

Partnership (HMO SNP) Annual Notice of Changes for 2012

This booklet tells you how your Medicare and Medicaid benefits will change next year if you stay in Partnership. These changes will take effect on January 1, 2012 if you stay in this plan.

To decide what's best for you, compare this information with the benefits of other Medicare health plans in your area, as well as the benefits and costs of Original Medicare.

This plan, Partnership, is offered by Care Wisconsin Health Plan, Inc. (When this *Annual Notice of Changes* says "we," "us," or "our," it means Care Wisconsin Health Plan, Inc. When it says "plan" or "our plan," it means Partnership.)

Partnership is a Coordinated Care Plan with a Medicare Advantage Contract and a contract with the Wisconsin Medicaid Program.

Care Wisconsin's Partnership Program has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until December 31, 2014. NCQA's approval is based on a review of Care Wisconsin's Partnership Program Model of Care and is an indicator of compliance with CMS requirements. NCQA's approval is not an endorsement by CMS and/or NCQA of Care Wisconsin's Partnership Program or the quality of service provided by Care Wisconsin's Partnership Program. Care Wisconsin's Partnership Program will still need to be approved each year by CMS in order to operate. If you have questions regarding our approval by the NCQA, please contact us at 1-800-963-0035.

INTERPRETER SERVICES

Interpreter services are available free of charge. For help to translate or understand this, please call 1-800-963-0035 (TTY Call the Wisconsin Relay System at 711 or 1-800-947-3529).

Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-800-963-0035 (TTY Call the Wisconsin Relay System at 711 or 1-800-947-3529).

Если вам не всё понятно в этом документе, позвоните по телефону 1-800-963-0035 (TTY Call the Wisconsin Relay System at 711 or 1-800-947-3529).

Yog xav tau kev pab txhais cov ntaub ntauv no kom koj totaub, hu rau 1-800-963-0035 (TTY Call the Wisconsin Relay System at 711 or 1-800-947-3529).

If you have special needs, this document may be available in other formats.

Annual Notice of Changes for 2012

Table of Contents

Section 1. Important things to know.....	1
You are currently enrolled in Partnership, which is a specialized Medicare Advantage Plan (Special Needs Plan).....	1
If you stay enrolled in Partnership for 2012, there will be some changes to your benefits.....	1
This <i>Annual Notice of Changes</i> is only a summary.....	1
What should you do?	2
There are programs to help people with limited resources pay for their prescription drugs.....	3
How can you get information about your drug costs under the Extra Help program?	3
Section 2. Changes to your monthly premium	3
Section 3. Medical services: Changes to your benefits and cost sharing (“out-of-pocket” costs).....	3
Changes to your <u>benefits</u>	4
Changes to your cost sharing (“ <u>out-of-pocket</u> ” costs).....	4
Section 4. Part D prescription drugs: Changes to your benefits and “out-of-pocket” costs	4
Changes to the <i>List of Covered Drugs (Formulary)</i>	4
Changes to your “ <u>out-of-pocket</u> ” costs.....	5
What if changes for 2012 affect drugs you are taking now?	5
Section 5. What about changes to the plan’s network of providers?.....	5
Will your doctors and other providers still be in the plan’s network next year?	5
Section 6. Do you want to stay in the plan or make a change?	5

Do you want to stay with Partnership?	5
Do you want to make a change?	6
Section 7. Do you need some help? Would you like more information?	7
We have information and answers for you	7
You can get help and information from your State Health Insurance Assistance Program (SHIP)	8
You can get help and information from Medicare.....	8
You can get help and information from Medicaid.....	9
You can get help from your county resource center	9
Partnership Customer Service.....	9
State Health Insurance Assistance Program (SHIP).....	10

Section 1. Important things to know

You are currently enrolled in Partnership, which is a specialized Medicare Advantage Plan (Special Needs Plan)

You are currently enrolled as a member of Partnership. This plan is a specialized Medicare Advantage Plan (a Medicare “Special Needs Plan”), which means its benefits are designed for people with special health care needs. Partnership is designed specifically for people who have Medicare and Medicaid.

