



Addendum to the New York State Anthem Blue Cross and Blue Shield HP Health and Recovery Plan Member Handbook for the Integrated Benefits for Dually Eligible Enrollees (IB-Dual) Program

Introduction

This member handbook addendum provides information for members of the Integrated Benefits for Dually Eligible Enrollees (IB-Dual) Program. The IB-Dual program allows Medicare-eligible members to be enrolled in Anthem Blue Cross and Blue Shield HP Health and Recovery Plan (HARP) health plan. Members will get their Medicare and Medicaid benefits through Anthem.

How to Use This Handbook Addendum

This addendum will tell you how your new integrated healthcare program works and how you can get the most from Anthem. It provides you with information that applies to an IB-Dual member (i.e., a member who has both Medicare and Medicaid coverage with the same health plan).

This includes information about enrollment, disenrollment, access to services, and how to file a complaint or appeal that may be different than what is included in your Anthem HARP member handbook.

When you have a question, check your handbook or call Anthem Member Services.

Enrollment

To be a member of the IB-Dual Program offered by Anthem, you must:

- Have both Medicare Part A and Medicare Part B and be enrolled in Anthem Medicare Advantage Dual Special Needs Plan (D-SNP) Part C,
- Live in the plan's service area Bronx, Kings, Nassau, New York, Orange, Queens, Richmond, Rockland, Suffolk, and Westchester,
- Be a United States citizen or be lawfully present in the United States,
- Be enrolled in Anthem Medicaid Managed Care or Health and Recovery Plan (HARP), and
- Not be in receipt of community based long term care services (CBLTSS) for more than 120 days.

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800-300-8181 (TTY 711)



Your Health Plan Identification (ID) Card

After you enroll, you will be sent a welcome letter. Your new Anthem IB-Dual ID card should arrive within 14 days after your enrollment date. Your card has your primary care provider's (PCP's) name and phone number on it. It will also have your Client Identification Number (CIN). If anything is wrong on your Anthem IB-Dual ID card, call us right away. Your IB-Dual ID card does not show that you have Medicaid or that Anthem is a special type of health plan.

Always carry your IB-Dual ID card and show it each time you go for care. If you need care before the card comes, your welcome letter is proof that you are a member. You should keep your Medicaid benefit card. You will need this card to get services that Anthem does not cover.

Disenrollment

You may disenroll from the IB-Dual program at any time. If you voluntarily disenroll from either the Medicare or Medicaid coverage with us, your coverage under this program will end.

You may be involuntarily disenrolled from your IB-Dual program if you:

- permanently move out of our service area for the IB-Dual program,
- lose your Medicaid coverage and don't regain it within 90 days (see below under "Loss of Medicaid Eligibility" for more information),
- are in receipt of long term care services for more than 120 days (if Anthem finds that you require long term care services for more than 120 days, you will be offered the option to enroll in a Managed Long Term Care (MLTC) plan, or
- become eligible for a long term nursing home stay.

Medicare Coverage

If you disenroll from the Anthem IB-Dual program, you can enroll in a Medicare Advantage plan. If you do not enroll in a Medicare Advantage plan, the federal government will enroll you in Original Medicare for your medical care and in a Prescription Drug Plan (PDP) for your prescription drug coverage.

Medicaid Coverage

If you disenroll from the Anthem IB-Dual program, New York Medicaid Choice will enroll you in regular Medicaid.

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Note: If you disenroll from the IB-Dual program in error, please contact the plan as soon as possible.

Loss of Medicaid Eligibility

If you lose Medicaid eligibility, your coverage in the IB-Dual program will end. However, you will have a 90-day grace period when your Medicare coverage will continue with the Anthem D-SNP. If you regain Medicaid eligibility during the 90-day grace period, your coverage in the IB-Dual program will be reinstated. If you do not regain Medicaid eligibility during the 90-day grace period, you will be responsible for any copayments, coinsurance, premiums, and/or deductibles for which Medicaid would otherwise cover had you not lost your Medicaid eligibility.

