

### **Responses from “The Alliance” to Questions Raised at 8/30 Retiree Meeting in the CHAT:**

1. What kinds of medical questions will Alliance tele-health cover? (same as Senior Care now?)

❖ The telehealth benefit through Livehealth online is a virtual provider visit covered under the plan for a \$0 copay. Senior Care does not cover Livehealth online currently.

2. Retirees would like more detailed information about MA Plus coverage overseas—for those who live there as well as those travelling; what constitutes an “emergency”?

❖ Members that live overseas will not be eligible for the NYC MA plan, that question should be posed to the OLR. Emergency and urgent medical care are covered worldwide. A “medical emergency” is when you, or any other prudent layperson with an average knowledge of health and medicine, believe that you have medical symptoms that require immediate medical attention to prevent loss of life, loss of a limb, or loss of function of a limb. The medical symptoms may be an illness, injury, severe pain, or a medical condition that is quickly getting worse.

3. Need to better understand the process for prior authorizations. What happens in an emergency?

❖ An emergency situation does not require prior authorization.

4. Will there be monthly/quarterly “use” statements from the Alliance as there are now from CMS and Senior Care? How frequent? Will they be sent by mail?

❖ Explanation of benefits will be mailed to members, and they can opt to receive electronically if they choose to each month.

5. How do retirees find information about coverage for various ongoing medical needs services—mental health, physical therapy, injections/infusions, etc.—and how coverage compares to their current plan?

❖ The plan will work with members providers to ensure continuity of services are not interrupted. Members should make sure their providers know that their insurance plan is changing effective 1/1/22 and if they are in the middle of treatment to contact the call center and the rep will help coordinate contacting a case manager if needed.

6. Will the Alliance notify patients if and when providers and hospitals will no longer accept enrollees in the MA Plus plan? Will new patients be accepted for coverage at HSS & MSK?

❖ Members will be notified if a provider has terminated from the network. MA+ has just signed an in-network agreement with MSK, and HSS will accept the plan for new patients.

### **Responses from "The Alliance" to Questions Raised at 9/13 Retiree Meeting in the CHAT:**

7. When and how will retirees get/have access to a list of MA+ network providers? How can retirees access the online Directory to permit looking at/for doctors in different zip codes?

❖ Please refer members to the NYC MA website, to use the “Find Care” tool. The Find Care is located in the middle of the page. Members can search for providers anywhere in the U.S.

<https://nyc-ma-plus.empireblue.com/>

8. When will submission of opt-out form be acknowledged and how?

❖ All members will receive an opt out confirmation letter. All members that have already Opted out will be sent a letter and going forward we will mail opt out confirmation letters on a weekly basis. Confirmations will not be sent via email. However, if a member uses the secure site to opt out electronically they will see a message immediately stating your opt out has been successfully submitted.

Members can confirm their opt out with a customer service rep as well.

9. Is there a yearly expense limit? Is there a lifetime limit? Are limits set by CMS or by the Alliance?

❖ There is no yearly expense limit under the plan.

10. What are the provisions for coverage for long-term care? What is the coverage for hospice care? How does what MA+ offers compare to Senior Care? Are rules and rates set by CMS or does the Alliance have less or better benefits?

❖ Long term care is not a Medicare covered benefit and is not covered under the NYC MA plan or Senior Care. Hospice care is covered under traditional Medicare.

11. Why should a retiree favor an in-network provider?

❖ Members of MA+ do not need to favor an in-network provider over an out-of-network provider. The coverage will be the same from the member's perspective. With that said, in-network providers have direct access to the provider portal and are familiar with the plan and billing processes.