Medica®

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December 8, 2023

Subject Line: 2024 Plan and Benefit Changes

Dear Medica (formerly known as WellFirst Health) Provider,

To keep you informed of changes that affect your patients enrolled in a Medica benefit plan, we have compiled information summarizing some key data elements, which you can access from our Providers communications page.

As a reminder we're adding a new payer ID 41822 for lines of business that are moving to our new business platforms, starting with Individual Family business (IFB) plans for dates of services on and after January 1, 2024. To confirm a member's coverage eligibility, please use our real-time resources for the payer ID applicable to your patient's benefit plan and date of service:

- 877-379-7599 for Medica Individual Family Business (IFB) for payer ID 41822
- 877-274-4693 for SSM Health Employee Health plans
- 800-458-5512 for Medica Individual Family Business for payer ID 39113
- 877-301-3326 for Medica Advantage plans

As part of our move to an updated claims processing platform, effective for 2024 dates of service for IFB plans, Availity will be our EDI clearinghouse for our new payer ID 41822 Medica Health Plan for the following HIPAA transactions:

- 270/271 Eligibility and Benefit Inquiry and Response transaction
- Eligibility application in the Medica Provider Portal (payer ID 39113) or the Availity Essentials Provider Portal (for payer ID 41822)

If you have questions about the 2024 information in the attachment to this notice, refer to benefit plan information available on our website:

- IFB in Illinois: Central.Medica.com
- IFB in Missouri: MO-Central.Medica.com
- Medicare Advantage plans: Central.Medica.com
- Employee Health Plans: MO-Central.Medica.com

If you have further questions, please contact a Medica Provider Network Consultant at 314-994-6262 or ProviderRelations@medica.com.

We thank you for your incredible work every day in serving our members. We look forward to supporting you in 2024.

Sincerely,

Rachel Grady
Director – Provider Network Administration
Medica

2024 PLAN AND BENEFIT CHANGES

Updates to Provider and Member Experience

As Medica (formerly WellFirst Health) transitions to a new business platforms, both providers and members will begin to see changes in how they interact with the health plan. Many of these changes will be applicable to specific lines of business as they transition to the new payer ID, including a new look for member ID cards and new Customer Care Center phone numbers. This section shares a few highlights of those changes for both members and providers, though members should always be directed to resource documents for their benefit plan.

New Payer ID for Individual Family Business (IFB) Plans

Effective January 1, 2024, our new payer ID 41822 will apply to IFB plans for dates of service on and after January 1, 2024. Other plans will transition to our new business platform and payer ID in future rollouts.

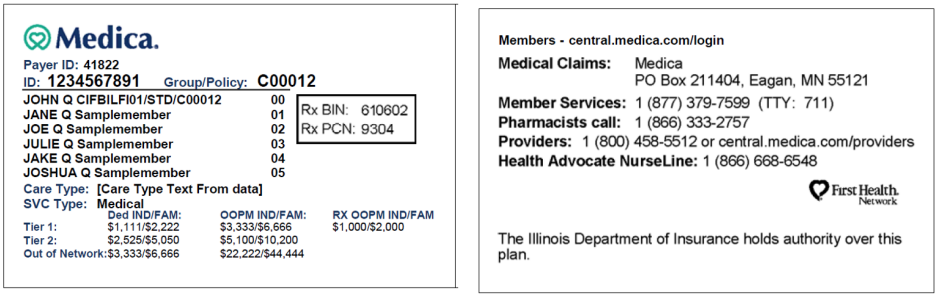
New Format for IFB Member ID Cards

As we move to our new business platforms, providers should verify the following information on member ID cards to differentiate between IFB membership and other lines of business.

- Member ID number - Member ID numbers that correspond to payer ID 41822 will be a 10-digit number starting with a “3”
- New group number
- Payer ID
- Customer Care Center phone 1-800-458-5512
- Paper claims mailing addresses: Medica, P.O. Box 211404, Eagan, MN 55121

All member ID cards that had the WellFirst Health logo will change to the Medica logo. Members can continue to see the same providers as the provider networks will remain the same.