Because you get assistance from Medicaid, you will pay less for some of your Medicare health care services. Medicaid also provides other benefits to you by covering health and long-term care services and drugs that are not usually covered under Medicare. You will also receive Extra Help from Medicare to pay for the costs of your Medicare prescription drugs. Partnership will help manage all of these benefits for you, so that you get the health care services and payment assistance that you are entitled to.

Partnership is run by a nonprofit organization. Like all Medicare Advantage Plans, this Medicare Special Needs Plan is approved by Medicare. The plan also has a contract with the Wisconsin Medicaid program to coordinate your Medicaid benefits. We are pleased to be providing your Medicare and Medicaid health and long-term care coverage, including your drug coverage.

If you stay enrolled in Partnership for 2012, there will be some changes to your benefits

Each year, Medicare health plans may decide to change the premiums, cost-sharing amounts, and benefits they offer. These changes may include increasing or decreasing premiums, increasing or decreasing cost-sharing amounts, and adding or subtracting benefits.

We’re sending you this *Annual Notice of Changes* to tell you how your Medicare and Medicaid benefits and costs, as a member of Partnership, will change next year from your current benefits. The changes will take effect on January 1, 2012. Medicare has approved these changes.

This *Annual Notice of Changes* is only a summary

This *Annual Notice of Changes* gives you a summary of the changes in your Medicare and Medicaid benefits and what you will pay for these services in 2012. This notice is a brief summary, not a comprehensive description of benefits. For more information, contact the plan or look in your *Summary of Benefits*.

- To see a summary of all Medicare and Medicaid benefits and costs for 2012, you can look in the 2012 *Summary of Benefits* for Partnership. (We have included a copy of the *Summary of Benefits* in the same envelope with this *Annual Notice of Changes*. If you do not have this copy, please call Customer Service.)

- To get the details, you can look in the 2012 *Evidence of Coverage* for Partnership. The *Evidence of Coverage* is the legal, detailed description of your Medicare and Medicaid benefits and costs for 2012. It explains your rights and the rules you need to follow to get your covered services and prescription drugs. (We will send you a copy of the *Evidence of Coverage* by December 31, 2011.)
- If you have questions or need more information, you can always call Customer Service at 1-800-963-0035 (TTY only, call Wisconsin Relay System 711). Hours are Monday-Friday, 8 a.m. to 4:30 p.m., and calls to these numbers are free.

What should you do?

We want you to know what's ahead for next year, so **please read the rest of this document very soon to see how the changes in Medicare and Medicaid benefits and costs will affect you if you stay enrolled in Partnership for 2012.** If you make a change, your new coverage will start on January 1, 2012.

To decide what's best for you, compare this information about the 2012 benefits and costs for Partnership to what your benefits and costs would be if you switched to a different Medicare health plan or to Original Medicare.

If you have access to the Internet, you can find information about plans available in your area by using the Medicare Plan Finder on the Medicare Web site at www.medicare.gov. The Plan Finder helps you compare your choices by giving you information about plans' benefits and costs and showing you how Medicare rates the plans. For example, these ratings let you compare how well plans are doing in different categories that include detecting and preventing illness, member satisfaction, and customer service. (To view the information about plans, go to www.medicare.gov. Click on the "Health & Drug Plans" button on the left and then choose "Compare Drug and Health Plans.") If you want us to mail you a copy of the ratings for Partnership that are shown on the Medicare Web site, please call us at 1-800-963-0035, Monday-Friday, 8 a.m. to 4:30 p.m. TTY users call Wisconsin Relay System 711.

To get information about Original Medicare and about Medicare plans available in your area, you can also call Medicare or your State Health Insurance Assistance Program. For numbers to call, see Section 7 of this *Annual Notice of Changes*.

Aging and Disability Resource Centers (ADRC) provide a place to get information and assistance on all aspects of life related to aging or living with a disability, including all available programs and services. ADRC services can be provided at the Center, via telephone or through a home visit, whichever is more convenient to you. The ADRC is responsible for enrollment counseling, enrollment and disenrollment in the Family Care and Family Care Partnership Programs and the Program of All-Inclusive Care for the Elderly (PACE) in Wisconsin. Visit www.dhs.wisconsin.gov for more information about ADRCs.

