



2024 AEP KICK-OFF

NEW YORK DOWNSTATE MARKET



Table of Contents

- NYD Sales Team
- Why Wellcare
- New York Market Overview
- New for 2024
- Marketing Update
- NY 2024 Top Selling plans Overview
- Part D Overview
- CMS Final Rule



The New York Downstate Team

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Why WellCare



Why Us

Plans

- We offer innovative Medicare Plans that are member centric. Designed to meet the complexity and diversity of membership and communities we serve.
- HMO, HMO D-SNP, PPO and PPO D-SNP, standalone PDP, Givebacks, \$0 plans, Low Income Subsidy plans, Low, Medium, and High Premium plans, and MA Only

Members

- The consistency of our plan designs with year over year minimal benefit disruption has contributed to greater member retention and confidence. Which is driving continual residual income for our broker partners.

Network

- We understand the importance of a robust network, that's why in the NY Downstate market our network includes the largest hospital systems: NorthWell, Mt Sinai, NYU Langone, NY Presbyterian, Montefiore, and the entire Health & Hospital Corp (HHC)

National WellCare-to-WellCare network offered in 31 legacy WellCare states. Members can travel with ease and see in network providers and pay the same in-network co-pay as they do in their home state

NY Leadership

NY has an elite team of Regional Agency Managers dedicated to the success of their broker partners. They're seasoned sales professionals that know their market and competition. They continually work with their brokers guiding, coaching and strategizing how to position us in the market.

Products with Purpose



Products with Purpose that supports year-round growth

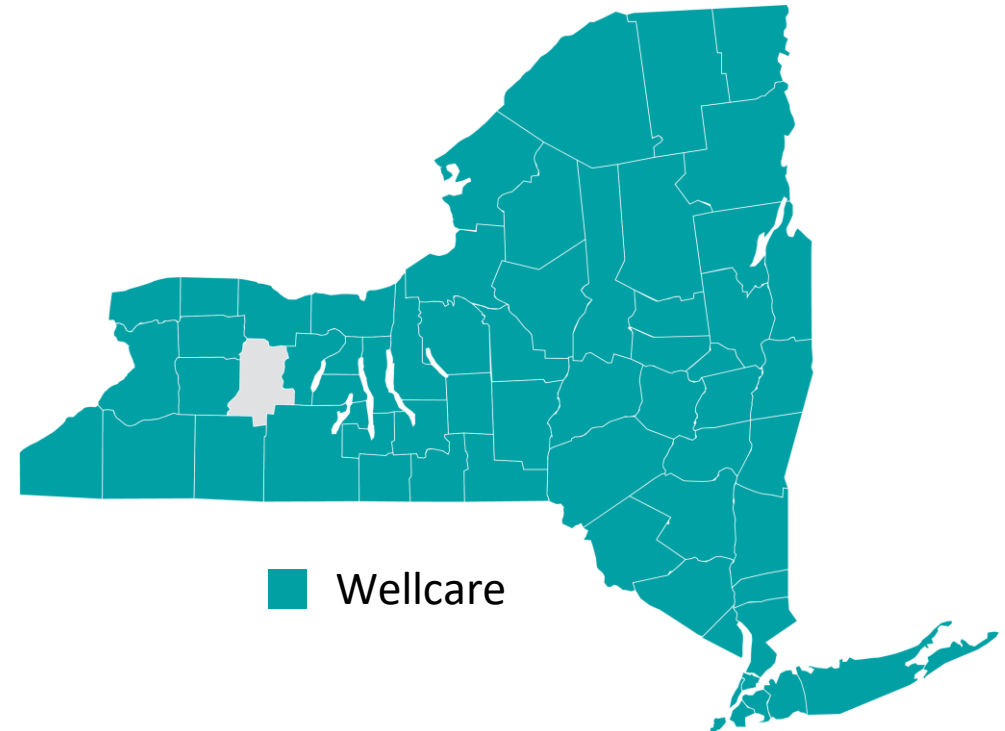
- Every market has an AEP and Lock-in plan
- Increased likelihood of walking away with a new member

