# 2023 Annual Notice of Changes

# Molina Dual Options Medicare-Medicaid Plan

# Illinois H8046-001

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Effective January 1 through December 31, 2023



# Molina Dual Options Medicare-Medicaid Plan offered by Molina Healthcare

# Annual Notice of Changes for 2023

# Introduction

You are currently enrolled as a member of Molina Dual Options. Next year, there will be changes to the plan's benefits, coverage, and rules. This Annual Notice of Changes tells you about the changes and where to find more information about them. To get more information about benefits, or rules please review the Member Handbook, which is located on our website at www.MolinaHealthcare.com/Duals. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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# A. Disclaimers

- \* Molina Dual Options Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- \* Your privacy is important to us. We respect and value your privacy. Molina Healthcare Notice of Privacy Practices has information about how we use and share our Members Protected Health Information (PHI). If you would like to get a paper copy of our Notice of Privacy Practices it is available on Molina Healthcare website.
- Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.
- Other Pharmacies/Physicians/Providers are available in our network.

# 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 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 (refer to page 8).
- You will get your Medicaid benefits through fee-for-service or a HealthChoice Illinois Medicaid Managed Long-Term Services and Supports (MLTSS) health plan (refer to page 10 for more information).

#### **B1. Additional resources**

- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (877) 901-8181, TTY: 711, Monday – Friday, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free.
- ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
   Llame al (877) 901-8181 (TTY: 711), los 7 días de la semana, de 8 a. m. a 8 p. m., hora local. La llamada es gratuita.
- You can get this information for free in other formats, such as large print, braille, or audio. Call (877) 901-8181, TTY: 711, Monday Friday, 8 a.m. to 8 p.m., local time. The call is free.
- You can ask that we always send you information in the language or format you need. This is called a standing request. We will keep track of your standing request so you do not need to make separate requests each time we send you information. To get this document in a language other than English or in an alternate format, call Member Services at (877) 901-8181, TTY: 711, Monday Friday, 8 a.m. to 8 p.m., local time. A representative can help you make or change a standing request. You can also contact your Care Coordinator for help with standing requests. To permanently change your preferred language, contact the State at (800) 843-6154, TTY: 711, Monday Friday, 8:30 a.m. to 5 p.m., local time to update your record with the preferred language.

## **B2. Information about Molina Dual Options**

- Molina Dual Options Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- Coverage under Molina Dual Options 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.
- Molina Dual Options is offered by Molina Healthcare. When this Annual Notice of Changes says "we," "us," or "our," it means Molina Healthcare. When it says "the plan" or "our plan," it means Molina Dual Options.

#### B3. Important things to do

- Check if there are any changes to our benefits that may affect you.
  - 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 section D 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 D 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 your overall costs in the plan.
  - 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 Molina Dual Options:

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 change plans:

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 enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section E, page 13 to learn more about your choices.

# C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2023.

**Please review the 2023** *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.MolinaHealthcare.com/Duals. You may also call Member Services at (877) 901-8181, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time 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 *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 and what you pay for these covered medical services next year. The following table describes these changes.

	2022 (this year)	2023 (next year)
Institution for Mental Disease Services for Individuals 65 or Older	You pay a minimum patient pay amount of \$0 and up to a maximum patient pay amount of \$11,470.	You pay a minimum patient pay amount of \$0 and up to a maximum patient pay amount of \$12,373.
Medicare Part B prescription drugs	Step therapy is <b>not</b> required.	Step therapy <b>may</b> be required for certain drugs.
Nursing Home Services	You pay a minimum patient pay amount of \$0 and up to a maximum patient pay amount of \$11,470.	You pay a minimum patient pay amount of \$0 and up to a maximum patient pay amount of \$12,373.

## D2. Changes to prescription drug coverage

# **Changes to our Drug List**

An updated *List of Covered Drugs* is located on our website at www.MolinaHealthcare.com/Duals. You may also call Member Services at (877) 901-8181, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time 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.

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 (877) 901-8181, TTY: 711, Monday Friday, 8 a.m. to 8 p.m., local time or contact your care coordinator 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.
- 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, refer to Chapter 9 of the 2023 Member Handbook or call Member Services at (877) 901-8181, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time.
  - If you need help asking for an exception, you can contact Member Services or your care coordinator.
     Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your care coordinator.
- Ask the plan to cover a temporary supply of the drug.

If your formulary exception is approved, you will be notified how long the approval will last. In most cases, approvals are given for one year. You will need to request a new formulary exception once your approval expires.

# **Important Message About What You Pay for Vaccines**

Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

# Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2023. Read below for more information about your prescription drug coverage.

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

	2022 (this year)	2023 (next year)	
Drugs in Tier 1	Your copay for a one-month	Your copay for a one-month	
(generic drugs)	(31-day) supply is <b>\$0 per</b> prescription.	(31-day) supply is <b>\$0 per</b> prescription.	
Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy			
Drugs in Tier 2	Your copay for a one-month	Your copay for a one-month	
(brand name drugs)	(31-day) supply is <b>\$0 per</b> prescription.	(31-day) supply is <b>\$0 per</b> prescription.	

	2022 (this year)	2023 (next year)
Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy		
Drugs in Tier 3	Your copay for a one-month	Your copay for a one-month
(Non-Medicare Rx/OTC drugs)	(31-day) supply is <b>\$0 per</b> prescription.	(31-day) supply is <b>\$0 per</b> prescription.
Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy		

# E. How to choose a plan

## E1. How to stay in our plan

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 Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2023.

