June 2021 Member Focus



COVID-19 Benefits Update: Treatment Waiver Ends June 30, 2021

(Members Enrolled in the 70/30 & 80/20 Plans) The State Health Plan is currently waiving the cost of treatment (medical treatment only) for members diagnosed with COVID-19, including associated deductibles, copayments and coinsurance. This waiver expires June 30, 2021. After that date members will be responsible for the applicable copays/coinsurance for COVID-19 treatment. Any medications prescribed to treat COVID-19 are subject to the copay/coinsurance.



As a reminder, testing for COVID-19 is still free regardless of the site of service, as well as the COVID-19 vaccine.

Please visit the Plan's website for more information regarding COVID-19 benefits.

Humana Medicare Advantage members have different benefits related to COVID-19. For more detailed information, visit the Plan's <u>website</u>.

Provider Action Key to Members Saving Money with the Clear Pricing Project!

(Members Enrolled in the 70/30 & 80/20 Plans)

The <u>Clear Pricing Project</u>, or CPP, offers you the opportunity to save money when you visit a CPP provider or specialist. Under the CPP, if you visit the selected CPP Primary Care Provider (PCP) on your State Health Plan ID card, the office visit will be FREE.

As a reminder, providers must agree to sign up to become a CPP provider. CPP provider recruitment is under way for this month only, which makes this the perfect time to ask your provider about joining!

The CPP PCP has to be listed on your ID card to receive the free visit. Finding and selecting a CPP provider is easy! You can find a CPP provider by following these steps:

- Visit the State Health Plan website and click Find a Doctor at the top of the page.
- Select the appropriate plan 80/20 or 70/30 and then select North Carolina State Health Plan.
- CPP providers will have "Clear Pricing Project Provider" next to their name within the Provider Highlights.

You can change your selected PCP at any time by logging into eBenefits, the Plan's enrollment system.

- You can visit <u>www.shpnc.org</u> and click <u>eBenefits</u> to get started.
- When you change your selected PCP, you will receive a new ID card within 5-7 business days.

Click here for step-by-step instructions.

Humana Medicare Advantage Plan members are **NOT** included in CPP.

Opioid Utilization Management Program Update

(Members Enrolled in the 70/30 & 80/20 Plans) As a State Health Plan member, some of your prescription drugs may require coverage authorization, which includes prior approval, step therapy and/or quantity limits. It is important to make sure that prior approval is received before filling your prescription.



Effective June 1, 2021, the Plan will update our Opioid Utilization Management Program for new prescriptions. Members who are newly prescribed opioid therapy will continue to be limited to coverage for up to seven (7) days of an Immediate Release (IR) opioid if the member is 20 years of age or older, or up to three (3) days if the member is 19 years of age or less.

However, when a member requires additional treatment with IR opioid therapy exceeding the initial seven (7) or three (3) days for the first time in a 90-day period, a Prior Authorization (PA) will now be required even if the quantity requested is within the Quantity Limit. This change will only impact new opioid utilizers.

In addition, the opioid quantity limit requirements will now include a daily dosing limit that corresponds with the number of doses prescribed per day. For example, if the medication is prescribed as one (1) tablet twice a day, the daily dosing limit is two (2) tablets.

The Plan will continue to align with the Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain.

Members can not initiate a coverage review; it must be initiated from a provider. Providers have several options available with CVS to initiate and/or complete coverage reviews such as Prior Authorization:

- Providers with a username and password can log on to <u>Caremark.com</u> to view existing coverage review cases for their patients or to initiate a coverage review case for their patients (a rejected pharmacy claim must be on file in order to initiate a case). If a provider does not have or does not know their username and password, they can call CVS Caremark at 888-321-3124, 8 a.m. to 9 p.m., Eastern Time, Monday through Friday, and a username and password will be provided.
- Complete a coverage review case (answer the coverage criteria questions required to determine coverage).
- Another option to initiate and/or complete a coverage review case is to contact CVS Caremark coverage review department at 800-294-5979, 24 hours a day, seven days a week.



Health Care Support Program

(Non-Medicare Members Enrolled in the 70/30 & 80/20 Plans)

The Health Care Support Program is a benefit of the State Health Plan. This program complements the care you receive from your Primary Care Provider, specialists, and other medical providers. It is designed to help you better understand and control certain chronic medical conditions. Members diagnosed with the following conditions are eligible for the Health Care Support Program:

- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Diabetes
- Asthma
- Hypertension

If you are eligible, Blue Cross NC will identify and contact you through letters and phone calls to enroll and participate in this program. Program participants receive the support of a dedicated team of medical professionals – nurses, social workers, nutritionists, pharmacists, and others.

Nurses and other members of the team interact with patients through phone calls and the Wellframe app. Wellframe provides a cloud-based mobile platform that delivers a mobile care program to patients, offers real-time progress and clinical alerts for care managers and enables easy 2-way communication. It provides members with health management content, tools, daily care plans and educational materials. If you receive a letter or phone call inviting you to participate in the Health Care Support Program, just know that it is a legitimate program offered to you as part of your State Health Plan benefits! If you are contacted, please answer, or call back. **We are here to help you.**

Humana Medicare Advantage Plan Members: Go365!

Humana Medicare Advantage Plan members, did you know you can earn

rewards by completing eligible healthy activities? As a member of the Humana Medicare Advantage Plan, you are automatically enrolled in the Go365 program. Earn rewards you can redeem for gift cards by completing eligible healthy activities like walking, getting your Annual Wellness Visit, volunteering, or participating in a SilverSneakers exercise class.



Once you've earned at least \$10 in rewards, choose your gift card in the Go365 Mall. Earn \$5 in rewards a month for completing 8 workouts, or \$10 in rewards for completing 16 workouts. Here are three easy ways to track and earn:

- Attend a participating SilverSneakers® Fitness class to earn rewards automatically. Your reward may take up to 45 days to show up in your Go365 account.
- Log your workouts online or use a paper workout tracker to record your exercise and mail it back to us each month to earn your reward.
- Connect a compatible activity tracker to Go365, then log at least 500 steps a day and earn rewards automatically for uploaded device workouts.

To track your activities and redeem rewards, you can visit the Go365 website which can be accessed through your MyHumana account at our.Humana.com/ncshp. After you have signed into your MyHumana account, click "Go365" from your dashboard – it's that easy! To visit the Go365 Mall to redeem your rewards, just click "Go365 Mall" from the dashboard of your Go365 account, or visit <u>Go365.com/shop</u>. For more information about the Go365 program and SilverSneakers please <u>click here</u>.

If you don't have online access, you can also track your rewards using the Go365 paper trackers. To obtain paper trackers, redeem your rewards, or ask questions about the program, please contact **Humana Group Medicare Customer Care team** at **1-888-700-2263 (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.

Your Health Minute Topic: Men's Health

National Men's Health Month is celebrated each June with special emphasis during the week before Father's Day. This national observance raises awareness of preventable health problems and encourages early detection and treatment of disease.



Men, protect your health! Take the following simple steps:

- Make prevention a priority
- Eat heart healthy
- Be physically active
- Control your weight
- Quit smoking

Save the Date! 2022 Open Enrollment set for October 11-29, 2021!





Lemon-Pepper Linguine with Squash

Know Your Family Health History

Get the Recipe!



Connect with us on facebook

Eligibility and Enrollment Questions: 855-859-0966

Prescription Questions: 888-321-3124

For questions on this newsletter, e-mail: ppo.inquiries@nctreasurer.com



