at CareSource.com/MyCare. You may also call Member Services at 1-855-475-3163 (TTY: 1-800-750-0750 or 711), Monday – Friday, 8 a.m. – 8 p.m. to ask us to mail you a 2021 Member Handbook.

Our website

You can also visit our website at CareSource.com/MyCare. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

G2. Getting help from the Ohio Medicaid Hotline

The Ohio Medicaid hotline can help you find a Medicaid health care provider, explain Medicaid covered services, obtain Medicaid brochures and publications, and understand Medicaid benefits.

You can call the Ohio Medicaid Hotline at 1-800-324-8680, Monday through Friday from 7:00 am to 8:00 pm and Saturday from 8:00 am to 5:00 pm. TTY users should call the Ohio Relay Service at 7-1-1.

G3. Getting help from the MyCare Ohio Ombudsman

The MyCare Ohio Ombudsman is an ombudsman program that can help you if you are having a problem with CareSource MyCare Ohio. The ombudsman's services are free.

- The MyCare Ohio Ombudsman is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- MyCare Ohio Ombudsman makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The MyCare Ohio Ombudsman is not connected with us or with any insurance company or health plan.
- The MyCare Ohio Ombudsman helps with concerns about any aspect of care.
 Help is available to resolve disputes with providers, protect rights, and file complaints or appeals with our plan.
- The MyCare Ohio Ombudsman works together with the Office of the State Longterm Care Ombudsman, which advocates for consumers getting long-term services and supports.

The phone number for the MyCare Ohio Ombudsman is 1-800-282-1206. TTY users should call 1-800-750-0750. The MyCare Ohio Ombudsman is available Monday through Friday from 8:00 am to 5:00 pm.

G4. Getting help from Medicare

To get information directly from Medicare, 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.

Medicare's Website

You can visit the Medicare website (<u>www.medicare.gov</u>). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has

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information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage 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 and click on "Find plans.")

Medicare & You 2021

You can read *Medicare & You 2021* 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.

ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-475-3163 (TTY: 1-800-750-0750).

SPANISH

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-475-3163 (TTY: 1-800-750-0750).

CHINESE

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-855-475-3163

TTY: 1-800-750-0750).

GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-475-3163 (TTY: 1-800-750-0750).

ARABIC

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 3163-475-475-1-1. (رقم هاتف الصم والبكم:0750-0750-1-1).

PENNSYLVANIA DUTCH

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-475-3163 (TTY: 1-800-750-0750).

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-475-3163 (телетайп: 1-800-750-0750).

FRENCH

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-475-3163 (ATS: 1-800-750-0750).

VIETNAMESE

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-475-3163 (TTY: 1-800-750-0750).

CUSHITE/OROMO

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-475-3163 (TTY: 1-800-750-0750).

KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-475-3163 (TTY: 1-800-750-0750) 번으로 전화해 주십시오.

ITALIAN

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-475-3163 (TTY: 1-800-750-0750).

JAPANESE

注意事項:日本語を話される場合、無料の言語 支援をご利用いただけます。1-855-475-3163 (TTY:1-800-750-0750) まで、お電話にてご連絡 ください。

DUTCH

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-855-475-3163 (TTY: 1-800-750-0750).

UKRAINIAN

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-475-3163 (телетайп: 1-800-750-0750).

ROMANIAN

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-855-475-3163 (TTY: 1-800-750-0750).

NEPALI

ध्यान दनिहोस: तपारइंले नेपाली बोलनुहुन्छ भने तपारइंको निमृति भाषा सहायतो सेवाहरू निःशुल्क रूपेमा उपलब्ध छ । फोन गर्नुहोस् 1-855-475-3163 (टटिवाइ:1-800-750-0750)।

SOMALI

DIGTOONI: Haddii aad ku hadasho Af Soomaali, adeegyada caawimada luqada, oo lacag la'aan ah, ayaa laguu heli karaa adiga. Wac 1-800-475-3163 (TTY: 1-800-750-0750).



CareSource® MyCare Ohio (Medicare-Medicaid Plan)

Notice of Non-Discrimination



CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please contact CareSource at 1-855-475-3163 (TTY: 1-800-750-0750 or 711).

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
1-844-539-1732, TTY: 711
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.



Member Services

1-855-475-3163 (TTY: 1-800-750-0750 or 711)

8 a.m. to 8 p.m., Monday – Friday

CareSource.com/MyCare