



## Winter 2016

Open Enrollment 2015 is now in the books...

**THANK YOU** for all of your time and effort in assisting Massachusetts consumers!

### [Medicare's 5-Star Special Enrollment Period](#)

The TUFTS Medicare Preferred HMO plans have been rated as 5 Star for 2016! This fact opens up a Special Enrollment Period for consumers who need one and means that they can enroll in a 5-Star plan once until November 30, 2016. Enrollment becomes effective the first of the following month. Consumers must be sure they meet Tuft's HMO enrollment requirements (living in the service area for example) and that their providers are in the network.

Enrolling into the TUFTS 5 Star plan will automatically dis-enroll a consumer from their previous Medicare Advantage or Medicare Part D prescription drug plan. Additionally, both CMS and Tufts Health Plan have confirmed that a member may switch from one Tufts HMO 5 star plan to another if it would better fit their health care needs.

What factors give a plan a 5-Star rating? There are 36 different indicators that comprise this rating, including:

- Customer service
- Member satisfaction with the health plan
- Ratings of health plan responsiveness and care
- Timeliness of how member complaints and appeals are resolved
- Tests and treatments used in managing chronic conditions
- Frequency of screening tests and other services to stay healthy
- Information gathered from providers

## [Medicare Part D Updates](#)

### **Cigna HealthSpring**

Cigna Health Spring has been *sanctioned* by CMS. These sanctions are a result of systemic violations which were uncovered during an audit by CMS in October of 2015.

## [Medicare PDP/MA-PD Complaints](#)

To file a complaint received from a consumer regarding a PDP or MA-PD plan, please contact your SHINE regional office. Regional staff can enter it into the Complaint Tracking Module (CTM) which will be sent to CMS. Beneficiaries should be notified of the decision generally no later than 30 days after the plan gets the complaint.

Furthermore, if a PDP/MA-PD member has been terminated due to failure to pay a premium, **“good cause”** reinstatement may be requested. Good cause related to special circumstances around missing the payment of a premium (such as a lengthy hospitalization). In 2016, CMS has assigned the handling of good cause determinations to the health and drug plans. A disenrolled individual must contact the plan within 60 calendar days following disenrollment for failure to pay plan premiums and indicate that he or she “has a good reason for not having paid the premiums”. Reinstatement is a possibility **only** if it is determined that his or her failure to make timely payments was due to circumstances over which he or she had no control.

## [CMS new tool on prescription drug spending](#)

The White House has published a tool called the Medicare Drug Spending Dashboard. It provides information for the public on both Medicare Part B and Part D prescription drug spending. It lists the prescriptions with the highest total spending and those with the highest percentage price increase.

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Information-on-Prescription-Drugs/>

## [One Care update](#)

One Care is passively enrolling 375 dual eligible consumers residing in Suffolk and Worcester counties into the Tufts One Care plan.

## [Senior Medicare Patrol -- new referral form:](#)

SMP's new referral form is posted on Common Resources.

<b>Contact SHINE State Staff</b>
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