

November 2019

## New Medicare Advantage plan in 2020 — introducing Healthy Blue Dual Advantage (HMO D-SNP)

Healthy Blue Dual Advantage (HMO D-SNP), a new Medicare Advantage plan under Healthy Blue, will be available in Louisiana beginning January 1, 2020. Once members are enrolled in the plan, complete details about the plan will be found in the member's Evidence of Coverage. Below, you will find an outline of the benefits that will be offered to members enrolled in the Healthy Blue Dual Advantage (HMO D-SNP) plan. Please visit <https://providers.healthybluelo.com> for the most up-to-date information regarding plan benefits and policies or contact Provider Services at the number on the back of the member's ID card.

Some group-sponsored Medicare Advantage plan benefits vary from the Medicare Advantage plans offered to individuals. Please refer to the member's Evidence of Coverage or call Provider Services at the number on the member ID card for more benefit detail.

### 2020 highlights

- **IngenioRx** — IngenioRx is our pharmacy benefit manager (PBM) and will manage prescription coverage for your Medicare Advantage patients. IngenioRx PBM services will include handling your patients' prescriptions for mail order and specialty pharmacy medications. Members will receive instructions for initializing IngenioRx Home Delivery Pharmacy.
- **Medicare Part B step therapy** — Drug step therapy is a type of prior authorization that requires one drug (or drugs) to be tried for a medical condition prior to utilizing other drugs; the steps typically require lower cost drugs or drugs with better clinical outcomes to be tried first. Part B step therapy may apply to some categories that include: Short Acting Colony Stimulating Factor (CSF): Preferred Drug-Zarxio, and Immune Globulins (IG): Preferred Drugs-Gamunex-C and Octagma. Other categories may be added later in 2020. If step therapy applies, the review will apply upon precertification initiation, in addition to the current medical necessity review. Step therapy will not apply for members who are actively receiving medications.
- **Medicare Community Resource Support** — This benefit supports members over-the-phone by providing information and education about navigating available benefits, community-based services and support programs.
- **Continuous glucose monitor** — We only cover FreeStyle Libre CGMs. We will not cover other brands unless you tell us it is medically necessary. CGMs **must** be purchased at a network retail or our mail-order pharmacy to be covered. If a member purchases these supplies through a Durable Medical Equipment (DME) provider, these items will not be covered. Coverage limitations:
  - Two sensors per month
  - One receiver every two years

<https://providers.healthybluelo.com>

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association. IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Healthy Blue.

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- **Medicare opioid benefit** — Opioid use disorder treatment services are covered under Part B of Original Medicare. Members receive coverage for the following services through our plan: FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, substance use counseling, individual and group therapy, and/or toxicology testing.
- **Physical exam** — An annual physical exam will be available to members at no cost.
- **No cost for certain labs** — \$0 labs for A1C, urine protein, fecal occult blood test and diabetic eye exam
- **Essential Extras** — The Essential Extras package allows members to select one of the following benefits to help them achieve their health goals. These benefits may help your patients with meals, mobility and more. Prior authorization and/or recommendation from a licensed clinician may be required for some of these benefits. Members may choose one of the following benefits at enrollment or throughout the plan year. Members can request their selection through customer service. Because some benefits have an eligibility requirement, members are encouraged to consult their physician prior to their selection. Members may choose one of the following benefits:
  - **Transportation:** Provides up to 60 trips to get members to and from medical visits, SilverSneakers® locations and visits to a pharmacy to pick up prescriptions. Trips must be scheduled 48 hours in advance.
  - **Personal Home Helper:** Assistance services to provide in-home support for home-based chores and activities of daily living (ADL) to address needs while recovering from injury or illness. **This is nonskilled support for eligible members.** This benefit covers up to 124 hours of care (four hours per day for 31 days) in a calendar year. To qualify, members must need help with at least two activities of daily living (ADLs). Healthy Blue will contact the member's physician to confirm the member's eligibility for this benefit based on the criteria above.
  - **Assistive Devices:** A \$500 allowance toward the purchase of assistive or safety devices, such as ADA toilet seats, shower stools, hand-held shower heads and reaching devices to help members live safely and comfortably in their own homes.
  - **Alternative Medicine:** Covers up to a combined total of 24 medically necessary acupuncture and/or therapeutic massage visits each calendar year.
  - **Healthy Food Deliveries:** Meals to prevent or treat a health-related issue and to avoid health-related complications. Up to 16 delivered meals four times each calendar year (64 total) to support members who are either discharged from an overnight stay at a hospital, have a Body Mass Index (BMI) more than 25 or less than 18, or have an A1C level more than 9.0. Covers up to 16 meals per qualifying event, allows up to four events each calendar year (64 meals in total). A qualifying event includes post-hospital discharge or other event if member has a BMI higher than 25 or less than 18.5 and/or an A1C higher than 9.0. The member must get prior approval from the health plan and a nutritional assessment or support by a health care provider may be required. Provider attestation will be required. Healthy Blue will contact the provider on the member's behalf to secure

the attestation. Providers are encouraged to request meals on the member's behalf to help ensure timely delivery following the qualifying event.