You can contact the ADRC in your county of residence or Partnership in Dane County as listed below.

Columbia County ADRC	1-888-742-9233
Dane County Partnership	1-800-963-0035
Dodge County ADRC	1-800-924-6407
Jefferson County ADRC	1-866-740-2372
Sauk County ADRC	1-800-482-3710

We value your membership in Partnership and hope to keep you as a member. But if you want to make a change for 2012, see “*When can you change to a different plan?*” in Section 6 for time periods when you can make a change.

There are programs to help people with limited resources pay for their prescription drugs

Because you get assistance from Medicaid, you get “**Extra Help**” from Medicare to pay for your prescription drugs. The Extra Help program is also called the “low-income subsidy” or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To learn more about the Extra Help program, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also look in Section III of the *Medicare & You 2012 Handbook* or call your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 7 of this *Annual Notice of Changes*).

How can you get information about your drug costs under the Extra Help program?

You receive Extra Help from Medicare to pay for your prescription drugs. Because you have Extra Help, we send you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS Rider), which tells you about your drug coverage. If you don’t have this insert, please call Customer Service and ask for the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS Rider). Phone numbers for Customer Service are in Section 7 of this *Annual Notice of Changes*.

Section 2. Changes to your monthly premium

	2011 (this year)	2012 (next year)
Monthly premium	\$0	\$0

Section 3. Medical services: Changes to your benefits and cost sharing (“out-of-pocket” costs)

Our benefits will be exactly the same in 2012 as they are in 2011.

Changes to your benefits

Our benefits will be exactly the same in 2012 as they are in 2011. However, there are some changes in what you will pay for these covered services. See the next section for more information about the change in what you pay for covered services.

Changes to your cost sharing (“out-of-pocket” costs)

The amounts you pay “out-of-pocket” for covered services, usually at the time services are received, will be exactly the same in 2012 as they are in 2011.

You do not have “out-of-pocket” costs for covered services. You pay nothing for medical services covered by Partnership.

Section 4. Part D prescription drugs: Changes to your benefits and “out-of-pocket” costs

Changes to the *List of Covered Drugs (Formulary)*

Partnership has a *List of Covered Drugs (Formulary)* – or “Drug List” for short. It tells which Part D prescription drugs are covered by the plan.

We may make changes to the plan’s Drug List from time to time throughout the year. In addition, there are a number of changes to the Drug List that will take effect on January 1, 2012. Changes to the plan’s Drug List have been approved by Medicare.

- **We have added some new drugs to the list and removed others.** We have added some new drugs that became available. We have replaced some brand name drugs with new generic drugs. We have replaced some expensive drugs with less costly drugs that have been shown to work just as well or better. We have removed a few drugs due to safety concerns or because medical research has shown they are not effective.
- **We have added some new restrictions to certain drugs, and reduced the restrictions on others.** Restrictions can include a requirement to get plan approval in advance or to try a different drug first to see how well it works. Restrictions can also include limits on the quantity of the drug that the plan will cover for you.
 - If there is a restriction for your drug, it usually means that you or your provider will have to take extra steps in order for us to cover the drug. If there is a restriction on the drug you want to take, you should contact Customer Service to learn what you or your provider would need to do to get coverage for the drug.

Please check to see if any of these changes to drug coverage affect the drugs you use.

- You can look for your drugs on the Drug List we sent with this *Annual Notice of Changes*. If you can’t find some of your drugs on this Drug List, you can call Customer Service for help finding your drugs.

Changes to your “out-of-pocket” costs

You do not have “out-of-pocket” costs for covered prescription drugs. You pay nothing for prescription drugs covered by Partnership.

Medicare allows us to **change what you pay for a drug** only once a year. The changes shown below will take effect on January 1, 2012, and stay the same for the entire plan year.

What if changes for 2012 affect drugs you are taking now?

