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prevea360.com

December 8, 2023

Subject Line: 2024 Plan and Benefit Changes

Dear Prevea360 Health Plan Provider,

To keep you informed of changes that affect your patients enrolled in a Prevea360 Health Plan benefit plan, we have compiled information summarizing some key plan and benefit changes for the upcoming year.

As a reminder Prevea360 Health Plan is adding a new payer ID for lines of business that are moving to our new business platforms, starting with Individual and Family business (IFB) plans for dates of services on and after January 1, 2024. To confirm a member's coverage eligibility, please use our real-time resources for the payer ID applicable to your patient's benefit plan and date of service:

- 270/271 Eligibility and Benefit Inquiry and Response transaction
- Eligibility application in the Prevea360 Health Plan Provider Portal (for payer ID 39113) or the Availity Essentials Portal (for payer ID 41822)

If you have additional questions regarding a member's eligibility and coverage, please call our Customer Care Center at:

- 877-230-7555 for Prevea360 Health Plan Commercial and State of Wisconsin Employee
 Trust Fund (ETF) product available only to State of Wisconsin employees and their
 families.
- 800-458-5512 for Individual Family Business (IFB) for payer ID 41822
- 877-234-4516 for Dean Administrative Services Only (ASO) plans.

If you have questions about the 2024 information in the attachment to this notice, refer to benefit plan information available on our website at Prevea360.com. Please contact the Provider Network Consultant for your specialty as listed at the bottom of the Providers web page if you have further questions. If your specialty does not have a designated Provider Network Consultant, contact the Provider Network Consultant listed for your county.

We thank you for your incredible work every day in serving our members. We look forward to supporting you in 2024.

Sincerely,

Rachel Grady
Director – Provider Network Administration
Prevea360 Health Plan

2024 PLAN AND BENEFIT CHANGES

Updates to Provider and Member Experience

As Medica and Prevea360 Health Plan integrate, both providers and members will begin to see changes in how they interact with the health plan. Many of these changes will be applicable to specific lines of business as they transition to the new payer ID, including a new look for member ID cards, and new Customer Care Center phone numbers. This section shares a few highlights of those changes for both members and providers, though members should always be directed to resource documents for their benefit plan.

For additional provider information and to stay up-to-date with transition details, please refer to our monthly Prevea360 Health Plan <u>Provider Newsletter</u> and the Provider Communications <u>webpage</u>.

New Payer ID for Individual Family Business (IFB) Plans

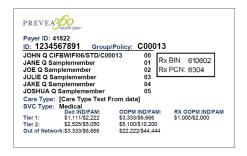
Effective January 1, 2024, our new payer ID 41822 will apply to IFB plans for dates of service on and after January 1, 2024. Other plans will transition to our new business platform and payer ID in future rollouts.

New Format for Member ID Cards

As Prevea360 Health Plan by Medica moves to our new platform, providers should verify the following information on member ID cards to differentiate between IFB membership and other lines of business:

- Member ID number-member ID numbers that correspond to payer ID 41822 will be a 10-digit number starting with a "3."
- New group number
- Payer ID
- Customer Care Center phone numbers
- Paper claims mailing addresses a new address will be used for IFB line of business.

Example of 2024 IFB ID Cards





New Provider Portal for Transactions Related to IFB Members

During the transition, transactions for payer ID 39113 will still need to be performed in the Prevea360 Health Plan Provider Portal. Beginning in 2024, the Availity Essentials Provider Portal will be used for most transactions related to payer ID 41822 based on the date of service. Applications in the Availity Essentials Provider Portal that are in development for delivery early in 2024 include eligibility and benefits, claim status, and authorization submission and status. However, claim appeals for all lines of business and both payer IDs will continue to be accepted in the Prevea360 Health Plan Provider Portal regardless of date of service. Any necessary interim processes effective on January 1, 2024, could include accessing information through our Customer Care Center, or following non-electronic submission methods. Updates will be shared on the Provider Communications webpage and incoming training resources, as well as shared directly to those opted-in to our health plan communications.

Updated Case Management Program Referral Process

<u>Case Management</u> is a voluntary and complimentary program that is offered to our members to help self-manage complex or chronic conditions, promote the primary care provider relationship, connect members with appropriate community resources, and assist in navigation of the health care system including optimum utilization of health coverage and benefits.