Coordinating your Benefits

Anthem will coordinate both your Medicare and Medicaid benefits through the IB-Dual program. Your cost-sharing for Medicare-covered services will be \$0 because Medicaid will cover your Medicare cost-sharing amounts.

Some services not covered by Anthem are available through regular Medicaid or Original Medicare (for example, non-emergency transportation and hospice services). Additionally, the Medicaid Pharmacy Program (NYRx) will cover select over the counter (OTC) drugs, prescription vitamins, and cough suppressants that are not covered by Medicare Part D. You will continue to have access to regular Medicaid services during your enrollment in the IB-Dual plan.

Service Authorization, Appeals, and Complaints

Service Authorization

For services that are covered by Medicare or by both Medicare and Medicaid, Anthem will make decisions about your care as described in Chapter 9 of your Medicare Advantage D-SNP Evidence of Coverage (EOC). These are also known as Coverage Decisions.

For services covered only by Medicaid, Anthem will make decisions about your care following our Service Authorization rules described in Part II of your member handbook.

Appeals

If you are unhappy with a decision Anthem makes, you can file an appeal. This is called a Level 1 appeal.

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Chapter 8 of your Medicare Advantage D-SNP EOC tells you how to file a Level 1 appeal on any decision Anthem makes.

Aid to continue while appealing a decision about your care

If Anthem reduces, suspends, or stops a service you are getting now, you may be able to continue the service while you wait for a Level 1 appeal determination.

You must ask for a Level 1 appeal:

- **Within ten (10) days from being told that your care is changing, or**
- **By the date the change in service is scheduled to occur, whichever is later.**

If your Level 1 appeal results in another denial, you will not have to pay for the cost of any continued benefits that you receive.

If you are unhappy with your Level 1 appeal decision, you can appeal again. This is called a Level 2 appeal. Chapter 9 of your Medicare Advantage D-SNP EOC tells you how to file a Level 2 appeal on any decision Anthem makes.

Aid to continue while waiting for a Fair Hearing decision

You may be able to continue your services while you wait for a Fair Hearing determination. Continuation of benefits is only available if Anthem reduces, suspends, or stops a service, and the service is covered by Medicaid.

You must ask for a Fair Hearing:

- **Within ten (10) days from the date of the Final Adverse Determination, or**
- **By the date the change in services is scheduled to occur, whichever is later.**

If your Fair Hearing results in another denial, you may have to pay for the cost of any continued benefits that you received.

If you are unhappy with the Level 2 appeal decision for a service covered by Medicare, you may have other appeal rights options. For more information about additional appeals rights options, see Chapter 9 of your Medicare Advantage D-SNP EOC or call Member Services.

Complaint

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If you have a problem with your care or services, you can contact Member Services at **800-300-8181 (TTY 711)**, Monday through Friday, 8 a.m. to 8 p.m. and Saturday from 9 a.m. to 5 p.m. Eastern time.

If you send a complaint in writing, Anthem will respond to you in writing. Your complaint will be answered as quickly as your case requires based on your health status, either in writing, by telephone, or both, within 30 calendar days from the day your complaint is received.

See Chapter 9 of your Medicare Advantage D-SNP EOC for more information on complaints.

Benefits and Services

As an IB-Dual enrollee, you receive both your Medicare benefits and Medicaid benefits from the same health plan. Most of your health benefits and services are covered through your Medicare Advantage D-SNP. The Anthem HARP part of your plan provides a number of Medicaid services in addition to those you get with regular Medicaid.

See your Medicare Advantage D-SNP EOC for details on your Medicare benefits and services. For additional benefits and services covered through Medicaid managed care, see Part II of your Anthem Health and Recovery Plan member handbook.

Anthem will arrange for most services that you will need. You can get some services without going through your PCP. Please call Member Services at **800-300-8181 (TTY 711)** if you have any questions or need help with any of these services.

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