What if a drug you are taking now is not on the Drug List for 2012? What if a new restriction has been added to the coverage for this drug? If you are in any of these situations, here’s what you can do:

- **Perhaps you can find a different drug** covered by the plan that might work just as well for you. You can call Customer Service to ask for a list of covered drugs that treat the same medical condition. This list can help your doctor to find a covered drug that might work for you.
- **You and your doctor can ask the plan to make an exception for you** and cover the drug. To learn what you must do to ask for an exception, contact Customer Service (phone numbers are in Section 7 of this *Annual Notice of Changes*).

Section 5. What about changes to the plan’s network of providers?

Will your doctors and other providers still be in the plan’s network next year?

There are changes to the network of providers for 2012. In addition, it’s possible for the network of plan providers to change at any time during the year.

- **Please check with your doctors and other providers you currently use** to make sure they will continue to be part of the provider network for Partnership in 2012.
- For the most up-to-date information on the network of providers, check our Web site, www.carewisconsinhealthplan.org, or call Customer Service (see phone numbers in Section 7 of this *Annual Notice of Changes*).

Section 6. Do you want to stay in the plan or make a change?

Do you want to stay with Partnership?

If you want to keep your membership in Partnership for 2012, it’s easy. You don’t need to tell us or fill out any paperwork. **You will automatically remain enrolled as a member if you do not sign up for a different plan or Original Medicare.**

Do you want to make a change?

If you decide to leave Partnership, you can switch to a different Medicare health plan (either with or without Medicare prescription drug coverage) or you can cancel your plan enrollment and switch to Original Medicare (either with or without a separate Medicare prescription drug plan). If you switch to a different plan or to Original Medicare, you will continue to get the assistance from Medicaid that you are entitled to.

If you want to change to a different plan, there are many choices. If you have access to the Internet, you can find information about plans available in your area by using the Medicare Plan Finder on the Medicare Web site. (To view the information about plans, go to www.medicare.gov and click on the “Health & Drug Plans” button on the left. Then choose “Compare Drug and Health Plans.”) You can also get information about plans from Medicare or from your State Health Insurance Assistance Program. (For numbers to call, see Section 7 of this *Annual Notice of Changes*.)

When can you change to a different plan?

You can change your Medicare coverage **at any time**. You can change to another Medicare health plan (either with or without Medicare prescription drug coverage) or you can cancel your plan enrollment and switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. Your new coverage will start on the first day of the month after you request the change.

How do you make a change?

Usually, to end your membership in our plan, you simply enroll in another Medicare plan. However, if you want to switch from our plan to Original Medicare but you have not selected a separate Medicare prescription drug plan, you must ask to be disenrolled from our plan. There are three ways you can ask to be disenrolled:

- You can make a request in writing to us. (Contact Customer Service if you need more information on how to do this.)
- You can contact 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.
- --or-- You can contact your local Aging and Disability Resource Center. Refer to Section 7.

The table below explains how you should end your membership in our plan.

If you would like to switch from our plan to:	This is what you should do:
<ul style="list-style-type: none"> • Another Medicare health plan. 	<ul style="list-style-type: none"> • Enroll in the new Medicare health plan.

If you would like to switch from our plan to:	This is what you should do:
	<p>You will automatically be disenrolled from Partnership when your new plan's coverage begins.</p>
<ul style="list-style-type: none"> • Original Medicare <i>with</i> a separate Medicare prescription drug plan. 	<ul style="list-style-type: none"> • Enroll in the new Medicare prescription drug plan. <p>You will automatically be disenrolled from Partnership when your new plan's coverage begins.</p>
<ul style="list-style-type: none"> • Original Medicare <i>without</i> a separate Medicare prescription drug plan. <ul style="list-style-type: none"> ○ 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 have opted out of automatic enrollment. 	<ul style="list-style-type: none"> • Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are on the back cover of this booklet). • You can also contact Medicare, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048. • You will be disenrolled from Partnership when your coverage in Original Medicare begins.

Section 7. Do you need some help? Would you like more information?

We have information and answers for you

To learn more, read the information we sent in the same package with this *Annual Notice of Changes*. This includes a copy of the *Summary of Benefits* and a copy of the *List of Covered Drugs (Formulary)*.