New York Downstate Market



New York | *Review*

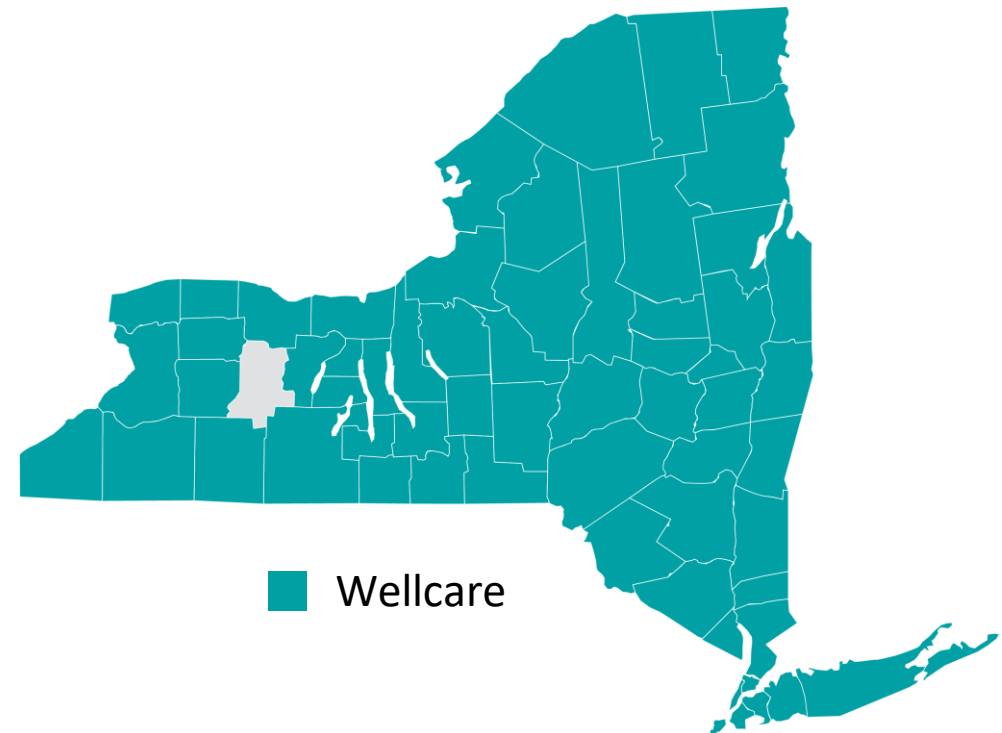
- In 61 of 62 counties
- Strong networks in NYC area including NorthWell/HHC/NYU Langone/Mt. Sinai/NY Presbyterian/Montefiore/Catholic Hospitals
- Key provider relationships: ACP/Oak Street/CareMax/SMG
- Downstate New York (NYD) is largest metro area in the entire country.
- Due to the population density, we have extensive marketing capabilities.
- Strong/rich benefit portfolio



New York | *Service Area*

Wellcare Continued Coverage Counties:

- Albany, Allegany, **Bronx**, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, **Kings**, Lewis, Madison, Monroe, Montgomery, **Nassau**, **New York**, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, **Queens**, Rensselaer, **Richmond**, Rockland, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, St. Lawrence, Steuben, **Suffolk**, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, **Westchester**, Wyoming, Yates



New for 2024



New for 2024

Effective Jan. 1, 2024, Express Scripts will be managing our pharmacy benefits administration including Mail Orders. This will impact all Part D plans, including MAPD and PDP

NEW SPENDABLE MULTI-CARD: Annual Benefit range from \$336- \$2400 (depending on plan)

DSNP Plan Members will continue to receive Part D Reduced Cost Sharing – LIS members in all phases will receive Part D drugs at a \$0 copay and deductible.

Due to Inflation Reduction Act (IRA), all members will now pay \$0 when they reach the catastrophic phase.

New Expansion state: Delaware

Centene Workbench Enhancement: PDF version of Member ID Card is now available in broker's Book of Business

Real-time Medicare and Medicaid self-service for DSNP eligibility verification available on Ascend

