

Louisiana 2022 Dual Advantage plan changes

Annual benefit changes for Medicare Advantage plan members under Healthy Blue will be effective January 1, 2022.

The following is a summary of these changes. Complete details are in the member's *Evidence of Coverage* (*EOC*). Visit https://shop.healthybluela.com/medicare for *EOC*, formularies, and benefit summaries, or contact Provider Services at the number on the back of the member's ID card. Changes may include medical and Part D benefits, copays, coinsurance, deductibles, formulary coverage, pharmacy network, premiums, and out-of-pocket maximums.

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

2022 highlights:

Not all benefits listed below are available to all Medicare Advantage members. Complete details are in the member's *EOC*:



New for 2022: In-Home Support

- Members can receive 60 hours per year of In-Home support companionship to target social isolation. While the focus of the benefit is companionship, the In-Home support can provide limited assistance with activities of daily living (ADL).
- In-Home support can be trained to enforce gaps in care such as health risk assessments, flu shots, medication adherence, etc.
- No precertification will be needed to qualify for this benefit.
- This will be offered as an Essential Extras selection option.



New for 2022: Flex Account — Dental, Vision, Hearing

- Annual allowance to be used for out-of-pocket costs for dental/vision/hearing services
- Members would be provided a debit card that can only be used at certain provider or merchant types. Healthy Blue funds the card, and any unused funds would be recouped at the end of the benefit period. Funds will not be rolled over from one benefit period to the next.
- No precertification will be needed to qualify for this benefit.
- This will be offered as an Essential Extras selection option.

https://providers.healthybluela.com

^{*} Papa is an independent company providing member support services on behalf of Healthy Blue. Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue.



Healthy Groceries (Grocery Card)

- Members can receive a debit card with a monthly allowance to spend on healthy food items at participating retailers. Funds will not be rolled over from one month to the next.
- Some items including tobacco and alcohol products are excluded.
- No precertification will be needed to qualify for this benefit.
- This will be offered as an embedded benefit.



Value-Based Insurance Design Model (VBID) (D-SNP only):

- The VBID model allows Medicare Advantage organizations (MAOs) to further target benefit design to enrollees based on chronic condition and/or socioeconomic characteristics.
- Healthy Blue VBID will be offered on D-SNP plans. Qualification is based on meeting
 income requirements, which means all members in the PBP will be eligible to receive the
 VBID benefits without any additional PA criteria.
- Advanced Directives:
 - Members have access to an online advance care planning resource called, MyDirectives[®]. This resource helps them create an advance directive where they can combine the elements of a: Living will, medical power of attorney, Organ donation form and more, including religious preference statements.
 - o MyDirectives[®] is available to the member and their designated medical providers 24 hours a day, seven days a week.
- Benefits that were formerly Essential Extras will move to VBID for D-SNP plans, which means all members in the participating plans will be eligible to receive the VBID benefits without any additional precertification criteria.



Changes to Everyday Extras/Essential Extras (EE) benefits

The following benefits are removed from the package, but will continue to be available to our members with no special election process required:

- Service Dog
- Healthy Pantry

Formulary and pharmacy

Encourage your patients to review the 2022 formulary information within their *Annual Notice of Change* (ANOC) mailing, their new member kit, or online. Ask your patients if the coverage for any of their prescriptions has been changed. If your patient has been impacted by changes to prescription coverage, consider alternative medications in a lower cost-sharing tier.



Prior authorization for Medicare Advantage plans

Prior authorization requirements are available at https://www.availity.com. Contracted and non-contracted providers who are unable to access Availity* may call Provider Services at the phone number on the back of the member's ID card for prior authorization requirements.

Please check the member's ID card for any identification and/or group number changes that may affect claim submissions. Sample 2022 member ID cards will be available at https://provider.healthybluela.com.