Tufts Health One Care

(Medicare-Medicaid Plan)

Annual Notice of Changes



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Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Tufts Health Plan:

 Provides free aids and services to people with disabilities to communicate effectively with us, such as written information in other formats (large print, audio, accessible electronic formats, other formats)

• Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact Tufts Health Plan at 855.393.3154.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan Attention: Civil Rights Coordinator, Legal Dept. 1 Wellness Way Canton, MA 02021-1166 Phone: 888.880.8699 ext. 48000, [TTY number— 711 or 800.439.2370] Fax: 617.972.9048 Email: OCRCoordinator@point32health.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

Phone: 800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

TuftsHealthOneCare.org | 855.393.3154

We can give you information in other formats, such as braille and large print, and also in different languages upon request.

Tufts Health One Care (Medicare-Medicaid Plan) offered by Tufts Health Plan

Annual Notice of Changes for 2024

Introduction

You are currently enrolled as a member of Tufts Health Unify. Next year, there will be changes to the plan's benefits, coverage, and rules. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at <u>TuftsHealthOneCare.org</u>. Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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If you have questions, please call Tufts Health One Care at **1-855-393-3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. **For more information**, visit <u>TuftsHealthOneCare.org</u>.

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A. Disclaimers

- Tufts Health One Care is a health plan that contracts with both Medicare and MassHealth (Medicaid) to provide benefits of both programs to enrollees.
- The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.
- Benefits may change on January 1 of each year.

B. Reviewing your Medicare and MassHealth coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section F2 for more information. If you are over 65 and you decide to leave One Care, you will not be able to enroll in a One Care plan later.

Your membership will end on the last day of the month that you tell Medicare or MassHealth you want to leave the plan.

As long as you are still eligible for Medicare and MassHealth, you can leave One Care or your One Care plan and keep your Medicare and MassHealth benefits.

If you leave One Care, you will usually return to getting your Medicare and MassHealth services separately.

- You will have a choice about how to get your Medicare benefits (refer to page 10).
- You will get your MassHealth services directly from doctors and other providers by using your MassHealth card. This is called "fee-for-service." Your MassHealth services include most long-term services and supports (LTSS) and behavioral health care.

B1. Additional resources

- ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free.
- Si habla español, tiene disponible los servicios de asistencia de idioma gratis. Llame al 1-855-393-3154 (TTY: 711), los siete días de la semana, de 8 a.m. a 8 p.m. La llamada es gratuita.
- You can get this Annual Notice of Changes for free in other formats, such as large print, formats that work with screen reader technology, braille, or audio. Call 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free.
- Call Member Services at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m., to request materials in languages other than English or in an alternate format. You may request to have future mailings in the alternate language or format. We will keep your standing request in our records so you will not need to make a separate request each time. You can also call Member Services to change your standing request for preferred language and/or format.

B2. Information about Tufts Health One Care

- Tufts Health One Care is a health plan that contracts with both Medicare and MassHealth to provide benefits of both programs to enrollees.
- Coverage under Tufts Health One Care is qualifying health coverage called "minimum essential coverage." It satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at <u>www.irs.gov/Affordable-Care-Act/Individuals-and-Families</u> for more information on the individual shared responsibility requirement.
- Tufts Health One Care is offered by Tufts Health Plan. When this Annual Notice of Changes says "we," "us," or "our," it means Tufts Health Plan. When it says "the plan" or "our plan," it means Tufts Health One Care.

B3. Important things to do:

- Check if there are any changes to our benefits that may affect you.
 - $_{\odot}$ Are there any changes that affect the services you use?
 - It is important to review benefit changes to make sure they will work for you next year.
 - Look in section E1 on page 7 for information about benefit changes for our plan.
- Check if there are any changes to our prescription drug coverage that may affect you.
 - Will your drugs be covered? Are they in a different tier? Can you continue to use the same pharmacies?
 - It is important to review the changes to make sure our drug coverage will work for you next year.
 - Look in section E2 on page 8 for information about changes to our drug coverage.
- Check if your providers and pharmacies will be in our network next year.
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Look in section D on page 6 for information about our *Provider and Pharmacy Directory*.
- Think about whether you are happy with our plan.

If you decide to stay with Tufts Health One Care:	If you decide to change One Care plans or leave One Care:
If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.	If you decide another One Care plan will better meet your needs, you may be able to switch plans (refer to section F2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. If you leave One Care, your membership in the plan will end at the end of the month. Look in section F3 page 10 to learn more about your choices.

C. Changes to the plan's name

On January 1, 2024, our plan name will change from Tufts Health Unify to Tufts Health One Care.

You will receive an announcement postcard in this ANOC mailing and will receive your new member ID card in December. Our URL is also changing from <u>TuftsHealthUnify.org</u> to <u>TuftsHealthOneCare.org</u>. As of January 1, 2024, you will only see our new name and URL on your member materials.

D. Changes to the network providers and pharmacies

Our provider and pharmacy networks have changed for 2024.

