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Dear Provider,

We are saddened to inform you that the MoreCare Medicare Advantage (MA) Plan will discontinue after December 31, 2022. Member coverage including all provider services and plan benefits will remain the same through the 2022 calendar year. This means you should continue to service MoreCare members through the remainder of 2022.

Below are Frequently Asked Questions (FAQs) with answers that will help you understand the implications of this important change.

We are sincerely grateful for your service of MoreCare members.

Sincerely,

MoreCare Family

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Frequently Asked **Questions & Answers**

General / Patient Information

What is changing?

MoreCare Medicare Advantage plans will be discontinued on December 31, 2022. We will assist in the transition of members to traditional Medicare or another MA plan for effective dates January 1, 2023. Per CMS requirements we will manage operational requirements related to claims runout and provider services in calendar year 2023.

Why is MoreCare doing this now?

Due to COVID restrictions and other factors, MoreCare membership was not able to grow as needed to continue operating in 2023. We are grateful for the opportunity to serve our MoreCare members in Cook County.

When will change occur?

We will no longer provide health insurance coverage after December 31, 2022. There will be no changes to the current benefit plans and provider network for our members until January 1, 2023, or until they choose new health insurance coverage effective before or after the calendar year end.

MoreCare Medicare Advantage plans will not be offered as an option for Cook County enrollees during the Annual Enrollment Period (AEP -October 15 through December 7).

When can my patients change their insurance coverage?

Members can select another Medicare Advantage plan during AEP with an effective date of 01/01/2023.

Members are also granted a Special Election Period (SEP) to choose another plan from **October 1, 2022 – February 28, 2023.** Changes are typically effective the first day of the following month. More information is contained in the Member Notification letter.

Do members know about this pending change?

Yes, we have sent each current MoreCare member a letter of notification. A copy of the letter is available for your reference at **mymorecare.com**.

Frequently Asked **Questions & Answers**

What happens if members do not select another plan before 01/01/2023?

In most cases, if your MoreCare patient does not choose another plan, they will be automatically enrolled in Original (FFS) Medicare.

Note: Original Medicare does not include prescription drug coverage. If your patient does not select a Medicare Advantage plan with prescription drug coverage or a stand-alone Prescription Drug Plan (PDP), they will not have prescription drug coverage in 2023.

Can I tell my patients which MA plans my practice participates in?

Yes, your patients may consult you and you may inform them of the MA plans you participate in.

Where do I direct my MoreCare patients that have more questions?

If patients have questions, they can contact MoreCare member services at 844-480-8528 (TTY 711). We're available 8am-8pm CST, Monday through Friday. 7 days a week beginning October 1st.

Or, they can visit our website mymorecare.com for further information.

Claims / Provider Service Information

Can claims be submitted in 2023 for services rendered to MoreCare patients prior in 2022?

Yes. As long as claim dates of service are in calendar year 2022, your claims will be paid if they are submitted within timely filing requirements. **There is no change to the way you submit claims.** Please reference: mymorecare.com/providers/provider-resources/claims/

Am I required to follow Prior Authorization & UM processes for the rest of 2022?

Yes, and it is an important way for MoreCare staff to monitor Member and Provider services and to assist with transition planning. Please call MoreCare Provider Services at (844) 865-8033 with specific questions and concerns.

Does the claim submission process change? What about Appeals?

There will be no change to claims submission or to the appeals process. Please submit any appeals within CMS timely filing requirements.

Frequently Asked **Questions & Answers**

What about referrals or services after January 1, 2023?

Services provided January 1, 2023 or later should be billed to the patient's new insurance carrier. You should follow that carrier's policies and procedures for referrals.

What about patients in an active course of treatment like dialysis, chemotherapy or radiation therapy?

Our Interdisciplinary Care Team (ICT) will work with Members in active treatment, that are inpatient on December 31, 2022 or that have ongoing health care services like DME or oxygen. Please call for Care Coordination including discharge planning questions or concerns.

After December 31, 2022 what other obligations do I have?

Please reference the Provider Manual page 37 Section 5.7 regarding Balance Billing of Members. If you have payment questions or concerns for services rendered prior to January 1, 2023 please call MoreCare Provider Services at (844) 865-8033. The terms of the Medicare Advantage Addendum of your Participation Agreement survive termination.

Where can I get updates during this transition period?

We will update our website with the latest news and information. Please save MyMoreCare.com to your Internet "Favorites" and check our site often during this transition.

Additional Resources

Provider Manual -

mymorecare.com/wp-content/uploads/docs/Provider_Manual.pdf

Provider Portal -

morecare.valence.care/

Provider Notices -

mymorecare.com/provider-notices/