Medica – Individual Family Business Plans



New Availity Essentials Provider Portal for Transactions Related to IFB Members

During the transition, transactions for payer ID 39113 will still need to be performed in the Medica Health Plan Provider Portal. Beginning in 2024, the Availity Essentials Provider Portal will be used for most transactions related to payer ID 41822 based on the date of service. Applications in the Availity Essentials Provider Portal that are in development for delivery early in 2024 include eligibility and benefits, claim status, and authorization submission and status. However, claim appeals for all lines of business and both payer IDs will continue to be accepted in the Medica Health Plan Provider Portal regardless of date of service. Any necessary interim processes effective on January 1, 2024, could include accessing information through our Customer Care Center, or following non-electronic submission methods. Updates will be shared on the Provider Communications webpage and incoming training resources, as well as shared directly to those opted-in to our health plan communications.

Updated Case Management Program Referral Process

Case Management is a voluntary and complimentary program that is offered to our members to help self-manage complex or chronic conditions, promote the primary care provider relationship, connect members with appropriate community resources, and assist in navigation of the health care system including optimum utilization of health coverage and benefits.

Programs offered include Advance Illness and Advanced Care Planning, Behavioral Health Case Management, Complex Case Management, Pregnancy Program, Transplant Case Management, and Social Work Resources.

If you would like to refer a Medica Health Plan patient to one of these case management programs, please call Medica Health Plan at 866-905-7430, email: caresupport@medica.com, or fax 952-992-3589.

CMS 4.5-Star Medicare Advantage Rating for 2024

Medica Advantage plans earned 4.5 out of 5 stars for 2024 from the Center for Medicare & Medicaid Services (CMS) as part of its annual assessment of all Medicare Advantage plans in the United States. Thank you to all of our providers for the shared commitment to providing high-quality care for our members and patients.

Our Medicare Advantage plans offer no-cost extras and supplemental benefits, such as in-home and virtual support, transportation, over-the-counter medicines and supply allowances, post-discharge meals, vision and hearing benefits, comprehensive dental benefits through Delta Dental, wellness rewards, gym memberships, and home fitness kits.

Additionally, our plan offerings are unique so members can choose the one that best fits their needs, including a plan option without prescription drug (Part D) coverage, the Harmony Plan. This is a great option for enrollees who already have prescription drug coverage through another source.

The Medicare Advantage Provider Manual will be updated for 2024 plan offerings later this year and is accessible from the "See Manuals" link at MO-Central.Medica.com/Providers.

New 2024 Benefits for Medicare Advantage Plans with Drug Coverage

Effective January 1, 2024, Medica Health Plan is offering new and continuing with some of the same cost savings benefits for members enrolled in Dean Advantage plans with drug coverage (Part D).

100-Day Refill Cycle

Medica Advantage members will be able to receive a 100-day supply instead of a 90-day supply when they fill their maintenance medications at a pharmacy or through mail order for tiers 1, 2, 3, and 4 drugs. This means they will be able to get more medication at the same cost as a 90-day prescription and save one copay per year. Narcotics and Specialty medications are excluded.

To assist patients in realizing these savings, providers should send a prescription to the pharmacy that specifies a 100-day instead of a 90-day quantity (e.g., Lisinopril 5 mg 1 qd #100 days with 3 refills).

$0 Copay for Tier 1 in Retail and $0 for Tier 1 and Tier 2 Drugs with 90 OR 100 days supply obtained Through Costco Mail Order Pharmacy Program.

Medica Advantage members will be eligible for $0 copays for Tier 1 and 2 drugs obtained through our Costco Mail Order Pharmacy Program. Members do not need to be a Costco member to sign up for the mail order program. Refer members to the mail order information on our website regarding enrolling in the Costco Mail Order Pharmacy program, this includes a link to the online or paper enrollment form. Members can call Costco's customer care help line at 877-232-7566 (TTY:711) for assistance.