If you have any questions, we are here to help. Please call our Customer Service at 1-800-963-0035 (TTY only, call Wisconsin Relay System 711). We are available for phone calls Monday-Friday, 8 a.m. to 4:30 p.m. Calls to these numbers are free.

You can get help and information from your State Health Insurance Assistance Program (SHIP)

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Wisconsin, the SHIP is called the State Health Insurance Assistance Program.

The State Health Insurance Assistance Program is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. The State Health Insurance Assistance Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call:

- **Wisconsin Board on Aging & Long Term Care** at 1-800-242-1060.
- **Wisconsin Prescription Drug Helpline**, operated by the Coalition of Wisconsin Aging Groups, primarily for persons age 60 and older, at 1-866-456-8211 or 1-888-758-6047 (TTY/Textnet).
- **Disability Drug Benefit Helpline**, operated by Disability Rights Wisconsin, primarily for persons under age 60 eligible for Medicare because of a disability, at 1-800-926-4862 or 1-888-758-6049 (TTY).
- **Office for the Deaf and Hard of Hearing** for persons who are deaf or hard of hearing and use sign language as their primary language. Contact the Wisconsin Relay System at 711 or 1-800-947-3529.

You can get help and information from Medicare

Here are three ways to get information directly from Medicare:

- **Call 1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- **Visit the Medicare Web site** (www.medicare.gov).
- **Read *Medicare & You 2012 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 Web site (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.

You can get help and information from Medicaid

You can call the ForwardHealth Member Services at 1-800-362-3002 to get general information about Medicaid. All Medicaid applicants and members can also use ACCESS. ACCESS is an online tool at www.access.wi.gov that can be used for:

- Finding out what if you are eligible for a program
- Applying for benefits
- Checking your benefits
- Reporting changes
- Getting a new ForwardHealth Card

You can get help from your county resource center

Aging and Disability Resource Centers (ADRC) provide a place to get information and assistance on all aspects of life related to aging or living with a disability, including all available programs and services. ADRC services can be provided at the Center, via telephone or through a home visit, whichever is more convenient to you. The ADRC is responsible for enrollment counseling, enrollment and disenrollment in the Family Care and Family Care Partnership Programs and the Program of All-Inclusive Care for the Elderly (PACE) in Wisconsin. Visit www.dhs.wisconsin.gov for more information about ADRCs.

You can contact the ADRC in your county of residence or Partnership in Dane County as listed below.

Columbia County ADRC	1-888-742-9233
Dane County Partnership	1-800-963-0035
Dodge County ADRC	1-800-924-6407
Jefferson County ADRC	1-866-740-2372
Sauk County ADRC	1-800-482-3710

Partnership Customer Service

CALL 1-800-963-0035

Calls to this number are free. Hours are Monday-Friday, 8 a.m. to 4:30 p.m.

Customer Service also has free language interpreter services available for non-English speakers.

TTY	Wisconsin Relay System 711 -- or --1-800-947-3529 (This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.) Calls to this number are free. Hours are Monday-Friday, 8 a.m. to 4:30 p.m.
FAX	1-608-241-5230
WRITE	Care Wisconsin Health Plan Partnership Customer Service P.O. Box 14017 Madison, WI 53708-0017
WEB SITE	www.carewisconsinhealthplan.org

State Health Insurance Assistance Program (SHIP)

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Wisconsin, the SHIP is called the State Health Insurance Assistance Program.

The State Health Insurance Assistance Program is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. The State Health Insurance Assistance Program counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call:

- **Wisconsin Board on Aging & Long Term Care** at 1-800-242-1060.
- **Wisconsin Prescription Drug Helpline**, operated by the Coalition of Wisconsin Aging Groups, primarily for persons age 60 and older, at 1-866-456-8211 or 1-888-758-6047 (TTY/Textnet).
- **Disability Drug Benefit Helpline**, operated by Disability Rights Wisconsin, primarily for persons under age 60 eligible for Medicare because of a disability, at 1-800-926-4862 or 1-888-758-6049 (TTY).
- **Office for the Deaf and Hard of Hearing** for persons who are deaf or hard of hearing and use sign language as their primary language. Contact the Wisconsin Relay System at 711 or 1-800-947-3529.