Provider News

March 1, 2024

Your monthly Prevea360 Health Plan Provider News.

Wellness programs for your patients

We offer a variety of wellness programs throughout the year to your patients enrolled in our benefit plans (and some open to all regardless of insurance). We invite you to share our Events page with your patients for a list of classes and events.

Commercial plans are moving to new business platforms

More plans are moving to resources and processes under payer ID 41822 – Medica/Dean Health Plan/Prevea360.

We'll be moving Prevea360 Health Plan commercial plans to our new business platforms under payer ID 41822 as groups come up for renewal. If you have 2024 Prevea360 Health Plan Individual + Family Business (IFB)/Affordable Care Act (ACA) patients, you're already using the business resources and processes under payer ID 41822 (e.g., Availity EDI, Availity Essentials Provider Portal, Customer Care with IVR system, InstaMed payment services, etc.). You will use these same business resources and processes for your commercial plan patients when they:

- Renew coverage
    - Payer ID 41822 business processes will be effective for the dates of service on and after their renewal date
    - Payer ID 39113 business processes will be effective for dates of service before their renewal date
- Initially enroll on and after May 1, 2024

What this transition means to providers:

- New member ID cards: Commercial members will receive new member ID cards with payer ID 41822, a newly assigned group/policy number, and a 10-digit member ID number as they renew.
- Dual navigation: Because commercial plans have varied enrollment/renewal dates, we're transitioning plans to business platforms under payer ID 41822 based on these dates in phases throughout 2024 and 2025.
    - This means that you'll use business resources and processes under payer ID 41822 like you do currently for IFB/ACA members (e.g., Availity EDI, Availity Essentials Provider Portal, Customer Care with IVR system, InstaMed payment services, etc.) for Commercial plan members when they renew.
    - You will continue to use current platforms under payer ID 39113 for commercial plans that have not yet transitioned.
- First renewal date: The first Prevea360 Health Plan commercial groups will be renewed for dates of service on and after Jan. 1, 2025.
- New customer care numbers: Effective for dates of service on and after renewal, providers will need to call Provider Customer Care at 800-458-5512 for information regarding commercial plans under payer ID 41822. (This is the same provider number for 2024 IFB information.)
    - The current Provider Customer Care number for commercial plans, 877-230-7555, should continue to be used for dates of service before renewal.
- Members also will be assigned a new Customer Care number at renewal: 877-376-5336.

See the Prevea360 Health Plan Provider Quick Reference by Payer ID which shows which resources to use and processes to follow based on the payer ID. As commercial plans move to our new business platforms, processes and resources listed under payer ID 41822 will apply.

Provider Manuals are updated for payer ID 41822, including interim processes

The updated Prevea360 Health Plan Provider Manual is available from the Document Library. While most of the information in the manual applies broadly for a wide variety of tasks, the updated manual calls out differences in expectations or standards for payer ID 41822. In some cases, the provider manual links to the Provider Communications page for resources and processes specifically for payer ID 41822, including interim processes in place while long-term processes are being activated.

Here's a summary of interim processes currently in place:

- Submit authorizations for payer ID 41822 using the electronic prior authorization form in the Prevea360 Health Plan provider portal (choose the tile for payer ID 41822) or via fax or email using our online prior authorization forms on the Prevea360 Health Plan website.
    - See the How to submit IFB authorizations for 2024 dates of service dropdown.
- Get authorization status for payer ID 41822 authorizations by calling Customer Care at 1 (800) 458-5512 once the applicable processing timeframe has elapsed.
- Get claim status for payer ID 41822 authorizations by calling Customer Care at 1 (800) 458-5512.
- Submit claim appeals for payer ID 41822 claims using the Prevea360 Health Plan Provider Portal via the same process as claim appeals for plans under payer ID 39113.
    - See the Are you using the correct resources for your 2024 Prevea360 Health Plan patients?

In the future, these processes will be available as long-term functionality in the Availity Essentials Provider Portal. See this month's related article about upcoming trainings.

E&B transactions in Availity Essentials now offer more search flexibility
Eligibility and Benefits (E&B) transactions in Availity Essentials can now be submitted using only member first and last name and date of birth.

Coming soon - Availity Essentials provider trainings

We're pleased to announce that long-term functionalities for payer ID 41822 (to replace interim processes currently in place) will soon be available in Availity Essentials:

- Effective Mar. 25, 2024, claim status
- Effective April 1, 2024, prior authorization submission and status

Join a training to discover how to use these functions for your Prevea360 Health Plan IFB/ACA patients. Check the landing page in the Availity Learning Center (from your secure Availity Essentials account) throughout March to see upcoming training dates and recorded webinars.

Ensure you can receive provider communications from us

Starting in March, provider communications from us will come from a new email address, **email.prevea360.com**. This includes our monthly Provider News with policy updates and any off-cycle communications, both of which will continue to be used to relay timely updates and processes regarding our continuing implementation of payer ID 41822 for other plan types in addition to Individual + Family Business (IFB) plans.