$0 Preferred Diabetic Supplies

Medica Central Health Plan members will have $0 cost share for preferred diabetic supplies obtained at a preferred retail pharmacy or through the Costco Mail Order Pharmacy Program. The supplies available at $0 cost share include Blood Glucose Meters (BGM) and Continuous Glucose monitors (CGM), as well supplies such as syringes, needles, alcohol swabs, lancets, and lancet devices. Additionally, whether the supplies are covered under Part D or Part B, Medica Advantage members will have $0 cost share through the gap coverage phase. The covered CGM products are Dexcom G6 and G7 and Freestyle Libre 2. Members can switch

between CGM products when they have had their product for five years or more. The covered BGM products includes all ACCU-CHEK machines and test strips.

Insulin

In compliance with the Inflation Reduction Act (IRA), Medica Central Health members will not pay more than $35 for a month's supply of each of their insulin medications as a prescription benefit (Part D) or medical benefit (Part B when they have a pump).
Insulin copays are capped at $35 per month in compliance with the IRA. Members enrolled in a Medica Central Health Advantage plan can receive formulary insulins at $30 per month supply from a preferred pharmacy or $35 from a non-preferred pharmacy.

Adult Vaccinations

Medica Central Health Plan offers some adult vaccinations at $0. Members can get their Part B vaccines Respiratory Syncytial virus (RSV), Influenza (flu), Pneumococcal (Pneumonia) and Part D vaccines (Shingles, TDAP, or others listed on the drug formulary) either at the doctor's office or at an in-network pharmacy. There are no location restrictions on where an adult member can receive their vaccines.

- Members can receive a COVID Vaccination at $0 in your doctor's office or at their local pharmacies
- Paxlovid coverage is currently free until Pharmacy EUA (Emergency Use Authorization) stock runs out. Once the supply of EUA stock is depleted, the drug will be placed on Tier 3, or $42 for a preferred pharmacy treatment.

Medicare Advantage Wallet Cards

The 2024 Medica Advantage Wallet Card is a swipe card that can be used for specific extra benefits available under some Medica Advantage plans. Members enrolled in these plans can spend prepaid allowances from their wallet card toward their dental, hearing, and/or vision benefits, in addtion to approved over-the-counter (OTC) products.

Providers should not send claims for these benefits. To receive payment from a member's wallet card providers must be equipped to accept Visa swipe cards. Providers can expect to receive payments from a member's wallet card when all of the following apply:

- The item or service is covered under the member's benefit plan
- The item or service is appropriate for wallet use
- There are available allowances on the wallet card.

2024 Medicare Pharmacy Benefits Formulary Highlights

The following highlight some formulary changes, effective January 1, 2024:

- ***Expanded coverage of medications in the following categories by moving drugs from higher tiers to Tier 1, Tier 2, or Tier 3 formulary tiers:***
  - Antidemntia agents
  - Anticonvulsants
  - Common Chronic medications (i.e., hypertension, diabetes, cholesterol, and depression)
  - Pain medications
  - Psychoterapeutic and Neurological agnets
  - Estrogen products (i.e., estrogen patches, creams, and pills)
  - Oral antibiotics
  - Low cost Intravenous antibiotic medications
  - Generic HIV medications
  - Generic specialty medications
  - Selective serotonin reptake inhibitors
- ***New insulin savings, include:***
  - Aspart biosimilars, Novolog, Fiasp, Lantus, Toujeo, Levemir, Tresiba, Sultrophy, and Soliqua to the formulary $30 per month at a preferred pharmacy