Expanded go-to-market materials and digital resources

Materials Update

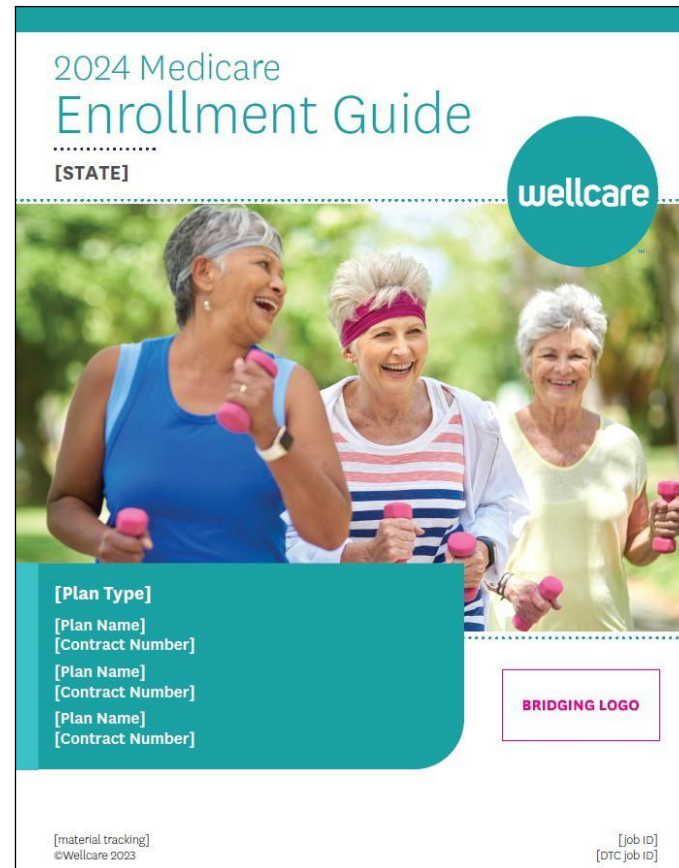




Enrollment Guide: Color Covers by Plan Type with Photo

Enhancements include:

- Modern, redesigned look and feel
- Added a true Table of Contents
- Addition of Plan Benefits-at-a-Glance
- Copy-heavy content replaced with infographics
- Addition of new Member Portal section





Welcome Kit and Welcome Back Kit:

Member-specific; plan name and contract number on covers

Enhancements include:

- Kits are now PBP-specific with plan names added to footers
- New Spendables flyer
- Merged benefit-heavy content into Extra Benefits section
- New Vendor Contact flyer
- New My New Member Journey page
- New Health Awareness Calendar
- New Welcome Back Kit for returning members






Enrollment Guide, Welcome Kit, and Welcome Back Kit: Expanded Self-Service Tools Section

Learn About Your Benefits By Watching Our Helpful Videos

Visit <https://www.wellcareca.com/video-library.html> for helpful How-to Videos.

ON OUR CHANNEL YOU WILL HAVE IMMEDIATE ACCESS TO USEFUL VIDEOS ABOUT:

- Medicare Basics
- Transportation benefits
- Dental benefits
- Vision benefits
- Prescription delivery
- Saving money on insulin



[Plan Name]


Visit the Member Portal Today

As a Wellcare member, you have the added benefit of a secure member portal. Use the portal to access important information and manage your care anytime, anywhere. You can view documents, research your benefits coverage, print or order a new Member ID card, and more.

If you haven't already, sign up for your member portal account today by visiting [\[web address\]](#).

Visit the member portal on a computer to:

- SET YOUR PRIMARY CARE PROVIDER (PCP):** Select your PCP or find an in-network provider with the "Find a Provider / Pharmacy" tool.
- SEARCH FOR BENEFITS:** Review what medical and supplemental benefits are covered by your plan.
- MANAGE HEALTH TO-DO LIST:** View care gaps and take action to stay up to date on preventive care.
- VIEW OR PRINT YOUR MEMBER ID CARD:** View your ID card and print or order a replacement.



[Plan Name]

How to Use Our Helpful QR Codes

Throughout this kit you will see a few Quick Response codes (QR codes). QR codes are square images made up of pixels. QR codes allow any person with a smart phone or tablet to access websites and other information quickly. You will see a few QR codes in the following pages to allow you quicker access to your health plan information.


To use a QR Code simply follow the 4 simple steps below.

- Step 1** Open your camera and point your device at the QR code.
- Step 2** Wait for your camera to recognize and scan the QR code.
- Step 3** Click the banner or notification when it appears on your screen.
- Step 4** The information associated with QR code will automatically load.

Now you are ready to proceed!

[Plan Name]

Download Our Free Wellcare+ Mobile App!



The Wellcare+ mobile app gives you access to your health information in the palm of your hand.

With the app, you'll have immediate access to:

- A digital ID card.
- Find a provider tool.
- A drug cost lookup tool.
- Your drug claims history.

- Step 1** Download the free Wellcare+ mobile app on the App Store or Google Play. Open the app and select "register."
- Step 2** Register using your subscriber ID, name, and date of birth.
- Step 3** Access your health information whenever you need it!

[Plan Name]

New feature:
QR codes!