- **Healthy Nutrition:** This benefit provides members with certain chronic conditions access to eight nutritional counseling sessions as well as monthly pantry staples (nonperishable items) that support a member's transition to more healthy eating habits. Provider attestation will be required. Healthy Blue will contact the provider on the member's behalf to confirm the member's eligibility for this benefit based on qualifying chronic condition criteria.
- **Day Center Visits:** This benefit includes one visit per week, less than or equal to eight hours, and includes transportation to and from the adult day care location. To qualify, members must get prior approval from the health plan, need help with at least two activities of daily living (ADLs) and must be recommended by a clinician. Provider attestation required. The member must request reimbursement for a plan-approved, licensed facility (maximum reimbursement of \$80 per day). Healthy Blue will contact the member's physician to confirm the member's eligibility for this benefit based on the criteria above.
- **Service Dog Support:** An allowance to help pay for items, such as leashes and vests, used to care for a member's ADA-approved service dog. Provider attestation required. Healthy Blue will contact the provider on the member's behalf to confirm the member's eligibility for this benefit based on qualifying chronic condition criteria.
- **Health and Fitness Tracker:** Includes a fitness tracking device and access to an online memory fitness program with exercises for attention, brain speed, memory, people skills, navigation, and intelligence.
- **Pest Control:** A pest control allowance for eligible members with asthma, other conditions to help ensure their residence is free of insects and other pests that may be detrimental to their health. Members who qualify for this benefit based upon their medical condition will have the option of a quarterly pest control service for common pests or, if required based on their condition, a one-time treatment of 1 to 2 rooms of specific pests, such as bed bugs. Provider attestation required. Provider attestation will be required. Healthy Blue will contact the provider on the member's behalf to secure the attestation to confirm the member's eligibility for this benefit based on qualifying chronic condition criteria.

### Medicare Advantage HMO

Healthy Blue Dual Advantage (HMO D-SNP) will be offered in the following parishes in 2020:

- Acadia
- Ascension
- Assumption
- Bossier
- Caddo
- De Soto
- East Baton Rouge
- East Feliciana
- Iberville
- Jefferson
- Lafayette
- Lafourche
- Livingston
- Orleans

- Pointe Coupee
- St. Bernard
- St. Charles
- St. Helena
- St. James
- St. John Baptist
- St. Martin
- St. Mary
- St. Tammany
- Terrebonne
- Washington
- West Baton Rouge
- West Feliciana

**Frequently offered supplemental benefits** — Complete details can be found in the member's Evidence of Coverage.

- Annual exam — \$0
- Preventive dental care
- Vision exam
- SilverSneakers® fitness program
- Hearing aid allowance
- Over-the-Counter (OTC) — allowances for medications and health-related items at more than 4,600 Walmart and Neighborhood Market stores and other participating retailers
- LiveHealth Online — convenient access to a doctor via live, two-way video on a computer or mobile device. Members logon to [www.livehealthonline.com](http://www.livehealthonline.com)
- Nursing hotline
- Chiropractic care
- Post-discharge meals
- Worldwide coverage
- Personal Emergency Response System (PERS) — The Emergency Response System is intended to help people maintain independence in their own homes who might otherwise need to live in an assisted living facility. Monthly monitoring and testing is included.

### **Formulary and pharmacy**

Formulary and pharmacy benefits for 2020 are as listed below:

- 100-day prescription refills – Members are eligible to receive a 100-day supply for the same price as a 90-day supply fill for drugs placed on tier 1 for the plans using a 5 tier formulary or on tier 6 for plans using a 6 tier formulary.
- Hyaluronic acid – Our plan covers Durolane, Euflexxa, Supartz and Gel-SYN-3 hyaluronic acids. We will not cover other brands unless you tell us it is medically necessary.

Your patients will have formulary changes and will need your help to ensure they get their prescriptions at the most affordable cost.

Please encourage your patients to review the 2020 formulary information within their EOC mailing or their new member kit, or online. Ask them if the coverage for any of their prescriptions has been changed, and consider alternative medications in a lower cost-sharing tier that may meet their needs.

Most individual MAPD plans have a pharmacy network that includes preferred and standard network retail pharmacies. Members may save more by paying a lower cost-sharing amount at preferred cost-sharing pharmacies. Our preferred cost-sharing pharmacies include **CVS/pharmacy, Giant Eagle, Kroger, Target, Sam's Club and Walmart. Additional independent pharmacies have been added to the cost-sharing network.**

Members can fill a prescription at a standard network retail pharmacy, but their cost-sharing amount may be higher.

### **Balance billing reminder**

CMS and Healthy Blue do not allow you to balance bill Medicare Advantage HMO and PPO members for Medicare-covered services. CMS provides an important protection for Medicare beneficiaries and our members such that, after our members have met any plan deductibles, they only have to pay the plan's cost-sharing amount for services covered by our plan. As a Medicare provider and/or a plan provider, you are not allowed to balance bill members for an amount greater than their cost share amount. This includes situations where we pay you less than the charges you bill for a service. This also includes charges that are in dispute.

### **Prior authorizations for Medicare Advantage plans**

Prior authorization requirements are available by accessing the Provider Self-Service Tool at <http://www.availity.com>. Contracted and non-contracted providers who are unable to access Availity may call our Provider Services at the phone number on the back of the member's ID card for prior authorization requirements.

Please check the member ID card for identification and/or group numbers that may affect claim submissions. Sample 2020 member ID cards will be available at <https://providers.healthyblue.com>

### **New member enrollment receipt changes**

The *Member Enrollment Receipt* is a document found at the end of member enrollment kits that allows the agent or broker to fill in plan and agent information for the new member's reference.

The receipt includes:

- Rx BIN, Rx PCN, and Rx GRP numbers
- Names, phone numbers, and websites for ancillary benefit information like dental, vision and hearing.

The enrollment receipt does not contain a member ID, and we expect our plan members to continue to bring their plan ID cards to their provider visits. If a member arrives to an appointment without their plan ID card, please follow your standard procedure for validating enrollment in our plan.