- ***Other notable items for 2024:***
  - Brand name Lantus instead of a biosimilar on formulary at $30 per month at a preferred pharmacy
  - Coveage for both Hadlima (adalimumab-bwwd) biosimlars, alongside Humira on the formulary
  - Removed Advair Diskus and placed Wixela or generic on Tier 1
  - Removed Symbicort, Xopenex, and Flovent inhaler and placed generics on Tier 1
  - Ventolin, 17 grams, and Albuterol, 8.5 grams(17 gm), with two inhalers for one copay on Tier 1
  - New Guidelines for glucagon-like peptide-1 (GLP-1) agonists: Prescribing a GLP-1 (Mounjaro, Byetta, Trulicity, Bydureon, Victoza, and Ozempic) will require a diagnosis of diabetes with an authorization request submitted by the pharmacy for the medication so that the request can be adjudicated

Updated and New 2024 Pharmacy Benefits for Commercial Plans

Effective January 1, 2024 or upon a group's renewal for Commercial plans, Medica Health Plan will be offering $6 for 6-month supply for unique generic medications for conditions such as diabetes, high blood pressure, mood disorders and bone health available at Costco (retail) and SSM retail pharmacies.

Programs:

$6 for 6 Month Supply *Effective upon renewal on or after 1/1/2024*	*Select unique generic medications for conditions such as diabetes, high blood pressure, mood disorders, and bone health available to members for $6 for a 6-month supply at Costco (retail) and SSM retail pharmacies.* Alendronate-70mg tab Anastrozole-1mg tab Atenolol-25, 50 & 100mg tab Carvedilol-3.125, 6.25, 12.5 & 25 mg tab Fluoxetine-10, 20 & 40mg cap Folic Acid-1mg tab Furosemide-20 & 40 mg tab	Glimepiride-1, 2 & 4 mg tab Glipizide-5 &10 mg tab Glipizide ER-2.5, 5 & 10 mg tab Glyburide-1.25, 2.5 & 5mg tab Hydrochlort-12.5mg cap Hydroxyz HCL-10, 25, & 50 mg tab Lisinop/HCTZ-10-12 tab Lisinop/HCTZ-20-12 tab Lisinop/HCTZ-20-25M tab Metoprol TAR-25,50,75&100 mg tab Omeprazole-20 & 40 mg cap Pioglitazone-15, 30 & 45 mg tab Triamt/HCTZ-37.5-25 tab Triamt/HCTZ-75-50 tab

Please refer to the member's Member Certificate or Summary Plan Document or call the Customer Care Center number found on the member's card for specific coverages.

Removal of Physical Therapy and Occupational Therapy Prior Authorization Requirements

Starting January 1, 2024, Medica Health Plan has removed the prior authorization requirements for physical therapy and occupational therapy.

Note: 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 on the member's ID card for specific prior authorization requirements.

Language Assistance Line

To address diverse language needs and bridge important communications between providers and patients, Medica offers a free telephonic Language Line for language assistance/interpreter services. The Language Line is available to in-network providers who do not have access to language assistance services and need to interact with Medica members who have limited English language proficiency. Providers may request language assistance by calling 844-526-1386, available 24 hours a day, 7 days a week. See the Language Line Instructions on the Cultural Awareness web page for more information on how to use the service.

Behavioral Health Support for Medica Patients

In recognition of the importance of mental health services and support. Medica has developed the Behavioral Health Provider Annual Training resource to assist behavioral health providers caring for patients enrolled in a Medica benefit plan. This resource highlights behavioral health medical policies, prior authorization and supporting documentation submissions, coordination of services, and related resources.

Member Resources Reference Guide

The Medica Member Resources Reference Guide for Providers makes it easier for providers to find online information regarding a wide range of programs and services that are available to their Medica Heath Plan patients (and some that are available to all patients regardless of insurance). The reference guide is organized alphabetically by the name of the program/service with a brief description and links to more information online. The resource is not intended to be an exhaustive list and providers are always encouraged to refer to the Medica Plan website for the most up-to-date information. Please note, rewards and programs may vary by plan and member coverage.