Please review the 2024 *Provider and Pharmacy Directory* to find out if your providers or pharmacy are still in our network. An updated *Provider and Pharmacy Directory* is located on our website at <u>TuftsHealthOneCare.org</u>. You may also call Member Services at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m., for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3, Section D3 of your *Member Handbook*.

E. Changes to benefits for next year

E1. Changes to benefits for medical services

We are changing our coverage for certain medical services next year. The following table describes these changes.

	2023 (this year)	2024 (next year)
Durable Medical Equipment (DME): Diabetic supplies and services – Continuous Glucose Monitors (CGMs)	Dexcom is not covered.	Covered CGMs include Dexcom and FreeStyle Libre products that are considered Durable Medical Equipment (DME) by Medicare.
Part B Step Therapy Drug Categories	 Rare Diseases Autoimmune Iron preparations, Parenteral Oncology Oncology, Supportive Retinal Disorders Triamcinolone Acetonide Injection Viscosupplements 	 Rare Diseases Autoimmune Iron preparations, Parenteral Oncology Oncology, Supportive Retinal Disorders Triamcinolone Acetonide Injection Viscosupplements Botulinum Toxins Endocrine Disorders
Mental Health Specialty	 Prior authorization	 Prior authorization
Services	is required	is not required
Opioid Treatment Program	 Prior authorization	 Prior authorization
Services	is required	is not required
Outpatient Substance	 Prior authorization	 Prior authorization
Abuse	is required	is not required

	2023 (this year)	2024 (next year)
Psychiatric Services	 Prior authorization is required 	 Prior authorization is not required

E2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at <u>TuftsHealthOneCare.org</u>. You may also call Member Services at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. for updated drug information or to ask us to mail you a *List of Covered Drugs*. The *List of Covered Drugs* is also called the "Drug List."

We made changes to our Drug List, which could include removing or adding drugs or changing the restrictions that apply to our coverage for certain drugs. Review the Drug List to **make sure your prescription drugs will be covered next year** and to find out if there will be any restrictions.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. or contact your Care Coordinator to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
 - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
 - To learn what you must do to ask for an exception, refer to Chapter 9 of the 2024 Member Handbook or call Member Services at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m.
 - If you need help asking for an exception, you can contact Member Services or your Care Coordinator. Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your Care Coordinator.

- Ask the plan to cover a temporary supply of the drug.
 - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply will be for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the *Member Handbook*.)
 - When you get 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 we approved a request for an exception, our approval is usually valid until the end of the plan year. This is true as long as your doctor continues to prescribe the drug for you, and the drug continues to be safe and effective for treating your condition. If this is the case, this means you or your doctor must submit a new exception request for 2024.

Changes to prescription drug costs

There are no changes to the amount you pay for prescription drugs in 2024. Read below for more information about your prescription drug coverage.

	2023 (this year)	2024 (next year)
Drugs in Tier 1	Your copay for a one-month	Your copay for a one-month
(Vaccines)	(30-day) supply is \$0 per prescription.	(30-day) supply is \$0 per prescription.
Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy		
Drugs in Tier 2 (<i>Generic drugs</i>)	Your copay for a one-month (30-day) supply is \$0 per prescription.	Your copay for a one-month (30-day) supply is \$0 per prescription.
Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy		

The following table shows your costs for drugs in each of our 4 drug tiers.

	2023 (this year)	2024 (next year)
Drugs in Tier 3	Your copay for a one-month	Your copay for a one-month
(Brand-name drugs)	(30-day) supply is \$0 per prescription.	(30-day) supply is \$0 per prescription.
Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy		
Drugs in Tier 4	Your copay for a one-month	Your copay for a one-month
(Over-the-counter drugs)	(30-day) supply is \$0 per prescription.	(30-day) supply is \$0 per prescription.
Cost for a one-month supply of a drug in Tier 4 that is filled at a network pharmacy		

F. How to choose a plan

F1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different One Care plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2024.

F2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another One Care plan, or moving to Original Medicare.

F3. Leaving One Care

As long as you are still eligible for Medicare and MassHealth, you can leave One Care or your One Care plan and keep your Medicare and MassHealth benefits. If you leave One Care, you will usually return to getting your Medicare and MassHealth services separately.

You will get your MassHealth services directly from doctors and other providers by using your MassHealth card. This is called "fee-for-service." Your MassHealth services include most long-term services and supports (LTSS) and behavioral health care.

You will have a choice about how to get your Medicare benefits.