Included in Enrollment Guide

Pre-Enrollment Checklist & Required Topics





Pre-Enrollment Checklist and Effect on Coverage

The **Pre-Enrollment Checklist (PECL)** is a standardized form that is intended to **help beneficiaries understand important plan benefits and rules**. The PECL must be provided to prospective enrollees with the enrollment form (including telephonic enrollments).

“Effect on current coverage” is new to the form and must be covered.

Effect on Current Coverage. Your current healthcare coverage will end once your new Medicare coverage starts. For example, if you are in Tricare or a Medicare plan, you will no longer receive benefits from that plan once your new coverage starts.

The form is in the [Pre-Enrollment Guide](#). Be sure to utilize the applicable plan year material.



Topics to Cover During the Sales Process

Prior to an enrollment, **CMS' required questions and topics regarding beneficiary needs** in a health plan choice must be fully discussed.

Topics include:

- Information regarding primary care providers and specialists
- Pharmacies
- Prescription drug coverage and costs
- Costs of healthcare services
- Premiums
- Benefits
- Specific healthcare needs

Please refer to [2024 Annual Certification Training](#) for the full listing of topics and questions.

WellCare Spendable - Supplemental Benefits





Wellcare Spendables – Benefit Designs

	Benefit Package Design	Periodicity	Purse Design
D-SNP Plans- HMO and PPO	<ul style="list-style-type: none">• VBID Benefits• Gas pay-at pump• Healthy food• Utilities assistance• Rent Assistance• OTC• Dental, Vision, Hearing	Monthly, rolling	<ul style="list-style-type: none">• Single purse• Managed as combined allowance• VBID and OTC benefits on all D-SNPs
Non-SNP (LIS Plan) WellCare Assist Open PPO	<ul style="list-style-type: none">• OTC• Dental, Vision, Hearing	Monthly, rolling	<ul style="list-style-type: none">• Single purse• Managed as combined allowance
Non-SNP No Premium and Premium Ultra PPO	<ul style="list-style-type: none">• OTC Only	Quarterly, non-rolling	<ul style="list-style-type: none">• Single purse• Single allowance



PY2024 Multi-Benefit Card: Introducing Wellcare Spendables™



A single card provides an allowance access to multiple benefits

- Combines multiple benefits into single card
- Pursing strategy for benefit groups based on plan type
- D-SNP plans include a single purse for OTC, Grocery, Gas (Pay-at-the-Pump), and Utility and Rent Assistance, and may include DVH cost-shares in that purse depending on the plan
- Non-D-SNP plans include a single purse for purses for OTC and, depending on the plan, DVH cost-shares will be included in that purse. If the plan has SSBCI Utility, it will be a separate purse on the card.
- Simple and convenient to use
- Benefits loaded each period
- Amounts will vary by plan
- Allows member to use the benefit as they choose to meet their needs



Wellcare Spendables™ Debit Cards



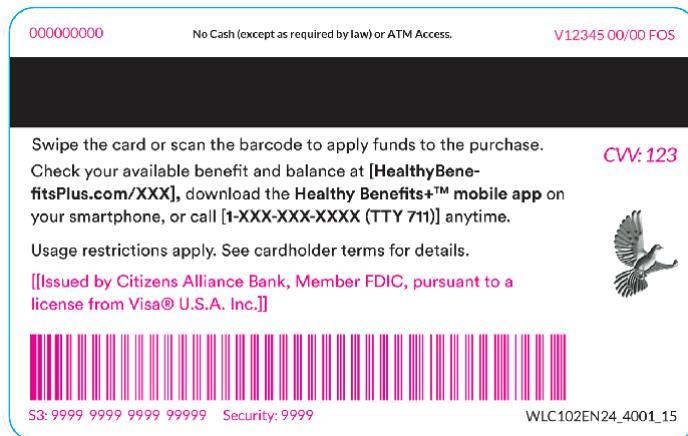
Category level: Healthy food items are managed at a category level. Categories allow members to purchase brand name/generic items, and we have the ability to limit approved categories to ensure members purchase approved items.