Make sure you can receive emails from us with this change. Most email service providers and IT departments use filters to sort legitimate email from the junk or spam. And sometimes emails you want are delivered to a junk folder by mistake.

There are a couple ways to be prepared to receive emails from our new email address:

- Forward the email address **email.prevea360.com** to your IT department to whitelist (e.g., add to your organization's approved senders list).
- Manually add **email.prevea360.com** to your safe sender list or address book — click here to view instructions for major email providers.

Are your patients overdue for an action plan review?

Many studies indicate that regular follow-up visits, with patients of all ages, reduce the risk for asthma exacerbation requiring hospital admission. This is consistent with guidance from national expert groups including the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health, and the American Academy of Pediatrics (AAP).

AAP practice guidelines specifically recommend regular follow-up for children diagnosed with asthma. These visits should occur at least every 3-6 months depending on symptom severity. These groups also recommend that every asthma patient have an asthma action plan. A key purpose of these follow-up visits is that patient asthma action plans are reviewed and updated at least once each year. (See the Regional Asthma Management & Prevention [RAMP] website link in this article for a downloadable template of an asthma action plan.) In patients for whom a controller medication is indicated, it is also important to educate them on the importance of managing their asthma with the combination of controller and rescue medications vs. solely relying on their rescue inhaler.

Talk with patients about setting asthma goals, such as:

- Going most days of the week without symptoms. Asthma is considered under acceptable control if there are symptoms on two days a week or less that require use of a rescue inhaler.
- Preventing asthma attacks, which could result in needing emergency care, by limiting exposure to known asthma triggers.
- Discuss importance of the combination of long-term and rescue asthma medicines in controlling asthma.
- Action plans can be downloaded from the RAMP website at rampasthma.org/info-resources/asthma-action-plans. (RAMP is a project of the Public Health Institute.)

Want to learn more? Visit the NIH Asthma for Health Providers page and American Academy of Pediatrics.

Care for patients after psychiatric hospitalization

Individuals hospitalized for mental health disorders often don't receive adequate follow-up care. Follow-up care with a mental health provider after psychiatric hospitalization can improve patient outcomes, decrease the likelihood of rehospitalization, and decrease suicide risk. The National Institute for Health and Care Excellence recommends follow-up

care within seven days after discharge. The National Committee for Quality Assurance in the U.S. regularly reports the rate of follow-up within seven or 30 days after discharge provides the basis for establishing accountability of high-quality care.

Follow-up may include an outpatient visit, intensive outpatient visit, or partial hospital visit with a mental health provider, such as a: psychologist, psychiatrist, licensed clinical social worker, psychiatric/mental health nurse practitioner/clinical nurse specialist, neuropsychologist, licensed mental health counselor, or licensed marriage and family therapist.

Prevea360 Health Plan provides case management services for members with mental health needs, including finding and scheduling an appointment with an in-network provider. Patients can self-refer by calling the Customer Care number on their member ID card. Providers can refer their patients by emailing caresupport@medica.com or contacting Provider Customer Care.

Provider Best Practices

- Talk to the patient about the importance of seeking follow-up with a mental health provider within seven days of discharge.
- Emphasize the importance of consistency and adherence to the medication regimen.
- Submit claims and encounter data in a timely manner and ensure accurate and complete coding.
- Coordinate care between primary care provider and mental health specialists via care transition plans and by sharing progress notes and updates.
- Identify and address any barriers to the patient attending the appointment.
- Provide reminder calls to confirm appointments and reach out within 24 hours to patients who cancel appointments to reschedule as soon as possible

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Biosimilars for Humira are now covered on Prevea360 Health Plan formulary

A biosimilar is a biological product that is highly similar to, and has no clinically meaningful differences from, a biologic product already approved by the U.S. Food and Drug Administration (FDA). Biosimilars increase treatment options for patients, create further competition in the marketplace, and contribute to significant cost reductions for both health systems and members. Biosimilars are safe and effective treatment options for illnesses such as psoriasis, ulcerative colitis, or rheumatoid arthritis.

Numerous adalimumab biosimilars have recently entered the market that provide alternatives to the reference product Humira. These biosimilars have no clinically meaningful difference in safety, purity, or potency compared to the reference product. Our Commercial and Individual + Family Business (IFB) formularies cover the following biosimilars, along with Humira:

- ADALIMUMAB-ADAZ INJ
- ADALIMUMAB-ADAZ PFS INJ
- ADALIMUMAB-FKJP AUTO-INJECTOR KIT
- ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML
- ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML

- HADLIMA INJ 40MG/0.8ML
- HADLIMA PUSH INJ 40MG/0.8ML

Consider investigating the use of these biosimilars for your patients. These products offer similar patient and copay assistance programs to Humira and may also include a transition program that provides a health care debit card to help defray costs for eligible members.

