

WellSense Senior Care Options (SCO) offered by Boston Medical Center Health Plan, Inc.

Annual Notice of Changes for 2024

You are currently enrolled as a member of WellSense Senior Care Options (SCO). Next year, there will be changes to the plan's costs and benefits.

This document tells about the changes to your plan. To get more information about changes, benefits, or rules please review the Evidence of Coverage, which is located on our website at wellsense.org/sco. You can also review the attached Evidence of Coverage to see if other benefit or cost changes affect you. You may also call Member Services to ask us to mail you an Evidence of Coverage.

What to do now

1. **ASK:** Which changes apply to you

- ☐ Check the changes to our benefits to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital). You as a member pay \$0 for the Senior Care Options Plan.
 - Review the changes to our drug coverage, including authorization requirements and costs. You as a member pay \$0 for the WellSense Senior Care Options Plan.
 - Think about how much you will spend on premiums, deductibles, and cost sharing. You as a member pay \$0 for the Senior Care Options Plan.
- ☐ Check the changes in the 2024 "Drug List" to make sure the drugs you currently take are still covered.
- ☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.
- ☐ Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- ☐ Check coverage and costs of plans in your area.
- ☐ Look in Section 2 to learn more about your choices. Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in WellSense Senior Care Options (SCO).
- To **change to a different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with WellSense Senior Care Options (SCO).

Additional Resources

- This document is available for free in other languages.
- Please contact our Member Services number at 855-833-8125 for additional information. (TTY users should call 711.) Hours are Monday –Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from October 1– March 31). Calls to these numbers are free.
- Member Services also has free language interpreter services available.
- This document may be available in the other formats such braille, large print, or other alternate formats. For additional information, call Member Services at 855-833-8125.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About WellSense Senior Care Options (SCO)

WellSense Senior Care Options (SCO) is an HMO plan with a contract with the Commonwealth of Massachusetts/Executive Office of Health and Human Services Medicaid program. Enrollment in WellSense Senior Care Options (SCO) depends on contract renewal. WellSense Senior Care Options (SCO) is a voluntary MassHealth (Medicaid) program in association with the Executive Office of Health and Human Services and the Centers for Medicare & Medicaid Services. The plan also has a written agreement with the Massachusetts Medicaid program to coordinate your Medicaid benefits.

- MassHealth is required by federal law to recover money from the estates of certain MassHealth members who are age 55 years or older, and who are any age and are receiving long-term care in a nursing home or other medical institution. For more information about MassHealth estate recovery, please visit mass.gov/estaterecovery.

- When this booklet says “we,” “us,” or “our,” it means Boston Medical Center Health Plan, Inc. d/b/a WellSense Health Plan. When it says “plan” or “our plan,” it means WellSense Senior Care Options (SCO).
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Summary of Important Changes for 2024

The table below compares the 2023 costs and 2024 costs for WellSense Senior Care Options (SCO) in several important areas. **Please note this is only a summary of changes.** When this booklet says “we,” “us,” or “our,” it means Boston Medical Center Health Plan, Inc. d/b/a WellSense Health Plan. When it says “plan” or “our plan,” it means WellSense Senior Care Options (SCO).

Cost	2023 (this year)	2024 (next year)
Doctor office visits	Primary care visits: \$0 per visit Specialist visits: \$0 per visit	Primary care visits: \$0 per visit Specialist visits: \$0 per visit
Inpatient hospital stays	\$0	\$0
Prescription drug coverage	\$0	\$0

SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in WellSense Senior Care Options (SCO) in 2024

If you do nothing in 2023, we will automatically enroll you in our WellSense Senior Care Options (SCO). This means starting January 1, 2024, you will be getting your medical and prescription drug coverage through WellSense Senior Care Options (SCO). If you want to change plans or switch to MassHealth (Medicaid) and get your prescription drug coverage through a Prescription Drug Plan you must do so between October 15 and December 7. The change will take effect on January 1, 2024.

The information in this document tells you about the differences between your current benefits in WellSense Senior Care Options (SCO) and the benefits you will have on January 1, 2024, as a member of WellSense Senior Care Options (SCO).

SECTION 2 Changes for Next Year

Section 2.1 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at wellsense.org/sco. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are a part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 2.2 – Changes to Benefits for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your MassHealth (Medicaid) benefits and costs. You as a member pay \$0 for the Senior Care Options Plan.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, Benefits Chart (what is covered), in your 2024 Evidence of Coverage. A copy of the Evidence of Coverage is located on our website at wellsense.org/sco. You may also call Member Services to ask us to mail you an Evidence of Coverage.