Healthy Foods

- Beans and legumes
- Canned fruits and vegetables
- Dairy products
- Fresh fruit and vegetables
- Fresh salad kits
- Frozen produce and meals
- Healthy grains - bread, cereals, pastas, etc.
- Meat and seafood
- Nutritional shakes and bars
- Pantry staples - flour, sugar, spices, etc.
- Soups
- Water/vitamin water

OTC

- Allergy and sinus
- Cold and flu
- Dental and oral health
- Diabetes care
- Digestive health
- Eye and ear care
- First aid
- Foot care
- Home health care and daily living
- Incontinence products
- Pain relief
- Skin care
- Sleep aids
- Smoking cessation products
- Supports, braces, and wraps





Introducing Wellcare Spendables™








- **Solustran** is the national partner to administer the Wellcare Spendables experience
- Currently a trusted partner for six Medicare competitors
- Retailer Direct Network includes more than **55,000 stores nationwide**

Benefits Covered	<ul style="list-style-type: none"> • Retailer Direct via Debit Card • In-Store or Online* • Any Item w/Approved SKU/Category Code • Retailer Network 	<ul style="list-style-type: none"> • Mail-Order** via Phone Call or Portal • List/"Catalog" of Approved Items and Products • Single Fulfillment Vendor (TBD)
DVH Cost-Share Assistance if applicable (Dental, Vision & Hearing Cost-Share)	✓ Network = Approved MCC Codes	✗ N/A
OTC (Over-the-Counter)	✓ Retailer Network	✓ Yes, Limited
Healthy Food (D-SNP Only)	✓ Retailer Network	✓ Yes, Limited, Shelf Stable
Utility/Rent Assistance (D-SNP Only)	✓ Network = Approved MCC Codes	✗ N/A
Gas (D-SNP Only) (Pay-at-the-Pump)	✓ Network = MCC Codes	✓ Pay at Gas Pump
	✓ * <i>Online shipping and delivery fees will use allowance funds.</i>	✗ ** <i>Mail order will require minimum amount for free shipping.</i>



PY2024 VBID D-SNP Benefit Changes

One Purse	 Healthy Food (VBID)	<ul style="list-style-type: none">• Allowance-based benefit; rolling month-to-month• Allowance will be available via Wellcare Spendables™ card• Members are not required to take action to receive the benefit
	 Utility & Rent Assistance (VBID)	<ul style="list-style-type: none">• Allowance-based benefit• Allowance will be available via Wellcare Spendables™ card• Inclusion of rent assistance
	 Over-the-Counter (OTC)	<ul style="list-style-type: none">• Part of Wellcare Spendables™ card• Purchase methods will include in-store, mobile app, phone, and web orders• Solutran offers significantly expanded in-store footprint with multiple retailers• Catalog will be available and sent to all members
	 Gas (Pay-at-the-Pump) (VBID)	<ul style="list-style-type: none">• Allowance-based benefit• Allowance will be available via Wellcare Spendables™ card• Allowance issued monthly; rolling throughout the year• Members are only allowed to use the debit card at the pump
	 Rx \$0 Cost-Sharing – All Tiers (VBID)	<ul style="list-style-type: none">• No change to benefit• Administered at point of purchase at any network pharmacy

2024 Top Selling Plans





New York | *DSNP Plans (FBDE/QMB/QMB+)*

Push Plans	Plan Type	Benefit Highlights
Wellcare Dual Access H4868-014	HMO D-SNP (Downstate) (Bronx, Kings, Nassau, NY, Queens, Richmond)	\$200 Wellcare Spendables™ card per mth – rollover ., \$3,000 Dental, \$200 Vision, \$750 Hearing (both ears), \$0 Prescription Drugs Transportation- 24 one-way trips per year Post-Acute and Chronic Meals /PERS In Home Support Svcs (6 visits per year)
Wellcare Dual Access Open H2775-112	PPO D-SNP (Downstate/Nassau/Suffolk/ Westchester/Upstate counties)	\$84 Wellcare Spendables™ card per mth - rollover , \$4,000 Dental, \$100 Vision, \$1,000 Hearing (both ears), \$0 Prescription Drugs, 12 one-way trips per year/ PERS
Wellcare by Fidelis Dual Access H5599-001	HMO DSNP Downstate/Nassau/Suffolk/ Westchester/Upstate counties)	\$123 Wellcare Spendables™ card per Mth – rollover , \$2,000 Dental, 1 pair of eyewear per year, \$350 Hearing per ear \$0 Prescription Drugs, Transportation- 10 one-way trips per year
Wellcare Dual Access H4868-004	HMO D-SNP (Suffolk/ Westchester and Upstate counties	\$100 Wellcare Spendables™ card per mth - rollover , \$3,000 Dental, \$200 Vision, \$1000 Hearing (both ears), \$0 Prescription Drugs , Transportation 12 one-way trips per year, PERs/ Post-Acute and Chronis Meals and In home support services (6 visits per year)