## E2. How to change plans

If you want to keep getting your Medicare and Medicaid benefits together from a single plan, you can join a different Medicare-Medicaid Plan. You can enroll in the new Medicare-Medicaid Plan by calling Illinois Client Enrollment Services Monday through Friday from 8 a.m. to 6 p.m. at 1-877-912-8880. TTY users should call 1-866-565-8576. The call and help are free.

# E3. What if you don't want to join a different Medicare-Medicaid Plan

If you do not want to enroll in a different Medicare-Medicaid Plan after you leave Molina Dual Options, you will return to getting your Medicare and Medicaid services separately.

# E4. How you will get Medicare services

You will have three options for getting your Medicare services. By choosing one of these options, you will automatically end your membership in our Medicare-Medicaid Plan:

Change	What to do
1. You can change to:	Here is what to do:



Change	What to do
A Medicare health plan, such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly	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.
(PACE)	If you need help or more information:
	Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966. Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.
	You will automatically be disenrolled from Molina Dual Options when your new plan's coverage begins.
2. You can change to:	Here is what to do:
Original Medicare with a separate Medicare prescription drug plan	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 Senior Health Insurance Program (SHIP) at 1-800-252-8966. Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.
	You will automatically be disenrolled from Molina Dual Options when your Original Medicare coverage begins.
3. You can change to:	Here is what to do:
Original Medicare without a separate Medicare prescription drug plan	Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call
<b>NOTE:</b> 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.	1-877-486-2048.
	<ul> <li>If you need help or more information:</li> <li>Call the Senior Health Insurance Program (SHIP) at 1-800-252-8966. Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327.</li> </ul>
You should only drop prescription drug coverage if you have drug coverage from	The call and help are free.



Change	What to do
another source, such as an employer or union. If you have questions about whether you need drug coverage, call your Senior Health Insurance Program (SHIP) at 1-800-252-8966. TTY users should call 1-888-206-1327.	You will automatically be disenrolled from Molina Dual Options when your Original Medicare coverage begins.

# F. How you will get Medicaid services

If you leave the Medicare-Medicaid Plan, you will either get your Medicaid services through fee-for-service or be required to enroll in the HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) program to get your Medicaid services.

If you are not in a nursing facility or enrolled in a Home and Community-Based Services (HCBS) Waiver, you will get your Medicaid services through fee-for-service. You can use any provider that accepts Medicaid and new patients.

If you are in a nursing facility or are enrolled in an HCBS Waiver, you will be required to enroll in the HealthChoice Illinois MLTSS program to get your Medicaid services.

To choose a HealthChoice Illinois MLTSS health plan, you can call Illinois Client Enrollment Services at 1-877-912-8880 from 8 a.m. to 6 p.m. Monday through Friday. TTY users should call 1-866-565-8576. Tell them you want to leave Molina Dual Options and join a HealthChoice Illinois MLTSS health plan.

If you don't pick a HealthChoice Illinois Managed Long-Term Services and Supports (MLTSS) health plan, you will be assigned to our company's HealthChoice Illinois MLTSS health plan.

After you are enrolled in a HealthChoice Illinois MLTSS health plan, you will have 90 days to switch to another HealthChoice Illinois MLTSS health plan.

You will get a new Member ID Card, a new Member Handbook, and a new Provider and Pharmacy Directory from your HealthChoice Illinois MLTSS health plan.

# G. How to get help

# G1. Getting help from Molina Dual Options

Questions? We're here to help. Please call Member Services at (877) 901-8181 (TTY only, call 711). We are available for phone calls Monday - Friday, 8 a.m. to 8 p.m., local time.



#### Your 2023 Member Handbook

The 2023 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 2023 Member Handbook will be available by October 15. An up-to-date copy of the 2023 Member Handbook is available on our website at www.MolinaHealthcare.com/Duals. You may also call Member Services at (877) 901-8181, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time to ask us to mail you a 2023 Member Handbook.

#### Our website

You can also visit our website at www.MolinaHealthcare.com/Duals. 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 Illinois Client Enrollment Services

You can call Illinois Client Enrollment Services at 1-877-912-8880, Monday through Friday from 8 a.m. to 6 p.m. TTY users should call 1-866-565-8576. The call and help are free.

#### G3. Getting help from the Illinois Long-Term Care Ombudsman Program

The Illinois Long-Term Care Ombudsman Program is an ombudsman program that can help you if you are having a problem with Molina Dual Options. The ombudsman's services are free. The Illinois Long-Term Care Ombudsman Program:

- 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.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- is not connected with us or with any insurance company or health plan.

You can call the Illinois Long-Term Care Ombudsman Program at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.

# G4. Getting help from the Senior Health Insurance Assistance Program (SHIP)

You can also call the Senior Health Insurance Program (SHIP). The SHIP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. The SHIP is not connected with us or with any insurance company or health plan. You can call the SHIP at 1-800-252-8966 Monday through Friday from 8:30 a.m. to 5 p.m. TTY users should call 1-888-206-1327. The call and help are free.



#### G5. 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 Website**

You can visit the Medicare website (www.medicare.gov). 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 2023

You can read Medicare & You 2023 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.

#### G6. Getting help from Medicaid

If you have questions about your Medicaid eligibility, you can:

- Contact the Illinois Department of Human Services (DHS) Customer Help Line. Call 1-800-843-6154 Monday through Friday from 8 a.m. to 5 p.m. TTY users should call 1-866-324-5553.
- Visit www.dhs.state.il.us

# **Getting help from the Quality Improvement Organization (QIO)**

You can call Livanta, Medicare's Quality Improvement Organization (QIO) for Illinois, for help with quality of care problems or to report quality of care issues that you experienced while seeking care from a particular health care provider. Call Livanta at (888) 524-9900, TTY: (888) 985-8775. The call is free.

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