Cost	2023 (this year)	2024 (next year)
Over The Counter (OTC) services and supplies/ Food & Produce The benefit limit can be used for either the items in the OTC benefit, this benefit for Food & Produce, or a combination of both.	\$75 per month, \$900 per year. No monthly rollover. The benefit limit can be used for either the items in the OTC benefit, this benefit for Food & Produce, or a combination of both.	\$115 per month, \$1380 per year. No monthly rollover. The benefit limit can be used for either the items in the OTC benefit, this benefit for Food & Produce, or a combination of both.
Step Therapy	Not Covered	Covered
Transportation	Non-Emergency/ Non-Medical - 8 one-way trips per month	Non-Emergency/Non-Medical - 10 one-way trips per month
Chronic Conditions (Defined for the OTC/Food & Produce SSBCI benefit)	Defined chronic conditions	Defined chronic conditions now includes: Arthritis and Osteoporosis

Cost	2023 (this year)	2024 (next year)
Diabetic Therapeutic Shoes/Inserts	Prior Authorization is required	Prior Authorization is required for Diabetic Therapeutic Shoes/Inserts that cost \$500 or more.
Diabetic Supplies and Services	Prior Authorization is required	Prior Authorization is required for Diabetic Supplies and Services that cost \$500 or more.
Diagnostic Procedures	Prior Authorization is required	Prior Authorization may apply to some diagnostic procedures and tests such as Intensive Modulated Radiation Therapy (IMRT)
DME	Prior Authorization is required	Prior Authorization is required for DME that cost \$500 or more
Transportation, Ground Ambulance Services	Prior Authorization is required	Prior Authorization is not required.
Psychiatric Services, Group Session	Prior Authorization is not required	Prior Authorization is required-only for Trans-Magnetic Stimulation
Mental Health Specialty Services, Group Sessions	Prior Authorization is required	Prior Authorization is required-only for Trans-Magnetic Stimulation
Psychiatric Services, Individual Sessions	Prior Authorization is not required	Prior Authorization is required-only for Trans-Magnetic Stimulation

Cost	2023 (this year)	2024 (next year)
Mental Health-Specialty Services, Individual Sessions	Prior Authorization is Required	Prior Authorization is required-only for Trans-Magnetic Stimulation
Medical Supplies	Prior Authorization is required	Prior Authorization is required for medical supplies that cost \$500 or more
Outpatient Hospital Services	Prior Authorization is not required	Prior Authorization is required. Some services provided in the outpatient hospital setting may require Prior Authorization.
Outpatient X-ray Services	Prior Authorization is required	Prior Authorization is not required

Section 2.3 – Changes to Prescription Drug Coverage

Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our “Drug List” is provided electronically. The “Drug List” includes many – but not all – of the drugs that we will cover next year. If you don’t see your drug on this list, it might still be covered. **You can get the complete “Drug List”** by calling Member Services (see the back cover) or visiting our website (wellsense.org/sco).

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
 - To learn what you must do to ask for an exception, see Chapter 8 of your Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints) or call Member Services.
- **Work with your doctor (or prescriber) to find a different drug** that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the Evidence of Coverage.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you received approval for a formulary exception this year, and the drug will still require an exception for coverage next year, we will extend your approval through 2024. You will not need to submit another request.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by MassHealth (Medicaid) rules.

Changes to Prescription Drug Costs

You pay nothing for prescription drugs covered by the Senior Care Options Program.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in WellSense Senior Care Options (SCO)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan by December 7, you will automatically be enrolled in our WellSense Senior Care Options (SCO).

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different MassHealth (Medicaid) health plan or you can change back to MassHealth (Medicaid Standard).

Step 2: Change your coverage

- To **change to a different MassHealth (Medicaid) or Senior Care Options health plan**, enroll in the new plan. You will automatically be disenrolled from WellSense Senior Care Options (SCO).

SECTION 4 Questions?

Section 4.1 – Getting Help from WellSense Senior Care Options (SCO)

Questions? We're here to help. Please call Member Services at 855-833-8125. (TTY only, call 711.) We are available for phone calls Monday – Friday, 8:00 a.m. – 8:00 p.m. (Representatives are available 7 days a week, 8:00 a.m. – 8:00 p.m. from October 1 – March 31). Calls to these numbers are free.

Read your 2024 Evidence of Coverage (it has details about next year's benefits)

This *Annual Notice of Changes* gives you a summary of changes in your benefits for 2024. For details, look in the 2024 Evidence of Coverage for WellSense Senior Care Options (SCO). The Evidence of Coverage is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the Evidence of Coverage is located on our website at wellsense.org/sco. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at wellsense.org/sco. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/"Drug List")*.

Section 4.2 – Getting Help from MassHealth (Medicaid)

To get information from Medicaid, you can call MassHealth (Medicaid) at 800-841-2900 or 617-573-1770. TTY users should call 800-497-4648. They are available Monday – Friday, 8:00 a.m. – 5:00 p.m.