PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) Plan name offered by Partners Health Plan

Annual Notice of Changes for 2025

Introduction

You are currently enrolled as a Participant of PHP Care Complete FIDA-IDD Plan. Next year, there will be changes to the plan's benefits, This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Participant Handbook*, which is located on our website at www.phpcares.org.. Key terms and their definitions appear in alphabetical order in the last chapter of the *Participant Handbook*.

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A. Disclaimers

- The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- The State of New York has created a Participant ombudsman program called the Independent Consumer Advocacy Network (ICAN) to provide Participants free, confidential assistance on any services offered by Partners Health Plan. ICAN may be reached toll-free at 1-844-614-8800 (TTY users call 711, then follow the prompts to dial 844-614-8800) or online at icannys.org.

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. Refer to section G2 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 (refer to section F5)
- You will have a choice to get your Medicaid benefits through Medicaid fee-forservice, or a Medicaid managed care plan
- **NOTE**: Effective January 1, 2025, if you're in a drug management program, you may not be able to change plans. See Chapter 5, Section G of your Participant Handbook for information about drug management programs.

This section is continued on the next page.

B1. Additional resources

- ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free.
- Si usted habla español, se encuentran disponibles para usted servicios sin cargo de asistencia con el idioma. Llame al 1-855-747-5483 y al 711 para los usuarios de TTY de 8:00 a. m. a 8:00 p. m., los siete días de la semana. La llamada es gratuita.
- Если Вы говорите на русском языке, Вам доступна бесплатная языковая поддержка. Звоните по телефону 1-855-747-5483 и 711 для пользователей линии TTY/TDD с 08:00 до 20:00, без выходных. Звонок бесплатный.
- 如果您說中文, 您可以獲得免費的語言協助服務。請致電 1-855-747-5483, TTY 使用者請致電 711, 服務時間為每週七天, 上午 8 時至晚上 8 時。本電話 為免付費電話。
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week. The call is free
- If you would like to make or change a standing request for a preferred language or format, call PHP Care Complete FIDA-IDD Plan Participant Services. The number is 1-855-747-5483 and 711 for TTY users, 8AM to 8PM, seven days a week

B2. Information about Partners Health Plan

- Partners Health Plan is a managed care plan that contracts with Medicare and the New York State Department of Health (Medicaid) to provide benefits to Participants through the Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities (FIDA-IDD) Demonstration.
- Coverage under PHP Care Complete FIDA-IDD Plan 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.
- PHP Care Complete FIDA-IDD Plan (Medicare-Medicaid Plan) is offered by Partners Health Plan. When this Annual Notice of Changes says

"we," "us," or "our," it means Partners Health Plan. When it says "the plan" or "our plan," it means PHP Care Complete FIDA-IDD Plan.

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.
 - Look in sections D1 and D2 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? Will there be any changes such as prior authorization, step therapy, or quantity limits?
 - It is important to review the changes to make sure our drug coverage will work for you next year.
 - o Look in section D2 for information about changes to our drug coverage.
- Check if your providers and pharmacies will be in our network next year.
 - Are your doctors, including your specialists, 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 whether you are happy with our plan.

If you decide to stay with 2025 Partners Health Plan:

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 to leave 2025 Partners Health Plan:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to section E2 for more information). If you leave our plan, your new coverage will begin on the first day of the following month. Look in section E1 and E2 to learn more about your choices.

C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2025

Please review the 2025 Provider and Pharmacy Directory to find out if your providers or pharmacy are in our network. An updated Provider and Pharmacy Directory is located on our website at www.phpcares.org. You may also call Participant Services at 1-855-747-5483 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, refer to Chapter 3 of your *Participant 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 following table describes these changes.	2024 (this year)	2025 (next year)
Utility Benefit	\$600 annual allowance available through Over-the-Counter (OTC) Flex Card to help pay for home utilities such as gas, electric, and internet service.	\$780 annual allowance available through Over-the-Counter (OTC) Flex Card to help pay for home utilities such as gas, electric, internet service and rent/mortgage.

D2. Changes to prescription drug coverage

Changes to our Drug List

An updated List of Covered Drugs is located on our website at www.phpcares.org. You may also call Participant Services at 1-855-747-5483 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 find out if there will be any restrictions.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes are allowed by Medicare and/or the state that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up to date list of drugs. If we make a change that will affect a drug you are taking, we will send you a notice about the change.

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.

This section is continued on the next page.

- You can call Participant Services at 1-855-747-5483 or contact your Care Manager to ask for a list of covered drugs that treat the same condition.
- This list can help your provider find a covered drug that might work for you.
- Ask the plan to cover a temporary supply of the drug.
 - o In some situations, we will cover a **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, refer to Chapter 5 of the Participant 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.

Formulary exceptions are valid for one year. Please work with your prescriber who will submit exception requests on your behalf.

Coverage Determinations, including formulary exceptions, are typically valid for one year from the approval date. You will receive a coverage determination approval notice with each instance of an approved formulary exception which will indicate the authorization timeframe. If your coverage determination expires by the end of the calendar year, you will need to work with your prescriber to submit a new request, as applicable.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version] and with the same or fewer rules as the brand name drug it replaces. Also, when adding a new generic drug, we may also decide to keep the brand name drug on our Drug List, but immediately add new rules.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your Participant Handbook. The Food and Drug Administration (FDA) also provides consumer information on drugs. Refer to the FDA website:

www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients.