New York | Traditional MA Plans *At a Glance*

Push Plans		
Wellcare Giveback Open H00088-002	PPO Giveback (Manhattan)	Giveback \$78 , \$0 PCP/ SPEC \$50 (INN), \$100 Vision, \$350 Hearing (both ears) – Preventive Dental Only Rx deductible \$545 (T3-T5) T1/T6 \$0) Part B Deductible \$205 annually, dental – preventative Only w/o annual max
Wellcare Giveback Open H2775-111	PPO Giveback (All other NY Counties)	Giveback \$77 , \$0 PCP,/ SPEC \$50 \$100 Vision, \$350 Hearing (both ears) Preventive Dental Only Rx deductible \$545 (T3-T5) (T1/T6 \$0) Part B Deductible \$180 annually, dental – preventative Only w/o annual max
Wellcare No Premium Open PPO H0088-003	PPO (Manhattan)	\$0 Premium PCP \$0/SPEC \$40 (INN) 12 one-way trips per year Rx deductible \$300 (tier 3-5) (T/1T 6 \$ 0) , In Home Services 6 visits per year / Post-acute and Chronic Meals/ Dental \$1500 annual benefit(dentures included)
Wellcare No Premium Open PPO H2775-106	PPO (All other NY Counties)	\$0 Premium PCP \$0/SPEC \$40 (INN) 12 one-way trips per year Rx deductible \$450 (Tier 3-5) (Tier 1 & 6 \$0) Spendables OTC \$84 per qtr (non-rolling) Dental \$1000 annual benefit (dentures included) In home Services visits per /Post-acute and Chronis Meals
Wellcare Assist Open PPO H2775-113	LIS-PPO NY Counites – NOT OFFERED IN Manhattan)	\$26.70 Premium* PCP \$0/SPEC \$40 (INN/OON) Spendables OTC/DVH \$45 per mth (rolling) \$3000 dental annual benefit ,In home Services visits per /Post-acute and Chronis Meals, Rx Deductible \$510 (Tiers 2-5) T1/T6 \$0



New York | Premium Ultra Open PPO (All NY Counties)

Premium Ultra Open PPO	Benefit Highlights
Plan PREMIUM \$110	Leveled MOOP (INN/OON) \$3400 PCP/SPEC \$0/\$25 (INN) \$10/\$35 (OON)
Rx Benefit No Drug Deductible	Tiers 1 and 6 \$0 T2 \$5 / T3 \$42/ T4 50% / T5 33%
Inpatient Stay	\$600 co-pay per stay and a \$0 co-pay for unlimited additional hospital days (INN) 20% of total cost for days 1-999 (OON)
Dental/Vision/Hearing	\$1000 annual benefit comp dental including dentures, no annual preventive max/ \$200 annual eyewear \$750 both ears hearing benefit
Meals Labs and X-rays	Post-acute and Chronic Meals Labs \$0-\$50 (INN) X-rays \$0 (INN) both 30% (OON)
WellCare Spendables OTC CARD	\$131 per quarter non-rolling

2024 Pharmacy Benefit Management (PBM) Migration





2024 Pharmacy Benefit Management (PBM) Changes

Effective Jan. 1, 2024, Express Scripts will be managing our pharmacy benefits administration. This will impact all Part D plans, including MAPD and PDP.

- All members will receive a new 2024 ID card prior to Jan. 1, 2024, with updated pharmacy processing information.
- It is very important for members to bring their new card to the pharmacy to receive their prescriptions, as claims will not process without the new card.
- Members will receive several communications about the importance of using their new card throughout AEP:
 - Letter/Flyer (ANOC, etc.)
 - ID Card Letter
 - Call Campaigns



Mail Order

- Effective Jan. 1, 2024, **Express Scripts will replace CVS Caremark** as our preferred mail order provider.
- **CVS Caremark Mail Order will be out-of-network in 2024.** If members decide to continue to use mail order, they must switch to Express Scripts effective Jan. 1, 2024.
- For **existing mail order users**, open prescription refills will be transferred to Express Scripts.
- For any **new mail order prescriptions**, members will be able to set up a member profile with Express Scripts beginning Dec. 1, 2023, but will only be able to initiate an order beginning Jan. 1, 2024.
- Communications will be sent to members with further information and actions needed to access this benefit.
- In a process similar to CVS Caremark, Express Scripts will be managing all mail order operations, including offering a call center to support member inquiries.