Programs offered include Advance Illness and Advanced Care Planning, Behavioral Health Case Management, Complex Case Management, Pregnancy Program, Transplant Case Management, and Social Work Resources.

If you would like to refer a Prevea360 Health Plan patient to one of these case management programs please call Prevea360 Health Plan Customer Care Center at 866-905-7430, email: caresupport@medica.com, or fax 952-992-3589.

Medicare Advantage Plans Discontinued

Prevea360 Medicare Advantage plans are not being offered for the plan year of 2024. Members enrolled in these plans have been notified of this change and have been transitioned/selected another Medicare Advantage plan for 2024 coverage.

Updated and New 2024 Pharmacy Benefits for Commercial Plans

Effective January 1, 2024, or upon a group's renewal for Commercial plans, Prevea360 Health Plan will be offering \$6 for 6-month supply for unique generic medication for conditions such as diabetes, high blood pressure, mood disorders and bone health available at Costco (retail) and SSM retail pharmacies.

Programs:

\$6 for 6 Month Supply Effective upon renewal on or after 1/1/2024 Select unique generic medications for conditions such as diabetes, high blood pressure, mood disorders, and bone health available to members for \$6 for a 6-month supply at Costco (retail) and SSM retail pharmacies.

Alendronate-70mg tab Anastrozole-1mg tab Atenolol-25, 50 & 100mg tab Carvedilol-3.125, 6.25, 12.5 & 25 mg tab Fluoxetine-10, 20 & 40mg cap Folic Acid-1mg tab Furosemide-20 & 40 mg tab Glimepiride-1, 2 & 4 mg tab Glipizide-5 &10 mg tab Glipizide ER-2.5, 5 & 10 mg tab Glyburide-1.25, 2.5 & 5mg tab Hydrochlort-12.5mg cap Hydroxyz HCL-10, 25, & 50 mg tab Lisinop/HCTZ-10-12 tab Lisinop/HCTZ-20-12 tab Lisinop/HCTZ-20-25M tab Metoprol TAR-25,50,75&100 mg tab Omeprazole-20 & 40 mg cap Pioglitazone-15, 30 & 45 mg tab Triamt/HCTZ-37.5-25 tab Triamt/HCTZ-75-50 tab

Please refer to the member's Member Certificate or Summary Plan Document or call the Customer Care Center number found on the member's card for specific coverages.

Removal of Prior Physical Therapy and Occupational Therapy Prior Authorizations Requirements

Starting January 1, 2024, Dean Health Plan has removed the prior authorization requirements for physical therapy and occupational therapy.

Note: Prior authorization requirements for self-funded plans (also called ASO plans) may vary. Please refer to the member's Summary Plan Document or call the Customer Care Center number on the member's ID card for specific prior authorization requirements.

Language Assistance Line

To address diverse language needs and bridge important communications between providers and patients, Prevea360 Health Plan offers a free telephonic Language Line for language assistance/interpreter services. The Language Line is available to in-network providers who do not have access to language assistance services and need to interact with Prevea360 Health Plan members who have limited English language proficiency. Providers may request language assistance by calling 844-526-1386, available 24 hours a day, 7 days a week. See the Language Line Instructions on the Prevea360 Health Plan Cultural Awareness web-page for more information on how to use the service.

Behavioral Health Support for Prevea360 Health Plan Patients

In recognition of the importance of mental health services and support. Prevea360 Health Plan has developed the <u>Behavioral Health Provider Annual Training resource</u> to assist behavioral health providers caring for patients enrolled in a Prevea360 Health Plan benefit plan. This resource highlights behavioral health medical policies, prior authorization and supporting documentation submissions, coordination of services, and related resources.

Member Resources Reference Guide

The *Prevea360 Health Plan Member Resources Reference Guide for Providers* makes it easier for providers to find online information regarding a wide range of programs and services that are available to their Prevea360 Health Plan patients (and some that are available to all patients regardless of insurance). The reference guide is organized alphabetically by the name of the program/service with a brief description and links to more information online. The resource is not intended to be an exhaustive list and providers are always encouraged to refer to the Prevea360 Health Plan website for the most up-to-date information. Please note, rewards and programs may vary by plan and member coverage.