You may also contact Member Services at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2025. Read below for more information about your prescription drug coverage.

The following table shows your costs for drugs in each of our 3 drug tiers.

	2024 (this year)	2025 (next year)
Drugs in Tier 1 Generic Drugs covered by Medicare Part D Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy	Your copay for a one-month (-30-day) supply is \$0 per prescription .	Your copay for a one-month (30-day) supply is \$0 per prescription .
Drugs in Tier 2 Brand Drugs that are covered by Medicare Part D Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy	: Your copay for a one-month (30-day) supply is \$0 per prescription.	Your copay for a one-month (30-day) supply is \$0 per prescription .
Drugs in Tier 3 (Medicaid-Covered Drugs, and Medicaid-Covered Over-the-Counter (OTC) Drugs, both generic and brand)	Your copay for a one-month (30-day) supply is \$0 per prescription .	Your copay for a one-month (30-day) supply is \$0 per prescription.]

E. How to choose a plan

E1. How to stay in our plan

We hope to keep you as a Participant next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a Medicare Advantage plan or change to Original Medicare, you will automatically stay enrolled as a Participant of our plan for 2025.

E2. How to leave PHP Care Complete FIDA-IDD Plan

You can end your participation at any time during the year. You will return to getting your Medicare and Medicaid services separately as described below.

You have three options for getting your Medicare services. By enrolling in one of these options, you will automatically end your participation in PHP Care Complete FIDA-IDD Plan.

1. You can change to:

A Medicare health plan, such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly (PACE)

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 Health Insurance Information, Counseling and Assistance Program (HIICAP) at 1-800-701-0501.

You will automatically be disenrolled from PHP Care Complete FIDA-IDD Plan 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.

If you need help or more information:

• Call the Health Insurance Information, Counseling and Assistance Program (HIICAP) at 1-800-701-0501

You will automatically be disenrolled from PHP Care Complete FIDA-IDD Plan when your Original Medicare 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 the Health Insurance Information, Counseling and Assistance Program (HIICAP) at 1-800-701-0501.

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 Health Insurance Information, Counseling and Assistance Program (HIICAP) at 1-800-701-0501.
- You will automatically be disenrolled from PHP Care Complete FIDA-IDD Plan when your Original Medicare coverage begins.

If you leave PHP Care Complete FIDA-IDD Plan, you will still be able to get your Medicaid services.

- You will get your long-term services and supports and your Medicaid physical and behavioral health services through Medicaid Fee-for-Service.
- You can use any provider that accepts Medicaid.

F. How to get help

F1. Getting help from PHP Care Complete FIDA-IDD Plan

Questions? We're here to help. Please call Participant Services at 1-855-747-5483 (TTY only, call 711) We are available for phone calls 8AM to 8PM, seven days a week.

Your 2025 Participant Handbook

The 2025 Participant 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 2025 Participant Handbook will be available by October 15. An up-to-date copy of the 2025 Participant Handbook is available on our website at www.phpcares.org. You may also call Participant Services at-855-747-5483 and 711 for TTY users during the hours of 8AM to 8PM, to ask us to mail you a 2025 Participant Handbook.

Our website

You can also visit our website at www.phpcares.org. 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*).

F2. Getting help from New York Medicaid Choice

New York Medicaid Choice is New York State's managed care enrollment broker. New York Medicaid Choice counselors can tell you about your other options. You can call New York Medicaid Choice at 1-844-FIDA IDD or 1-844-343-2433, Monday through Friday from 8:30 am to 8:00 pm and Saturday from 10:00 am to 6:00 pm. TTY users should call 1-888-329-1541.

F3. Getting help from the Independent Consumer Advocacy Network (ICAN)

ICAN is an ombudsman program that can help you if you are having a problem with PHP Care Complete FIDA-IDD Plan. ICAN's services are free.

- ICAN 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.
- ICAN makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- ICAN is not connected with us or with any insurance company or health plan.
 ICAN may be reached toll-free at 1-844-614-8800 or online at <u>icannys.org</u>. (TTY users call 711, then follow the prompts to dial 844-614-8800.)

F4. Getting help from the State Health Insurance Assistance Program (SHIP)

You can also call the State Health Insurance Assistance Program (SHIP). In New York State, the SHIP is called the Health Insurance Information, Counseling, and Assistance Program (HIICAP). HIICAP counselors can help you understand your choices and answer questions about switching plans. HIICAP is not connected with us or with any insurance company or health plan. HIICAP's phone number is 1-800-701-0501.

F5. 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 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, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2025

You can read the *Medicare & You 2025* 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/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.

F6. Getting help from Medicaid

To get information directly from Medicaid, call the Medicaid Helpline at 1-800-541-2831 (TTY: 1-877-898-5849). The Medicaid Helpline is available Monday through Friday from 8:00 am to 8:00 pm and Saturday from 9:00 am to 1:00 pm.