2024 Wellcare Part D Overview

Standalone Prescription Drug Plan

Part D for MAPD





2024 Wellcare PDP Product Changes

Key Design Highlights

- Three plans will be offered per region, for a total of 102 plans nationwide.
- All plans will have a \$0 Tier 1 preferred benefit.
- Value Script plan is expected to have one of the lowest premiums in the country!
- Plans are expected to be under the CMS benchmark in most regions with the Classic plan, making the plan a great option for Low Income Subsidy beneficiaries.
- All PDP plans will have a consistent preferred and standard network design.
 - There will be some shifting of pharmacies from preferred to standard status, but copay differentials have been reduced, creating a more favorable member experience.
 - Members affected by network disruption will receive a letter advising of changes.
- Due to Inflation Reduction Act (IRA), all members will now pay \$0 when they reach the catastrophic phase.

Formulary Highlights

- New Tier 6 formulary will be offered on the Classic Plan containing non-insulin diabetic drugs.
 - Copay will be \$0 on Tier 6 for a 30-day supply for Classic (after deductible).
 - Value Script and Value Plus will continue to offer Tier 6 for \$11 copay (after deductible, if applicable).
- More than 400,000 existing Value Script members will experience lower cost-sharing due to formulary improvements.



New York PDP Plans *Key Selling Features*

Plan Name	Benefit Highlights
Wellcare Classic (PDP) S4802-077	Designed for Duals (LIS), \$0 Tier 1 (after deductible if applicable) at preferred pharmacies, New \$0 drug tier added with medications commonly used to treat diabetes
Wellcare Value Script (PDP) S4802-138	Low Premium, No deductible on Tier 1 and 2 medications (preferred generic and generic), \$0 copay for Tier 1 drugs at preferred pharmacies
Wellcare Medicare Rx Value Plus (PDP) S4802-206	No deductible for all tiers, \$0 copay for Tier 1 drugs at preferred pharmacies, low-cost drug Tier 6 designed for medications commonly used to treat diabetes



2024 Proposed Product Offerings

	Duals		Low Premium		Richest Coverage	
Plan Name	Classic		Value Script		Rx Value Plus	
Premium	TBD		TBD		TBD	
Deductible	\$545 (applies to all tiers)		\$545 (applies to tiers 3, 4, 5, and 6)		\$0	
Retail Type	Pref Retail	Std Retail	Pref Retail	Std Retail	Pref Retail	Std Retail
Initial Coverage Stage	T1: \$0 T2: \$3-\$5 T3: 20%-24% T4: 40%-48% T5: 25% T6: \$0	T1: \$2-\$3 T2: \$7-\$9 T3: 20%-25% T4: 40%-48% T5: 25% T6: \$0	T1: \$0 T2: \$5 T3: 25% T4: 50% T5: 25% T6: \$11	T1: \$5 T2: \$10 T3: 25% T4: 50% T5: 25% T6: \$11	T1: \$0 T2: \$4 T3: \$47 T4: 50% T5: 33% T6: \$11	T1: \$5 T2: \$10 T3: \$47 T4: 50% T5: 33% T6: \$11
Initial Coverage Limit	Up to \$5,030 in Rx costs		Up to \$5,030 in Rx costs		Up to \$5,030 in Rx costs	
Network (Preferred Pharmacies)	Walgreens, CVS, and grocers		Walgreens, CVS, and grocers		Walgreens, CVS, and grocers	

Agent use only. Confidential and proprietary. Not to be distributed or shared with Medicare beneficiaries. Distribution to any person or company is prohibited and may be grounds for contract termination. Plan and benefit information contained in this document is pending government approval and subject to change. Final 2024 plan and benefit information may be discussed with beneficiaries on or after October 1.



2024 Part D Product Design for MAPD

PART D PROGRAM REDESIGN

- All plans offer \$0 copay for all vaccines recommended by the CDC's Advisory Committee on Immunization Practices (ACIP) for use in adults.
- All plans have a \$35 cap on cost-sharing per one-month supply of covered insulins for all coverage phases.
- Members will pay \$0 for brand and generic medications once they reach Catastrophic coverage for the remainder of the year (once total member out-of-pocket costs reach \$8,000).

PRODUCT IMPROVEMENT AND INNOVATION

- Our MAPD plans are projected to be between 86% to 96% aligned or favorable in drug coverage and tier placement for the top 400 drugs (representing 96% of Medicare utilization) compared to plans nationwide.
- Maximum day supply of prescriptions increased from **90 to 100 days at the same copay.**
- Excluded drug coverage of generic erectile dysfunction drugs on Tier 1 is offered on enhanced plans and is being expanded to include popular vitamins: **Vitamin D2, Vitamin B12, and Folic Acid.**



2024 Part D Product Design for MAPD

MAINTAIN COMPETITIVE BENEFITS

Deductible

- All TMA plans have a \$0 or tier-specific deductible (Tiers 2-5, Tiers 3-5, or Tiers 4-5).