1. You can change to:	Here is what to do:
A Medicare health plan, such as a Medicare Advantage Plan or a Program of All-inclusive Care for the Elderly (PACE)	Call Medicare at 1-800-MEDICARE (1-800- 633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048 to enroll in a Medicare health plan or PACE.
	If you need help or more information:
	 Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users may call 1-800-439-2370.
	Your coverage with Tufts Health One Care will end on the last day of the month before your new plan's coverage begins.
2. You can change to:	Here is what to do:
2. You can change to: Original Medicare with a separate Medicare prescription drug plan	Here is what to do: Call Medicare at 1-800-MEDICARE (1-800- 633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048 to enroll in Original Medicare with a separate Medicare prescription drug plan.
Original Medicare with a separate	Call Medicare at 1-800-MEDICARE (1-800- 633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048 to enroll in Original Medicare with a separate
Original Medicare with a separate	Call Medicare at 1-800-MEDICARE (1-800- 633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048 to enroll in Original Medicare with a separate Medicare prescription drug plan.

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3. You can change to:

Original Medicare without a separate Medicare prescription drug plan

NOTE: 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 tell Medicare you don't want to join.

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the SHINE Program at 1-800-243-4636. TTY users should call 1-800-439-2370.

Here is what to do:

Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048 to enroll in Original Medicare and opt out of a separate Medicare prescription drug plan.

If you need help or more information:

• Call the SHINE Program (Serving Health Insurance Needs of Everyone) at 1-800-243-4636. TTY users should call 1-800-439-2370.

Your coverage with Tufts Health One Care will end on the last day of the month before your Original Medicare coverage begins.

G. How to get help

G1. Getting help from Tufts Health One Care

Questions? We're here to help. Please call Member Services at 1-855-393-3154 (TTY: 711). We are available for phone calls seven days a week, from 8 a.m. to 8 p.m. Calls to these numbers are free.

Your 2024 Member Handbook

The 2024 Member Handbook is the legal, detailed description of your plan benefits. It has details about next year's benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The 2024 Member Handbook will be available by October 15. An up-to-date copy of the 2024 *Member Handbook* is available on our website at <u>TuftsHealthOneCare.org</u>. You may also call Member Services at 1-855-393-3154 (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. to ask us to mail you a 2024 Member Handbook.

Our website

You can also visit our website at <u>TuftsHealthOneCare.org</u>. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

G2. Getting help from MassHealth Customer Service

MassHealth Customer Service can answer questions you may have about One Care and your other options for getting your services. MassHealth Customer Service can also help you enroll in a One Care plan, switch plans, or leave One Care. You can call MassHealth Customer Service at 1-800-841-2900. TTY: 711 (for people who are deaf, hard of hearing, or speech disabled). You can call Monday through Friday, 8:00 A.M. to 5:00 P.M.

G3. Getting help from My Ombudsman

My Ombudsman is an independent program that can help you if you have questions, concerns, or problems related to One Care. You can contact My Ombudsman to get information or assistance. My Ombudsman's services are free. My Ombudsman can:

- Answer your questions or refer you to the right place to find what you need.
- Help you address a problem or concern with One Care or your One Care plan, Tufts Health One Care. My Ombudsman's staff will listen, investigate the issue, **and** discuss options with you to help solve the problem.
- Help with appeals. An appeal is a formal way of asking your One Care plan, MassHealth, or Medicare to review a decision about your services. My Ombudsman's staff can talk with you about how to make an appeal and what to expect during the appeal process.

You can call, email, write, or visit My Ombudsman at its office.

- Call 1-855-781-9898, Monday through Friday from 9:00 A.M. to 4:00 P.M.
 - Use 7-1-1 to call 1-855-781-9898. This number is for people who are deaf, hard of hearing, or speech disabled.
 - Use Videophone (VP) 339-224-6831. This number is for people who are deaf or hard of hearing.
- Email <u>info@myombudsman.org</u> or contact My Ombudsman through its website at <u>www.myombudsman.org</u>.
- Write to or visit the My Ombudsman office at 25 Kingston Street, 4th floor, Boston, MA 02111.
 - Please refer to the My Ombudsman website or contact them directly for updated information about location, setting up an appointment, and walk-in hours.

G4. Getting help from the State Health Insurance Assistance Program (called SHINE)

You can also call SHINE (Serving the Health Insurance Needs of Everyone). SHINE counselors can help you understand your One Care plan choices and answer questions about switching plans. SHINE is not connected with us or with any insurance company or health plan. SHINE has trained counselors in every state, and services are free. The phone number for SHINE is 1-800-243-4636. TTY (for people who are deaf, hard of hearing, or speech disabled): 1-800-439-2370 (Massachusetts only).

G5. Getting help from Medicare

To get information directly from Medicare, 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.

Medicare's Website

You can visit the Medicare website (<u>www.medicare.gov</u>). If you choose to disenroll from your One Care plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, refer to <u>www.medicare.gov</u> and click on "Find plans.")

Medicare & You 2024

You can read the *Medicare* & *You 2024* handbook. Every year in the fall, this booklet 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 booklet, you can get it at the Medicare website (<u>www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf</u>) 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.



If you have questions, please call Tufts Health One Care at **1-855-393-3154** (TTY: 711), seven days a week, from 8 a.m. to 8 p.m. The call is free. **For more information**, visit TuftsHealthOneCare.org.