

Medicare Advantage (MA) HMO Plans

What are Medicare Advantage (MA) HMOs?

- These plans are health maintenance organizations that contract with the Medicare Program to provide Medicare Part A and B medical services to beneficiaries enrolled into the plan.
- MA HMO plans are managed care plans. A primary care physician works with each plan member to manage their medical care. All specialty services must be authorized by the plan or contracting medical group.
- Medicare Advantage plans that include Part D prescription drug coverage are called MAPD plans.

Who Can Join a Medicare Advantage HMO?

- You must have Medicare Part A and Part B to join a MA HMO.
- If you have End Stage Renal Disease (ESRD), you cannot join a Medicare Advantage HMO, unless the plan is for persons with ESRD.

What Are the Medicare Advantage Plan Enrollment Rules?

Medicare Advantage plan enrollment occurs during specific enrollment periods:

Initial Enrollment Period (IEP)

- This is a seven (7) month period that starts three months before the month you are first eligible to enroll in Medicare Part B and ends three months later.

**Need information about Medicare Advantage Plans?
Call the Center for Health Care Rights at [800-824-0780](tel:800-824-0780).**



The **Center for Health Care Rights (CHCR)** is a California non-profit organization that provides free information and help with Medicare. Publication of this fact sheet was supported by the Los Angeles County Area Agency on Aging HICAP grant with financial assistance in part through a grant from the Administration for Community Living.

Annual Election Period (AEP)

- This period starts October 15th and ends December 7th each year.
- During this enrollment period, you can:
 - ⇒ Change to another Medicare Advantage plan;
 - ⇒ Switch to a Medicare Prescription Drug Plan (PDP) that only provides drug coverage;
 - ⇒ Or go back to original Medicare with no Part D plan.
- Your new Medicare plan will start on January 1st of the next year.

Medicare Advantage Disenrollment Period

- This period starts January 1st and ends February 14th each year.
- This enrollment period allows you to leave your MA plan. You can make any of the following changes:

Current Part D coverage:	Can change to:
Medicare Advantage Plan with drug coverage (MA-PD)	Original Medicare <u>with</u> a Part D PDP plan
Medicare Advantage Plan with drug coverage (MA-PD)	Original Medicare <u>with no</u> Part D coverage

- If you use this period to enroll into a Medicare PDP drug plan, your coverage will start the first day of the month after you request the change.

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Special Enrollment Periods

- If you have full Medi-Cal or are eligible for the Low-Income Subsidy Program “Extra Help,” you can change your MA HMO plan to another MA plan or Medicare PDP plan on a monthly basis.
- The following situations also provide a special enrollment period to change your MA HMO plan to another MA plan or Medicare PDP plan:
 - ⇒ You lose your drug coverage.
 - ⇒ You move out of your MA HMO plan service area.
 - ⇒ You enter or leave a nursing home.

In these situations, you will have 2 months to change to another MA plan or Medicare PDP drug plan.

Who Do I Contact if I Want to Change My Medicare Advantage HMO or enroll into a Medicare PDP Plan?

1. Contact the Medicare Advantage plan or Medicare drug plan you want to join.
2. Call Medicare at 1-800-MEDICARE or 1-800-633-4227 to select and enroll into a new plan.

Remember - When you join a new Medicare Advantage plan or Medicare drug plan, your enrollment in the previous plan will be cancelled.

How Will My Medicare Coverage Change When I Join a Medicare Advantage HMO?

- Your Medicare benefits are assigned to the Medicare Advantage plan. You must get all of your medical care from the plan doctors, hospitals, and other providers who are part of the MA HMO network.

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- If you have an emergency and you think your health is at serious risk, you have the right to obtain medical care outside your MA HMO plan.
- If you need urgent medical care to treat an unforeseen illness or injury, you have the right to seek care from a non-MA plan provider.

What Are the Advantages of Medicare Advantage HMOs?

- The plan may offer benefits not covered by original Medicare, such as eye glasses and dental care.
- Medicare Advantage plans cannot deny you coverage because you have a pre-existing medical condition. Only persons who have Medicare due to End Stage Renal Disease (ESRD) cannot join a Medicare Advantage plan.
- Your MA plan copayments when you use plan services will generally be less than original Medicare copayments and deductibles.

Do Medicare Advantage HMOs Cover Prescription Drugs?

Most Medicare Advantage HMO plans available in Los Angeles County are MAPD plans that provide Medicare Part D prescription drug coverage.

- Each MAPD plan uses a drug plan formulary to determine the drugs that are covered during the year. The MAPD plan also sets the drug copayments that are required each year.
- If you need a prescription drug that is not covered by your MA plan, you have the right to file an exception request. See CHCR's [Medicare Prescription Drug Coverage](#) factsheet for more information.

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What Are My Rights if My MA Plan Refuses My Request for Medical Care?

- The Medicare Advantage appeals process requires MA plans to process service requests within 14 calendar days. If the MA plan does not make a decision within this timeframe, you have the right to appeal.
- If the MA plan denies your service request, it must give you a written notice that explains why the service was denied and how to appeal the denial. If you need help, call us at **1-800-824-0780**.

What If I Need a Faster Appeal?

- If the standard timeframe for a service request could place your health at risk, you have the right to an expedited review process. An MA expedited review must be completed in 72 hours.
- You or your doctor can request an expedited appeal. If your doctor makes the request, the MA plan must grant you an expedited appeal decision in 72 hours.

What If My MA Plan Terminates the Services I am Receiving?

- If you are informed that you are being discharged from the hospital or that your home health or skilled nursing facility services are being terminated, you have the right to appeal.
- Call Livanta, the California Medicare Quality Improvement Organization to request an expedited appeal at **877-588-1123**.
- To preserve your appeal rights, call by noon the day before the care or service is scheduled to end.

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What Are My Rights if My MA Plan Does Not Pay for Out of Plan Emergency or Urgent Care?

- MA plan members have the right to request payment for emergency or urgent care provided by out of network medical providers.
- The MA plan is required to use Medicare Advantage rules to determine if the plan pays for the care you received.
- If you have received emergency or urgent care outside of your MA plan, submit the medical bills to your plan. The plan has 60 days to approve or deny payment.
- If the MA plan denies payment or does not make a decision in 60 days, you have the right to file an appeal.

How Do I File a Complaint about My Medicare Advantage HMO?

- If you have a complaint about wait time for an appointment, plan copayments, or customer service concerns, you have the right to file a grievance with the MA plan. Contact the plan member services department for more information.
- If you are experiencing difficulty obtaining medical care or obtaining payment for emergency or urgent care, you should file an MA plan appeal.

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Where Can I Obtain Information about Medicare Advantage HMO plans?

For information on Los Angeles County Medicare Advantage HMO plans:



Visit the Medicare Web site at www.medicare.gov.



Call Center for Health Care Rights at **1-800-824-0780**.

We are here to help you!