This is your Prevea360 Health Plan Provider News - The same information you received from us quarterly, now packaged in our new monthly newsletter.

Provider News

November 1, 2023

Debuting the monthly Prevea360 Health Plan Provider News!

In this edition:

Availity Essentials provider portal applications for Jan. 1, 2024

As we announced in our Fall newsletter, Availity® is our new electronic data interchange (EDI) clearinghouse and provider portal vendor for our 2024 Individual and Family (IFB) plans.

For dates of service on and after Jan. 1, 2024, we are migrating IFB business to the secure Availity Essentials Provider Portal for all our health plans that fall under the Medica family which includes Dean Health Plan, Prevea360 Health Plan, and Medica (formerly known as WellFirst Health). Availity Essentials will be for IFB only initially; however, we'll be announcing the use of the Availity Essentials Provider Portal for other plans using payer ID 41822 throughout 2024 and into 2025. As we continue to jointly pursue enhanced tools and technology with Medica, this move strengthens our ability to provide

high quality support for providers and members amid an ever-evolving health care environment.

While additional functionality is planned for future rollouts, the following applications will be available in Availity Essentials to use on Jan. 1, 2024:

- Claim status
- Eligibility & benefits
- Prior authorization submission

In some cases, we may have interim processes in place to ensure providers and their support teams can conduct business while future portal functions are being activated.

Availity Essentials will only be for IFB business initially. You must retain your accounts in the Prevea360 Health Plan Provider Portal for all other lines of business under payer ID 39113.

Join a live preview webinar
To give you a sneak peek of our new portal, we have worked with Essentials experts to offer live training in early December 2023 on all available portal applications. Look for more information from us in the near future.

Learn more
Whether you're new to Availity Essentials or already using it for other payers, you can find more information about the portal—including how to sign up for an account—at availity.com/medica-health-plans.

Missed our Availity announcement? See "More for 2024," Fall 2023 Provider News.

InstaMed for 2024 IFB payment services

We've contracted with InstaMed to manage payment services under our new payer ID 41822 for 2024 dates of service. These services will include provider remittance advices, paper and electronic Explanations of Payments (EOPs), electronic funds transfer (EFT), and paper checks.

Initially, this change will only apply to 2024 IFB services identified by payer ID 41822. Current payment services for our existing payer ID 39113 will remain for all other business.

Starting in November, InstaMed will be mailing letters to Dean Health Plan, Prevea360, and Medica (formerly WellFirst Health) providers with instructions on how to register for free electronic funds transfer (EFT). We encourage you to establish EFT early to ensure your organization is able to receive remittance information and accept payments for IFB services in 2024.

If you have questions about the letter or registration, please contact InstaMed at connect@instamed.com.

Updated referral path for care management

Our care management team is available to help your patients manage their health care needs. If you would like to refer a patient to our administered case management programs, please do so using any one of the following referral pathways:

- Email: caresupport@medica.com
- Phone: 866-905-7430
- Fax: 952-992-3589

Annual ACA chart review underway for coding integrity

Each year, Prevea360 Health Plan undertakes medical record reviews for various types of members, and in November 2023 plans to begin reaching out to provider offices regarding Affordable Care Act (ACA) 2023 dates of service for office visits and hospital admissions for commercial small group and Individual and Family Business (IFB) members. We are committed to improving the quality of care provided to our members and is required by the U.S. Department of Health and Human Services (HHS) to submit complete diagnostic data regarding members enrolled in certain ACA-covered health plans.

On our behalf, Optum and CiOX Health are conducting the medical record reviews, coordinating record retrieval and reviewing clinical coding. CiOX representatives will contact providers directly to provide retrieval options and a list of the requested member records for services they received in calendar year 2023. Patient records being requested include medical records, notes and reports. This outreach is expected to begin by late November 2023. Chart collection must be completed by March 2024.

This industry-standard commercial chart retrieval request is intended to identify any gaps in coding that are supported in the documentation. Reviewing medical chart documentation will enable us to identify conditions that may exist for plan members, but may not have been coded or previously captured. This enables us to assess the health conditions of members for effective care interventions and to improve health outcomes.

Providers who have questions may contact CiOX at 1 (877) 445-9293 or chartreview@cioxhealth.com.

New preventive drug coverage for RSV immunizations

We've implemented a new preventive drug benefit covering immunizations for the respiratory syncytial virus (RSV), effective retroactively to August 15, 2023. Specifically, this coverage applies to the new adult vaccines: Arexvy, Abrysvo, and the new antibody injection for infants Beyfortus (nirsevimab). This new benefit applies to all Prevea360 Health Plan members under preventive immunization benefits as long as they receive an immunization at in-network provider sites or pharmacies.

Immunization recommendations and eligibility
According to the Centers for Disease Control and Prevention (CDC), RSV immunization is recommended for certain infants and adults. Health care personnel should consult current immunization recommendations for guidance around the timing of administration and use of specific immunizations, using every opportunity during this season to administer them to eligible patients.

For eligible members who meet U.S. Food and Drug Administration (FDA) approved age, dose and diagnosis recommendations, the immunizations will be covered as follows:

- Abrysvo is covered for individuals 60 years of age and older or pregnant individuals at 32 through 36 weeks of gestational age.
- Arexvy is covered for individuals 60 years of age and older.
- Beyfortus is covered for neonates and infants (younger than 8 months) born during or entering their first RSV season, and children 8-19 months of age who are at increased risk of severe RSV disease entering their second RSV season.

Prior authorization is not required for Abrysvo, Arexvy or Beyfortus for eligible members. However, prior authorization will continue to be required for Synagis (palivizumab), a once-monthly injection approved for use only in high-risk infants that meet specific criteria. Synagis is not covered as a preventive service since it is not endorsed as a preventive immunization.

Pharmacist-administered immunization
Members may be able to receive the Abrysvo or Arexvy immunization through an in-network pharmacy. Inquiries can be directed to a member's local pharmacy.

Beyfortus is not available at retail pharmacies. It is only available as a provider-administered injection.

Billing for immunizations
Clinics should follow their regular billing methods for immunizations. To ensure full coverage, members must receive immunizations from a Prevea360 Health Plan network provider. When submitting claims for immunizations, providers should use applicable codes of the International Classification of Diseases (ICD-10-CM), Common Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS). Prevea360 Health Plan will accept codes for reimbursement as outlined by the CDC.

More information
See more about RSV immunizations on the CDC website.

Termination of doctor/patient relationship

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, while 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 is in the Provider Manual under the section titled “Termination of Patient/ Practitioner Relationship Policy and Procedure.”

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, Nov. 1, 2023

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 physical and occupational therapy, 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 Monday-Friday from 7 a.m. to 7 p.m. CST or by email at RadMDSupport@MagellanHealth.com.

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