Reduced Cost-Sharing

- All TMA plans feature a \$0 copay for Tier 6, which includes the majority of adherence medications.
- 98% of TMA plans have \$0 copay for Tier 1 at preferred pharmacies.

Gap Coverage

- 45% of TMA plans have full and/or partial gap coverage on Tiers 1, 2, and/or 6.

OPTIMIZE BENEFIT DESIGN

Medication Home Delivery


- Express Scripts® Pharmacy is replacing CVS Caremark® as the preferred mail order benefit provider.
- Preferred mail order discounts are available:
 - Tiers 1, 2, and 6 = \$0 copay for 100-day supply
 - Tier 3 = 2 x 30-day supply copay for 100-day supply

Preferred Pharmacy Network

- Walgreens and CVS plus grocers remain within the preferred pharmacy network for 2024.



Part B Diabetic Testing Supplies Strategy

- In 2024, all MAPD plans will have the same Part B diabetic testing supply strategy.
- Preferred manufacturers:
 - Traditional diabetic testing supplies: OneTouch covered with quantity limit (1 meter per 365 days; 100 test strips per 25 days)
 - Continuous blood glucose monitoring: Dexcom or FreeStyle Libre with prior authorization
- Non-preferred manufacturers:
 - Covered with approved prior authorization at the preferred manufacturer copay
- The vendor for the benefit is 

CMS Final Rule

Events & Scope of Appointment (SOA)

and other beneficiary contact



EDUCATIONAL EVENTS

- **Scope of Appointment** forms **may not** be distributed or accepted at educational events.
- **Business Reply Cards** **may** be made available, and beneficiary contact information may be received if prompted by the beneficiary.

Beneficiary must request the information without being approached or coerced into asking for it. Brokers must not pressure the beneficiary to provide information.

Reminder: Educational events must be advertised as educational and should be solely for education and not for lead generation or future marketing opportunities for agents.

MARKETING EVENTS FOLLOWING AN EDUCATIONAL EVENT

- Marketing events are prohibited from taking place within **12 hours** of an educational event, in the same location.

The same location is defined as the entire building or adjacent buildings.



Scope of Appointment

48-Hour Waiting Period

Scope of Appointment (SOA) must be obtained **at least 48 hours prior** to a scheduled personal marketing appointment.

Two exceptions:

1. SOAs that are completed during the last four days of a valid election period for the beneficiary.
2. Unscheduled in-person meetings (walk-ins) initiated by the beneficiary.

Applicable	Not Applicable
<u>Scheduled</u> sales events (formal presentations and walk-up tables, kiosk, RV, etc.)	<u>Unscheduled</u> in-person meetings (walk-ins) initiated by the beneficiary (office, etc.)
Outbound phone calls that are <u>scheduled</u>	Outbound phone calls that are <u>unscheduled</u> and <u>initiated by the beneficiary</u> (call backs for web forms, BRC, C2C, etc.)
Inbound phone calls that are <u>scheduled</u>	Inbound and Outbound phone calls that are <u>unscheduled</u>
<u>Scheduled</u> in-person/virtual/telephonic meetings	During the last four days of a valid election period for the beneficiary



Scope of Appointment, Business Reply Cards, and Consent to Contact

12-MONTH EXPIRATION

- SOAs are valid for **12 months** following the date of beneficiary's signature date or initial request for information.

Note: the 12-month expiration applies to business reply cards, consent to contact, or requests to receive additional information.

DOOR-TO-DOOR

- Door-to-door contact is still prohibited, even with a signed SOA or completed business reply card (BRC).

Door-to-door contact may only be made if an appointment was scheduled by the beneficiary.



Sources

- [Fact Sheet: 2024 Medicare Advantage and Part D Final Rule \(CMS-4201-F\)](#)
- [88 FR 22120: Medicare Program; Contract Year 2024 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly](#)
- [Medicare Advantage Marketing Regulations - § 422 Subpart V](#)
- [Medicare Part D Marketing Regulations - § 423 Subpart V](#)
- [Medicare Communications and Marketing Guidelines 3-16-2022 \(PDF\)](#)

QUESTIONS



THANK YOU
&
HAPPY WELLCARE SELLING!

