

2018 MEDICARE ADVANTAGE

Key Information for Providers

The Medicare Annual Enrollment (AEP) period has ended, and members had the opportunity to make changes to their Medicare Advantage and/or Stand-Alone Prescription Drug Plans. During the AEP, members could enroll, disenroll or change plans.

In 2018, Highmark is again offering a broad range of product options across our service areas designed to fit each person's budget. Knowing the important role you play in the ongoing care of our Medicare Advantage members in West Virginia, we want to ensure that you have the information you need about the 2018 plans.

WHAT PROVIDERS NEED TO KNOW

GENERAL SUMMARY

2018 Medical:

- **ER:** \$80 copay; **Specialist** visit copays lower in most plans
- **SNF:** \$0 copay days 1-20, \$167.50 copay days 21-100
- **Medicare Part B Drugs:** 20% coinsurance for all drugs including chemo

2018 Supplemental:

- Enhanced routine dental cleaning/exam to every six months



2018 Rx:

- We've added new Rx formularies for direct pay members:
 - Performance, Choice and Venture
- We've expanded Medicare Preferred Value Network, including \$0 Tier 1.
- We are introducing a Step Therapy Program (piloting for first time with four drugs).
- We've updated prior authorization and quantity level limits, and refined the transition policy. (24 new prior authorization criteria sets added; the majority are added to ensure appropriate utilization of Specialty Tier medications. Quantity Level Limits further aligned to industry standards to promote adherence and safety.
- Formularies:
 - Maintained inclusion of adherence medications (i.e., Medicare STARS) on the lowest tier
 - Moved higher cost drugs to higher tiers (nearly half of those moved are narcotics)
 - Deleted drugs, primarily those with a new-to-market generic or multiple sources available; most of the single-source and generic deletions are narcotics
 - Added 24 new drugs to the formulary
- Launched a comprehensive effort in October/November 2017 to communicate thoroughly with impacted members and their prescribing physicians. If your patients are impacted by these changes, they received a letter, and your practice did, as well. We also posted information on NaviNet Plan Central and on the Provider Resource Center.

NEW IN 2018 TELEMEDICINE BENEFIT

A new telemedicine benefit will be provided for post discharge medication reconciliation. Remote monitoring allows PCPs to ensure discharge medications reconcile with the medication list in the patient’s record.



FREEDOM BLUE PPO

- One of the largest networks of doctors and hospitals in the state.
- In-network access to BlueCard® and member flexibility to use out-of-network providers.

Freedom Blue PPO continues to offer robust supplemental benefits:

Premium/benefits relatively stable	<ul style="list-style-type: none"> • \$10 copay for PCP visits • \$0 copay for Tier 1 prescriptions obtained at a Preferred Pharmacy and diagnostic lab work at freestanding labs
Routine Dental	New! One exam now every six months (\$30 copay)
Routine Vision	<ul style="list-style-type: none"> • \$0 copay for routine eye exam • Yearly eyewear allowance
Routine Hearing	<ul style="list-style-type: none"> • Routine hearing exam • Hearing Aids: \$699-\$999 copay
Formulary	Performance (closed)
Silver Sneakers Fitness Benefit	

NaviNet is a registered trademark of NaviNet, Inc., a separate company that provides a secure, web-based portal between providers and health care insurance plans.

Silver Sneakers is a registered trademark of Healthways, Inc., a separate company that provides an exercise and physical activity program designed exclusively for Medicare-eligible health plan members.

BlueCard is a registered trademark of the Blue Cross and Blue Shield Association, an association of independent healthplans.

