

## WellSense Senior Care Options (HMO D-SNP) 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 (HMO D-SNP). 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](https://wellsense.org/sco). You can also review the enclosed *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*.

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#### 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 WellSense Senior Care Options Plan (HMO D-SNP).
- Review the changes to our drug coverage, including authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost sharing. You as a member pay \$0 for the WellSense Senior Care Options Plan (HMO D-SNP).

- ☐ 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. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2024* handbook.
- ☐ 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 (HMO D-SNP).
- 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 (HMO D-SNP).
- Look in section 4, page 8 to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

**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.
- 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](https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About WellSense Senior Care Options (HMO D-SNP)**

- WellSense Senior Care Options (HMO D-SNP) is an HMO plan with a Medicare Advantage contract and a contract with the Commonwealth of Massachusetts/Executive Office of Health and Human Services Medicaid program. Enrollment in WellSense Senior Care Options (HMO D-SNP) depends on contract renewal. WellSense Senior Care Options (HMO D-SNP) 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 [www.mass.gov/estaterecovery](https://www.mass.gov/estaterecovery).
- When this document 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 (HMO D-SNP).

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## **Annual Notice of Changes for 2024**

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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 (HMO D-SNP) in several important areas. **Please note this is only a summary of changes.** If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0 for your deductible, doctor office visits, and inpatient hospital stays.

Cost	2023 (this year)	2024 (next year)
<b>Monthly plan premium</b>	\$0	\$0
<b>Doctor office visits</b>	Primary care visits: \$0 per visit Specialist visits: \$0 per visit	Primary care visits: \$0 per visit Specialist visits: \$0 per visit
<b>Inpatient hospital stays</b>	\$0	\$0
<b>Part D prescription drug coverage</b> (See Section 2.5 for details.)	Deductible: \$0	Deductible: \$0
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services.	\$0	\$0

## SECTION 1 Unless You Choose Another Plan, You Will Be Automatically Enrolled in WellSense Senior Care Options (HMO D-SNP) in 2024

**If you do nothing in 2023, we will automatically enroll you in our WellSense Senior Care Options (HMO D-SNP).** This means starting January 1, 2024, you will be getting your medical and prescription drug coverage through WellSense Senior Care Options (HMO D-SNP). If you want to change plans or switch to Original Medicare 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.

## SECTION 2 Changes for Next Year

### Section 2.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
<b>Monthly premium</b>	\$0	\$0
<i>No change</i> (You must also continue to pay your Medicare Part B premium unless it is paid for you by MassHealth (Medicaid.))		

### Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
<b>Maximum out-of-pocket amount</b>	\$0	\$0
<b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b> You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.		

## Section 2.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at [wellsense.org/sco](https://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 2.4 – Changes to Benefits for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare and MassHealth (Medicaid) benefits.

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

<b>Cost</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
<b><i>Supplemental Benefit, Mandatory</i></b> <b>Over The Counter (OTC) services and supplies/ Food &amp; Produce</b> 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.	\$115 per month, \$1,380 per year. No monthly rollover.
<b>Medicare Part B Drugs, Step Therapy</b>	Not Covered	Covered (Part B to Part B)
<b>Transportation, Non-emergency, non-medical</b>	Social, 8 one-way trips per month	10 one-way trips per month
<b>Chronic Conditions (defined for the OTC/Food &amp; Produce SSBCI benefit)</b>	CMS defined chronic conditions	CMS defined chronic conditions and the Plan has added the following diagnoses to qualify as chronic conditions: Arthritis and Osteoporosis



<b>Cost</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
<b>Diabetic Therapeutic Shoes/Inserts</b>	Prior Authorization is required	Prior Authorization is required for Diabetic Therapeutic Shoes/Inserts that cost \$500 or more.
<b>Diabetic Supplies and Services</b>	Prior Authorization is required	Prior Authorization is required for Diabetic Supplies and services that cost \$500 or more
<b>Diagnostic Procedures</b>	Prior Authorization is required	Prior Authorization may apply to some diagnostic procedures and tests such as Intensive Modulated Radiation Therapy (IMRT)
<b>DME</b>	Prior Authorization is required	Prior Authorization is required for DME that cost \$500 or more
<b>Transportation, Ground Ambulance Services</b>	Prior Authorization is required	Prior Authorization is not required except for non-emergency transportation by ambulance when that is medically necessary and documented that the member's condition is such that other means of transportation could endanger the person's health.
<b>Psychiatric Services, Group Session</b>	Prior Authorization is not required	Prior Authorization is required only for Trans-Magnetic Stimulation

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

## Section 2.5 – Changes to Part D 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 provided electronically 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](https://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, or if your drug has been moved to a different cost-sharing tier.**

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 Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Member Services for more information.

### Changes to Prescription Drug Costs

**Note:** If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs does not apply to you.** We previously sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and didn’t receive this insert please call Member Services and ask for the LIS Rider.

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in WellSense Senior Care Options (HMO D-SNP)

**To stay in our plan, you don’t need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our WellSense Senior Care Options (HMO D-SNP).

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## Section 3.2 – If you want to change plans

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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 Medicare health plan,
- -- OR -- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare)), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from WellSense Senior Care Options (HMO D-SNP).
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from WellSense Senior Care Options (HMO D-SNP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – or – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

## SECTION 4 Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

### Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

Because you have MassHealth (Medicaid) you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

## SECTION 5 Programs That Offer Free Counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In *Massachusetts*, the SHIP is called SHINE (Serving the Health Insurance Needs of Everyone).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. *SHINE* counselors can help you

with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHINE at 800-AGE-INFO (800-243-4636). You can learn more about SHINE by visiting their website ([massoptions.org/massoptions/](https://massoptions.org/massoptions/)).

For questions about your MassHealth (Medicaid) benefits, contact MassHealth (Medicaid) Customer Service Center: 800-841-2900, TTY/TDD: 800-497-4647, Monday – Friday 8:00 a.m. – 5:00 p.m. Ask how joining another plan or returning to Original Medicare affects how you get your MassHealth (Medicaid) coverage.

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** Because you have Medicaid, you are already enrolled in “Extra Help,” also called the Low-Income Subsidy. “Extra Help” pays some of your prescription drug premiums, annual deductibles and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about “Extra Help”, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office (applications).

## SECTION 7 Questions?

### Section 7.1 – Getting Help from WellSense Senior Care Options (HMO D-SNP)

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 and costs)**

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 (HMO D-SNP). 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](https://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](https://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")*.

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**Section 7.2 – Getting Help from Medicare**

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To get information directly from Medicare:

**Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](https://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

**Read Medicare & You 2024**

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

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### **Section 8.3 – Getting Help from Medicaid**

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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.