

Florida 2022 Medicare Advantage plan changes

Annual benefit changes for Medicare Advantage plan members under Simply Healthcare Plans, Inc. (Simply) will be effective January 1, 2022.

The following is a summary of these changes. Complete details are in the member's *Evidence of Coverage (EOC)*. Visit <https://shop.simplyhealthcareplans.com/medicare> for *EOC*, formularies, and benefit summaries, or contact Provider Services at the number on the back of the member's ID card. Changes may include medical and Part D benefits, copays, coinsurance, deductibles, formulary coverage, pharmacy network, premiums, and out-of-pocket maximums.

Some group-sponsored Medicare Advantage plan benefits vary from the Medicare Advantage plans offered to individuals. Please refer to the member's *EOC* or call Provider Services at the number on the back of the member's ID card for more benefit details.

2022 highlights

Not all benefits listed below are available to all Medicare Advantage members. Complete details are in the member's *EOC*:



Dental/vision/hearing flex card benefit:

- Annual allowance to be used for out-of-pocket costs for dental/vision/hearing services.
- Members would be provided a debit card that can only be used at certain provider or merchant types. Simply funds the card, and any unused funds would be recouped at the end of the benefit period. Funds will not be rolled over from one benefit period to the next.
- No precertification will be needed to qualify for this benefit.
- This will be offered as an embedded benefit.

* In-home support is an independent company providing member support services on behalf of Simply Healthcare Plans, Inc. BelleCares is an independent company providing administrative foot care benefits on behalf of Simply Healthcare Plans, Inc. Availity, LLC is an independent company providing administrative support services on behalf of Simply Healthcare Plans, Inc.



In-Home Support* benefit:

- Members can receive 30 hours per year of companionship to target social isolation. While the focus of the benefit is companionship, the companion can provide limited assistance with activities of daily living (ADL).
- Companions can be trained to enforce gaps in care such as health risk assessments, flu shots, medication adherence, etc.
- No precertification will be needed to qualify for this benefit.
- This will be offered as an embedded benefit.



BelleCares:*

- Offered to Simply C-SNP members only.
- This program is an in-home, non-Medicare-covered foot care benefit.
- The vendor supplying the benefit will inspect members' feet and legs for evidence of emerging health issues or complications.
- Vendor will provide messages on behalf of the health plan.



Value-based insurance design (V-BID) (D-SNP only):

- The V-BID model allows Medicare Advantage organizations (MAOs) to further target benefit design to enrollees based on chronic condition and/or socioeconomic characteristics.
 - Simply V-BID will be offered on D-SNP plans. Qualification is based on meeting income requirements.
 - D-SNP V-BID benefits will include:
 - Low-income subsidy (LIS) copay buy down (the DSNP will cover the applicable Low-income subsidy (LIS) copays on behalf of the member).
 - Simply Cash Card benefit:
 - Members receive a monthly allowance in the form of a debit card.
 - The card can be used to purchase health related items and services, groceries, utilities, transportation, cash withdrawals from an ATM, and/or anywhere that accepts the debit card as a form of payment.
 - The benefit allowances issued on the debit card will rollover from month to month.
 - Any remaining balance in the account at the end of the year will roll over for 180 days into the next year.
 - Benefit amounts may have tax implications and may be subject to income tax.
 - There are no prior authorization requirements for these benefits.
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Plan changes

Dual eligible members enrolled in the following plans will be automatically transitioned to new plans effective January 1, 2022.

There will be two new HMOs in 2022:

New plans	Counties
HealthSun MediSun Extra (HMO D-SNP)	Miami-Dade
Simply Extra (HMO)	Polk, Orange, Osceola, Seminole, Hernando, Hillsborough, Pasco, Pinellas

Three HMOs will not renew for 2022:

Nonrenewing plans	Counties
HealthSun MediMax (HMO)	Palm Beach
Simply Care (HMO I-SNP)	Broward, Polk, Hernando, Hillsborough, Pasco, Pinellas, Palm Beach
Simply Comfort (HMO I-SNP)	Polk, Hernando, Hillsborough, Pasco, Pinellas
Simply Select (HMO)	Orange, Osceola, Seminole, Hernando, Hillsborough, Pasco, Pinellas, Broward, Palm Beach

Two HMOs will expand into new counties in 2022:

Expanding plans	Counties
Simply Care (HMO I-SNP)	Broward, Palm Beach, Hernando, Hillsborough, Pasco, Pinellas, Polk
Simply Comfort (HMO I-SNP)	Broward, Palm Beach, Hernando, Hillsborough, Pasco, Pinellas, Polk

Additional plan changes for 2022:

Plan changes	Counties
H5471-098 Simply Select (HMO) will non-renew. Dual eligible members will be automatically enrolled in H5471-072 Simply Complete (HMO D-SNP). All others will be contacted	Orange, Osceola, Seminole

Plan changes	Counties
about alternative plan availability.	
H5471-099 Simply Select (HMO) will non-renew. Dual eligible members will be automatically enrolled in H5471-082 Simply Complete (HMO D-SNP). All others will be contacted about alternative plan availability.	Hernando, Hillsborough, Pasco, Pinellas
H5471-100 Simply Select (HMO) will non-renew. Dual eligible members will be automatically enrolled in H5471-076 Simply Complete (HMO D-SNP). All others will be contacted about alternative plan availability.	Broward

Formulary and pharmacy

Formulary and pharmacy benefits for 2022



Encourage your patients to review the 2022 formulary information within their *Annual Notice of Change (ANOC)* mailing, their new member kit, or online. Ask your patients if the coverage for any of their prescriptions has been changed. If your patient has been impacted by changes to prescription coverage, consider alternative medications in a lower cost-sharing tier.



Prior authorization for Medicare Advantage plans

Prior authorization requirements are available at <https://www.availity.com>. Contracted and non-contracted providers who are unable to access Availity* may call Provider Services at the phone number on the back of the member's ID card for prior authorization requirements.

Please check the member's ID card for any identification and/or group number changes that may affect claim submissions. Sample 2022 member ID cards will be available at <https://provider.simplyhealthcareplans.com>.