

Mike McCormick

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Number: APD-AR-16-072
Issue date: 10/12/2016

Topic: Other

Due date:

Subject: Pacific Source MAPDP Plan change effective Jan 1

Applies to (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services(ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> ODDS Children's Residential Services | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Child Welfare Programs | |

Action required:

Currently if a Pacific Source CCO member is also enrolled in a *Pacific Source Medicare Advantage Plan* the premium on their Medicare Advantage plan is waived. Pacific Source will have a plan change for their Medicare advantage plan for 2017.

The change will impact dual eligible clients, who are enrolled in the Pacific Source Medicare Essential (H3864-14) HMO. This plan will no longer be a premium free plan for dual eligible consumers. The plan change will require these members to select the new Pacific Source Essential Rx (H3864-027) MA plan to **continue receiving the premium discount and same benefits**

- A Medicare Choice Election Form - [7208M](#) needs to be submitted to Pacific Source for the consumer to be enrolled into the new Pacific Source plan.
- **Please do not submit the 7208M before the start of open enrollment October 15 or the new enrollment will not take effect.**
- If the consumer remains in the current Pacific Source Community Health Medicare Advantage plan (H3864-14), they will have premiums effective January 1st.

Pacific Source Contact Information:

Mailing address:
PO Box 7469
Bend OR 97708

Fax: 1-855-382-4217

E-mail: MedicareApplications@pacificsource.com via secure email

Contact Bob Smith at 541-330-7325 if you have any questions on enrollment.

An excel spread sheet with client specific information will be emailed to management teams for those impacted offices.

Reason for action: Pacific Source Medicare Essential (H3864-14) HMO will no longer be a premium free plan for dual eligible consumers effective Jan 1, 2017.

Field/stakeholder review: Yes No

If yes, reviewed by: APD Operations

If you have any questions about this action request, contact:

Contact(s):	Kesha Baxter		
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Email:	Kesha.L.Baxter@state.or.us		