Notify us of changes to your provider information

Updates from you are critical in keeping the provider directory accurate

We're committed to ensuring that our provider directories are accurate and current for the members who rely on this information to find in-network providers for their care. Additionally, Centers for Medicare & Medicaid Services (CMS) and other regulatory and accreditation entities require us to have and maintain current information in our provider directories.

To help us accomplish this, providers must notify their designated Provider Network Consultant of any updates to their information on-file with us as soon as they are aware of the change. This includes changes to any of the following:

Practitioner Data Elements	Location Data Elements
Practitioner Name	Location Name
Degree/Title	Address
Specialty	Phone Number
Ability to Accept New Patients	Handicap Accessible
Board Certification	Website URL
Gender	Accepted Plan Types at Location
Language(s) Spoken by Practitioner	Language(s) Spoken at Location
Telehealth Available o Telehealth Optional / Telehealth Only o Modalities (chat, phone & video) o 3rd Party Caregiver	Handicap Accessible
Language(s) Spoken by Practitioner	Services
Participating Hospital Affiliation(s)	
Practice Locations	

While our vendor BetterDoctor conducts quarterly provider outreach to validate that information on-file with us is accurate, providers should not wait for these reminders to update their information.

Providers must also notify us of terminations for individual practitioners, clinics, facilities and any other locations under an organization. Terminations need to be communicated in writing to your assigned Provider Network Consultant with as much advance notice as possible.

As we prepare our provider directories to accommodate additional information and requirements in the future, please review your directory information regularly at

Prevea360.com/find-a-doctor to verify it reflects current and accurate information for you and your organization.

National Plan and Provider Enumeration System (NPPES) information
Providers are encouraged to also review and update their National Plan and Provider Enumeration System (NPPES) information when they have changes. NPPES provides information such as name, specialty, address, and telephone number for virtually every provider in the country in a machine-readable format. NPPES data serves as an important resource to improve provider directory reliability and accuracy.

Online educational tool for providers to share with patients

Prevea360 Health Plan offers Emmi®, free online educational programs, that all in-network providers can use to further educate their patients. Emmi is a series of evidence-based online programs that walk patients through valuable information about a health topic, condition, or procedure. All educational material is available in both English and Spanish, and in other languages for select content. In-network providers can sign up for an account by contacting Emmi customer support at 866-294-3664 or support@my-emmi.com. Once a provider has established an account, they can send interactive educational content directly to their patients via email.

Members enrolled in any Prevea360 Health Plan product are eligible to access Emmi. By clicking the link in the email sent by their provider, members will be prompted to create a login to access the content. Each program runs from 15 to 30 minutes. Members can watch at their convenience and refer back as often as they wish.

Requesting Utilization Management Criteria

Preve360 Health Plan's prior authorization requirements, medical policies, and the current medication formulary are all available for online viewing at prevea360.com and will also be provided in writing upon request. Written copies can be obtained by contacting Prevea360 Health Plan at the number on the member's ID card and requesting that a copy be mailed or faxed to you.

Prevea360 Health Plan also licenses Milliman Care Guidelines (MCG) which are nationally recognized evidenced based guidelines for medical necessity determinations. The specific MCG Guideline utilized in making a denial determination is available upon request by contacting Prevea360 Health Plan at the number on the member's ID card and requesting that a copy be mailed or faxed to you.

Medical Policy Committee updates

Highlights of recent policy revisions, new policies, and formulary updates approved by the Health Plan's Medical Policy Committee, as well as information on how to locate policies and criteria are published as part of our newsletter, linked below.

See Provider News Policy Notice, Mar. 1, 2024

Drug policies
Drug policies are applicable to all Health Plan products, unless directly specified within the policy. **NOTE: All changes to the policies may not be reflected in the written highlights in our Provider News Policy Notice. We encourage all prescribers to review the current policies.**

Medical policies
In addition to our medical policies, all other clinical guidelines used by the Health Services Division, such as MCG (formerly known as Milliman) and the American Society of Addiction Medicine, are accessible to the provider upon request. To request the clinical guidelines, contact the Health Services Division at 800-356-7344, ext. 4012.

Coverage of any medical intervention in a medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate and applicable state and/or federal laws. A verbal request for a prior authorization does not guarantee approval of the prior authorization or the services. After a prior authorization request has been reviewed in the Health Services Division, the requesting provider and member are notified. Note that prior authorization through the Health Services Division is required for some treatments or procedures.

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 found on the member's card for specific prior authorization requirements.

We contract with NIA Magellan for authorization of high-end radiology services and musculoskeletal services. A link to the NIA Magellan portal is available on our Account Login page. Providers can contact NIA by phone at 866-307-9729, 7 a.m. - 7 p.m. CT, Monday – Friday, or by email at RadMDSupport@MagellanHealth.com.

PREVEA360 health plan℠

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