> **This notification is available for historical reference only. It contains information that was accurate when it was originally released and may not reflect current information.**

October 31, 2019

Re: 2020 PLAN AND BENEFIT CHANGES

Dear Prevea360 Health Plan Provider,

To assist you in staying informed of changes that impact your patients, the enclosure to this letter summarizes Prevea360 Health Plan's product and benefit changes for the upcoming year.

If you need to confirm a member's coverage eligibility, you may use one of the following methods:
1. The HIPAA-compliant 270/271 Health Care Eligibility & Benefit Inquiry and Response transaction set.
2. The Eligibility function of the Prevea360 Health Plan Provider Portal at prevea360.com.
3. Prevea360 Health Plan's Customer Care Center at 877-230-7555.

Please review the enclosed information. If you have questions regarding the 2020 changes, please contact your designated Provider Network Consultant listed below.

Diane Ballard
Barron, Buffalo, Chippewa, Dunn, Eau Claire, and Pepin county providers and out-of-area providers
Direct: 608-827-4383
diane.ballard@deancare.com

Patti Simonson
Brown, Calumet, Door, Manitowoc, Marinette, Menominee, Oconto, Outagamie, Shawano, and Sheboygan county providers
Direct: 608-828-2803
patricia.simonson@deancare.com

We appreciate your partnership and look forward to continuing to provide excellent quality of care and customer service to Prevea360 Health Plan members in 2020.

Sincerely,

Katie Luther

Katie Luther

Director – Provider Network Administration
Prevea360 Health Plan

Enclosure

2020 PLAN AND BENEFIT CHANGES

Prevea360 Medicare Advantage Expanded into Sheboygan County

On January 1, 2020, Prevea360 Health Plan Medicare Advantage products will become effective in Sheboygan County. Prevea360 Health Plans are underwritten and administered by Dean Health Plan. Prevea360 Medicare Advantage offers Medicare members comprehensive coverage and access to quality care through a strong network of providers. Refer to the Medicare page on the Prevea360 Health Plan website at https://www.prevea360.com/Medicare.aspx for more information.

2020 Smart Plans

Prevea360 Health Plan Smart Plans will be effective on January 1, 2020. Smart Plans are large group, commercial copay-only plans without any deductibles or coinsurance making it easier for members to know exactly what their medical visits and services will cost them. There are seven categories of copays that are limited by an out-of- pocket maximum. Preventive care falls into $0 copay category and includes x-rays, labs, annual physicals, and more. For the higher copay categories it is recommend that members be billed rather than asking them to pay up-front. To learn more about Smart Plans, refer to the Smart Plans page on the Prevea360 Health Plan website at https://www.prevea360.com/Shop-Plans/Employer-Group-Plans/Smart-Plans.aspx.

Expanded Preventive Drug List

Originally made available to members on July 1, 2019, the Preventive Drug List will continue to be in effect for 2020. This resource details certain preventive medications that became available at $0 to members as of July 1, 2019. While a small number of preventive medications were covered at $0 per Affordable Care Act (ACA) guidance, the list of medications available at $0 has expanded to include Tier 1 and Tier 2 drugs in the following drug categories:

- High Blood Pressure
- Cholesterol
- Asthma and Chronic Obstructive Pulmonary Disease
- Diabetes
- Osteoporosis
- Antiplatelets and Anticoagulants – commonly known as blood thinners

For the up-to-date list of $0 preventive drugs, refer to the Preventive Drug List available from the Members Pharmacy Benefits page om the Prevea360 Health Plan website at https://www.prevea360.com/For-Members/Pharmacy-Benefits.aspx.

Continuous Glucose Monitoring Is a Pharmacy Benefit

Effective September 1, 2019, continuous glucose monitors (CGMs), such as Freestyle Libre and Dexcom are available to Prevea360 Health Plan members as a pharmacy benefit. Authorization requests for the pharmacy benefit are to be submitted through Navitus. Members will have similar out-of-pocket costs as they did before this change; however adding CGMs to the pharmacy benefit reduces the lag time between ordering and delivery as members are able to get CGMs directly at the pharmacy and there is less paperwork for providers.

Physical Therapy and Occupational Therapy Prior Authorizations End Dated

Authorizations for physical therapy and occupational therapy will be end dated on December 31, 2019. A new authorization request will need to be submitted to National Imaging Associates (NIA) Magellan if continued services are needed on and after January 1, 2020.

