

SummaCare



Annual Provider Update

Thank you for joining us today. We will begin shortly!
October 11, 2023



Office Visit Evaluation & Management Coding Post - 2021 and 2023

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Office Visit E&M Coding Post - 2021 & 2023

Four Observations:

1. Documenting History
2. Counting Problems Addressed by Other Providers
3. Getting to Level 5 (99215 and 99205)
4. Reporting the Encounter on the Basis of Time

Office Visit E&M Coding Post - 2021 & 2023

Documenting History:

Pre-2021, for office visits, for purposes of scoring the encounter for level of service, for determining the Key Component, history was a counting function:

- How many elements of Past, Family and Social Histories were documented?

Office Visit E&M Coding Post - 2021 & 2023

Documenting History:

That changed:

“Under this new framework, history and exam would no longer be used to select the level of code for office/outpatient E/M visits. Instead, an office/outpatient E/M visit would include a medically appropriate history and exam, when performed. The clinically outdated system for number of body systems/areas reviewed and examined under history and exam would no longer apply, and these components would only be performed when, and to the extent, medically necessary and clinically appropriate.”

Federal Register, Vol. 84, No. 221, Friday, November 15, 2019, Final Rule and Interim Final Rule, page 62847.

Office Visit E&M Coding Post - 2021 & 2023

Documenting History:

Each encounter's history – past, family, social – should be “medically appropriate” and “medically necessary” – what you as the provider require given the circumstances of the patient's presentation.

This is what the AMA CPT E&M Guidelines tell you: “The nature and extent of the history [is] determined by the treating physician or other qualified health care professional reporting the service.”

Are you – or is your EMR/EHR – copying into every encounter note an extensive prior past, family, social history? Is that “medically appropriate” and “medically necessary” for every encounter?

Office Visit E&M Coding Post - 2021 & 2023

**Table 2 – CPT E/M Office Revisions
Level of Medical Decision Making (MDM)**

Revisions effective January 1, 2021:

Note: this content will not be included in the CPT 2020 code set release



Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal <input type="checkbox"/> 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low <input type="checkbox"/> 2 or more self-limited or minor problems; or <input type="checkbox"/> 1 stable chronic illness; or <input type="checkbox"/> 1 acute, uncomplicated illness or injury	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents <input type="checkbox"/> Any combination of 2 from the following: <input type="checkbox"/> Review of prior external note(s) from each unique source*; <input type="checkbox"/> review of the result(s) of each unique test*; <input type="checkbox"/> ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate <input type="checkbox"/> 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or <input type="checkbox"/> 2 or more stable chronic illnesses; or <input type="checkbox"/> 1 undiagnosed new problem with uncertain prognosis; or <input type="checkbox"/> 1 acute illness with systemic symptoms; or <input type="checkbox"/> 1 acute complicated injury	Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) <input type="checkbox"/> Any combination of 3 from the following: <input type="checkbox"/> Review of prior external note(s) from each unique source*; <input type="checkbox"/> Review of the result(s) of each unique test*; <input type="checkbox"/> Ordering of each unique test*; <input type="checkbox"/> Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests <input type="checkbox"/> Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation <input type="checkbox"/> Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment