

# 2022 Annual Notice of Changes

## Molina Dual Options STAR+PLUS Medicare-Medicaid Plan

### Texas H8197-002-001

Serving the following counties: Dallas, El Paso, and Hidalgo

**Effective January 1 through December 31, 2022**



**Molina Dual Options STAR+PLUS Medicare-Medicaid Plan offered by Molina Healthcare*****Annual Notice of Changes for 2022***

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You are currently enrolled as a member of Molina Dual Options STAR+PLUS MMP. Next year, there will be some changes to the plan's benefits, coverage, and rules. This section 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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If you have questions, please call Molina Dual Options STAR+PLUS MMP at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. For more information, visit [www.MolinaHealthcare.com/Duals](http://www.MolinaHealthcare.com/Duals).



## A. Disclaimers

- ❖ Molina Dual Options STAR+PLUS Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.
- ❖ 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.

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## B. Reviewing your Medicare and Texas 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 Texas Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (go to page 8).
- If you do not want to enroll in a different Medicare-Medicaid plan after you leave Molina Dual Options STAR+PLUS MMP, you will go back to getting your Medicare and Texas Medicaid services separately.

### B1. Additional resources

- **ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call (866) 856-8699, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free.
- **ATENCIÓN:** Si usted habla español, los servicios de asistencia del idioma, sin costo, están disponibles para usted. Llame al (866) 856-8699, servicio TTY al 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. La llamada es gratuita.
- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call (866) 856-8699, 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.

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- To get this document in a language other than English, please contact the State at (800) 252-8263, TTY: 711, Monday – Friday, 8 a.m. to 5 p.m., local time to update your record with the preferred language. To get this document in an alternate format, please contact Member Services at (866) 856-8699, 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 Service Coordinator for help with standing requests.

## **B2. Information About Molina Dual Options STAR+PLUS MMP**

- Molina Dual Options STAR+PLUS MMP is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.
- Coverage under Molina Dual Options STAR+PLUS MMP 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information on the individual shared responsibility requirement.
- Molina Dual Options STAR+PLUS MMP 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 STAR+PLUS MMP.

## **B3. Important things to do**

- **Check if there are any changes to our benefits and costs 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?

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- 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 STAR+PLUS MMP:**

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 8 to learn more about your choices.

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## C. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2022.

We strongly encourage you to **review our current *Provider and Pharmacy Directory*** to find out if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at [www.MolinaHealthcare.com/Duals](http://www.MolinaHealthcare.com/Duals). You may also call Member Services at (866) 856-8699, 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*.

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## 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.



If you have questions, please call Molina Dual Options STAR+PLUS MMP at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. For more information, visit [www.MolinaHealthcare.com/Duals](http://www.MolinaHealthcare.com/Duals).

	2021 (this year)	2022 (next year)
<b>Eyewear</b>	Eyewear is covered every 2 years. Prior Authorization is <b>not</b> required.	Eyewear is covered every 2 years. Prior Authorization <b>may</b> be required.  Plan also covers up to a \$200 eyewear allowance every year.
<b>Mental Health Specialty Services</b>	Prior Authorization is <b>not</b> required.	Prior Authorization <b>may</b> be required.
<b>Other Health Care Professional Services</b>	Prior Authorization is <b>not</b> required.	Prior Authorization <b>may</b> be required.
<b>Opioid Treatment Program Services</b>	Prior Authorization is <b>not</b> required.	Prior Authorization <b>may</b> be required.
<b>Outpatient Blood Services</b>	Prior Authorization is <b>not</b> required.	Prior Authorization <b>may</b> be required.
<b>Outpatient Substance Abuse</b>	Prior Authorization is <b>not</b> required.	Prior Authorization <b>may</b> be required.
<b>Over-the-counter (OTC) items</b>	Over-the-counter (OTC) allowance does carry over into next period.	Over-the-counter (OTC) allowance does <b>not</b> carry over to the next period.
<b>Podiatry Services</b>	Prior Authorization is <b>not</b> required.	Prior Authorization <b>may</b> be required.
<b>Psychiatric Services</b>	Prior Authorization is <b>not</b> required.	Prior Authorization <b>may</b> be required.
<b>Reacher/Grabber</b>	Reacher/Grabber is covered.	Reacher/Grabber is <b>not</b> covered.
<b>Supervised Exercise Therapy (SET)</b>	Prior Authorization is <b>not</b> required.	Prior Authorization <b>may</b> be required.

## 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](http://www.MolinaHealthcare.com/Duals). You may also call Member Services at (866) 856-8699, 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 (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time or contact your Service 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 *2022 Member Handbook* or call Member Services at (866) 856-8699, 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 Service Coordinator. Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your Service 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.

### Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2022. 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.

	2021 (this year)	2022 (next year)
<b>Drugs in Tier 1</b> (generic drugs)	Your copay for one-month (31-day) supply is <b>\$0 per prescription.</b>	Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b>



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	2021 (this year)	2022 (next year)
Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy		
<b>Drugs in Tier 2</b> (brand name drugs)  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 (31-day) supply is <b>\$0 per prescription.</b>	Your copay for a one-month (31-day) supply is <b>\$0 per prescription.</b>
<b>Drugs in Tier 3</b> (Non-Medicare Rx/OTC drugs)  Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy	Your co-pay for a one-month (31-day) supply is <b>\$0 per prescription.</b>	Your co-pay for a one-month (31-day) supply is <b>\$0 per prescription.</b>

## 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 2022.

### E2. How to change plans

These are the four ways people usually end membership in our plan:

Change	What to do
<b>1. You can change to:</b>  <b>A different Medicare-Medicaid Plan</b>	<b>Here is what to do:</b>  Call the STAR+PLUS help line at 1-877-782-6440, Monday - Friday, 8 a.m. to 6 p.m., central time. TTY users should call

If you have questions, please call Molina Dual Options STAR+PLUS MMP at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. For more information, visit [www.MolinaHealthcare.com/Duals](http://www.MolinaHealthcare.com/Duals).



Change	What to do
	<p>711 or 1-800-735-2989. Tell them you want to leave Molina Dual Options STAR+PLUS MMP and join a different Medicare-Medicaid plan. If you are not sure what plan you want to join, they can tell you about other plans in your area; OR</p> <p>Send the STAR+PLUS help line a STAR+PLUS Medicare-Medicaid Enrollment Form. You can get the form by calling the STAR+PLUS help line at 1-877-782-6440, Monday - Friday, 8 a.m. to 6 p.m., central time if you need them to mail you one.</p> <p>Your coverage with Molina Dual Options STAR+PLUS MMP will end on the last day of the month that we get your request.</p>
<p><b>2. You can change to:</b></p> <p><b>A Medicare health plan, such as a Medicare Advantage plan or Programs of All-inclusive Care for the Elderly (PACE)</b></p>	<p><b>Here is what to do:</b></p> <p>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.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-3439. In Texas, the SHIP is called the Health Information Counseling &amp; Advocacy Program of Texas (HICAP).</li> </ul> <p>You will automatically be disenrolled from Molina Dual Options STAR+PLUS MMP when your new plan's coverage begins.</p>
<p><b>3. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>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.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-3439. In Texas, the SHIP is called the Health Information Counseling &amp; Advocacy Program of Texas (HICAP).</li> </ul>

If you have questions, please call Molina Dual Options STAR+PLUS MMP at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. For more information, visit [www.MolinaHealthcare.com/Duals](http://www.MolinaHealthcare.com/Duals).



Change	What to do
	You will automatically be disenrolled from Molina Dual Options STAR+PLUS MMP when your Original Medicare coverage begins.
<p><b>4. You can change to: Original Medicare without a separate Medicare prescription drug plan</b></p> <p><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.</p> <p>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 Information Counseling &amp; Advocacy Program of Texas (HICAP) at 1-800-252-3439.</p>	<p><b>Here is what to do:</b></p> <p>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.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-3439. In Texas, the SHIP is called the Health Information Counseling &amp; Advocacy Program of Texas (HICAP).</li> </ul> <p>You will automatically be disenrolled from Molina Dual Options STAR+PLUS MMP when your Original Medicare coverage begins.</p>

## F. How to get help

### F1. Getting help from Molina Dual Options STAR+PLUS MMP

Questions? We're here to help. Please call Member Services at (866) 856-8699, (TTY only, call 711). We are available for phone calls Monday - Friday, 8 a.m. to 8 p.m., local time. Calls to these numbers are free.

#### **Your 2022 Member Handbook**

The *2022 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 *2022 Member Handbook* will be available by October 15. An up-to-date copy of the *2022 Member Handbook* is available on our website at [www.MolinaHealthcare.com/Duals](http://www.MolinaHealthcare.com/Duals). You may also call Member

Services at (866) 856-8699, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time to ask us to mail you a *2022 Member Handbook*.

### **Our website**

You can also visit our website at [www.MolinaHealthcare.com/Duals](http://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*).

### **F2. Getting help from the STAR+PLUS help line**

The STAR+PLUS help line can help you enroll and disenroll in a STAR+PLUS MMP. You can call the STAR+PLUS help line at (877) 782-6440, Monday to Friday, 8 a.m. to 6 p.m., central time.

### **F3. Getting help from the HHSC Office of the Ombudsman**

The HHSC Office of the Ombudsman helps people enrolled in Texas Medicaid with service or billing problems. The ombudsman's services are free.

- The HHSC Office of the 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.
- The HHSC Office of the Ombudsman can help you file a complaint or an appeal with our plan. They can help you if you are having a problem with Molina Dual Options STAR+PLUS MMP.
- The HHSC Office of the Ombudsman makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The HHSC Office of the Ombudsman is not connected with us or with any insurance company or health plan. The phone number for the HHSC Office of the Ombudsman is 1-866-566-8989.

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

You can also call the State Health Insurance Assistance Program (SHIP). The SHIP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). HICAP is not connected with any insurance company or health plan, and HICAP's services are free.

The HICAP phone number is 1-800-252-3439.

### **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.



If you have questions, please call Molina Dual Options STAR+PLUS MMP at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. For more information, visit [www.MolinaHealthcare.com/Duals](http://www.MolinaHealthcare.com/Duals).

### **Medicare's Website**

You can visit the Medicare website ([www.medicare.gov](http://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, go to [www.medicare.gov](http://www.medicare.gov) and click on "Find plans.")

### **Medicare & You 2022**

You can read the *Medicare & You 2022* 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](http://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.

### **F6. Getting help from Texas Medicaid**

The phone number for Texas Medicaid is 1-800-252-8263. This call is free. TTY users should call 1-800-753-8583 or 7-1-1.

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

This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare. KEPRO is not connected with our plan.

KEPRO

Phone: (888) 315-0636

Fax: (844) 878-7921

Email: [QIOCommunications@kepro.com](mailto:QIOCommunications@kepro.com)

Web: <https://www.keproqio.com/>

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