Advance Care Planning

Having an Advance Care Directive in place allows an individual to document their wishes about critical health care should there be a time when they are unable to decide for themselves. Members are encouraged to complete an advance directive and distribute to their doctor and their health care agents. Original copies should be stored in an easily accessible location. Refer to the Advance Directives page on the Prevea360 website at https://www.prevea360.com/For-Members/Advance-Directives.aspx for more information.

MAPD New Supplemental Benefits

Prevea360 Medicare Advantage is adding the following benefits for 2020:

- **Zipnosis Virtual Visits (Asynchronous):** Prevea360 Medicare Advantage is adding Zipnosis Virtual Visits (Asynchronous) with $0 copay to all plans. Virtual Visits are available to members through age 75. To ensure members receive the highest quality of care, members age 76 and older should be seen at a clinic or doctor's office.
- **Prevea360 After Hours (Nurse Line):** Adding Nurse Line at 920-496-4700 or toll free at 888-277-3832.
- **Meal Program:** Offering through Prevea Clinic – 2 meals per day for 5 days after an Inpatient or Skilled Nursing Facility stay.

MAPD Enhanced Supplemental Benefits

Prevea360 Medicare Advantage is enhancing the following benefits for 2020:

- **Eyewear:** Increasing the eyewear allowance for the Balance and Complete plans.
- **Hearing aid:** Added hearing exam and hearing aid allowance for the Essential plan.
- **Dental:** Increasing to 2 cleanings/exams and 1 x-ray per year for the Essential and Assurance plans.

MAPD Drug Coverage

Prevea360 Medicare Advantage is updating the following for 2020:

- **Tier 1 and 2 Drugs:** Lowering T1 and T2 cost-sharing for the Essential plan. Lowering T2 cost-sharing for the Assurance plan.
- **Deductible:** Removing Tier 2 drugs from the Essential plan's deductible.

MAPD Diabetic Testing Supplies

Effective January 1, 2020, Prevea360 Medicare Advantage will cover Accu-Check branded diabetic supplies only. There are no restrictions on where the supplies are purchased.

MAPD Covered Benefits

Prevea360 Medicare Advantage is updating the following benefits for 2020:

- **Primary Care Provider (PCP) and Vision:** Lowering PCP and vision copays on all plans to $0
- **Inpatient Stay**
  - The number of days covered for inpatient acute will be unlimited (changed from a 90 day limit)
  - Cost-sharing per admittance (changed from a per Medicare benefit period)
  - Copay days will be days 1 through 5 (changed from days 1 through 4) with lowered copay per day
- **Skilled Nursing Facility:** Changing cost-sharing to $178 copay for days 21-100 for the Essential, Assurance, and Balance plans
- **Opioid Treatment Program:** $0 copay for new Original Medicare covered service. Refer to the Opioid Treatment Programs information on the Centers for Medicare & Medicaid Services website at https://www.cms.gov/Center/Provider-Type/Opioid-Treatment-Program-Center.html for more information.

Relationship Ends in Termination

Practitioners sometimes feel it is necessary to terminate a relationship with a patient. Prevea360 Health Plan has an established policy for this, as part of our contract with providers. Part of this policy regards assuring continuity of care for the member. A practitioner may terminate such care only for good cause, as determined by Prevea360 Health Plan. Information regarding this process can be found in the Provider Manual. Search "provider manuals" from the document library on prevea360.com and select the appropriate manual. See the "Prevea360 Health Plan Termination of Patient/Practitioner Relationship Policy & Procedure" section.

Notification Necessary for Provider Demographic Changes

Prevea360 Health Plan is committed to ensuring accurate provider information is displayed within its provider directories to maintain excellent quality of care and customer service to our members. As a health plan, we are required to keep provider information up-to-date by the Centers for Medicare & Medicaid Services and other regulatory and accreditation entities. To ensure we have current and accurate provider information available to our members, providers are required to notify their designated Provider Network Consultant as soon as they are aware of any changes to the following:

- Ability to accept new patients
- Phone number
- Practicing address
- Provider terminations

Providers are also required to notify of other changes that affect publicly posted provider accessibility and demographics information, including:

- Practice location's handicap accessibility status
- Provider specialty
- Provider website URL
- Hospital affiliation
- Languages spoken by provider

Please review the current listing of practitioners and locations in the online provider directory on the Prevea360 Health Plan website at https://www.prevea360.com/About-Prevea360-Health-Plan/Find-a-Prevea360-Provider-Doctor.aspx to ensure it lists the most current information for your organization.