PREVEA360 health plan℠
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This notification is available for historical reference only.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 12, 2020

RE: Prevea360 Health Plan Member Cost Share Waiver Information

Effective for dates of service on and after October 15, 2020, through December 31, 2020, Prevea360 Health Plan is waiving member cost share for office visits for certain member populations. We recognize that some members may be postponing care due to the current COVID-19 public health emergency and are offering the $0 cost share to encourage members to seek the care they need. Additionally, Prevea360 Health Plan is sending letters to eligible members reminding them to keep up to date with their wellness visits, preventive screenings, and immunizations and to timely address any health changes or concerns.

The following are eligible and qualify for Prevea360 Health Plan's cost share waiver:

Prevea360 Health Plan Member Populations	Service Descriptions	Delivery of Service
• Enrolled in Non-High Deductible ACA Individual Plan • Enrolled in Non-High Deductible ACA Small Group Plan • Enrolled in Medicare Advantage Plan	• Office visits with an in-network primary care provider (pediatrics, internal medicine, family medicine, optometrist, etc., including physician assistants and nurse practitioners) • Office visits with in-network specialists (podiatrist, endocrinologist, neurologist, ophthalmologist, etc., including physician assistants and nurse practitioners)	In-Person or Telemedicine*
	• In-network behavioral health and substance abuse services, including autism	Outpatient Office Setting In-Person or Telemedicine*
• Enrolled in High Deductible ACA Individual Plan • Enrolled in High Deductible ACA Small Group Plan	• Office visits with an in-network primary care provider (pediatrics, internal medicine, family medicine, optometrist, etc., including physician assistants and nurse practitioners)	Telemedicine*

* Telemedicine refers to technology that allows real-time interaction between the provider and member. It does **not** include virtual visits through asynchronous platforms such as Zipnosis. Please note, the member cost share waiver applies only to the office visit. Any subsequent services such as diagnostic labs will be subject to the full cost share amount per the member's benefit plan.

The following services are **excluded** from the $0 cost share waiver:

- Acupuncture
- Behavioral health and substance abuse intensive outpatient or partial hospitalization treatment
- Chiropractic
- Therapies (physical, occupational, and speech)
- Urgent care (facility)

We encourage providers to be prepared to share a list of services they can provide via telemedicine that qualify for the $0 cost share should members ask.

It is important to note member ID cards list the standard copay for office visits and do not reflect the $0 cost share. Providers can check if a member is eligible for the $0 cost share through the 271 Eligibility & Benefit Response or the Provider Portal Member Eligibility application.

- For qualified members enrolled in a non-high deductible ACA Individual, ACA Small Group, or Medicare Advantage plan, copay information in the 271 transaction and Provider Portal will be updated to reflect the $0 copay amount.

- For qualified members enrolled in a high deductible ACA Individual or ACA Small Group plan:
    - The 271 transaction will reflect standard in-office visit copay amounts and therefore providers should refer to the corresponding MSG segment to verify the $0 copay for telemedicine.
    - The Provider Portal will reflect standard in-office copay amounts and therefore providers should refer to the corresponding message, viewable by selecting the "+" sign, to verify the $0 copay for telemedicine.

Claims for office visits provided via telehealth must have place of service (POS) '02' or modifier '95' in the first modifier position to qualify for the waived cost share.

While this waiver program is available for all diagnoses, all diagnosis must be documented in accordance with ICD-10 standards and supported by valid documentation within the patient's medical record. Specificity in documentation identifies severities, complexities, comorbidities, manifestations, and other factors affecting a member's condition.

Providers are encouraged to keep the following in mind when submitting claims and documenting a member's conditions and overall health status in their medical record:

- Acute and chronic conditions should be listed on the assessment record or treatment plan and reported on claims every year. The accurate and thorough reporting of all conditions to the patient's disease severity level can be used to connect the member to disease or care management programs available through the Health Plan.
- During office visits, all acute and chronic conditions should be discussed and noted in the chart, even if merely to identify the specialist who is managing the patient's condition. Clinicians should review all medications the patient is taking and link them to the diagnosis they are treating.

- Providers should document and code all acute and chronic conditions that co-exist at the time of the office visit that require or affect patient care treatment or management. Documenting all health conditions on an annual basis provides a more accurate picture of the patient's overall health status.

Prevea360 Health Plan continues to monitor the COVID-19 public health emergency and will notify providers of any updates related to the $0 cost share waiver for office visits in a future communication, as necessary.

Please contact your assigned Provider Network Consultant with any questions.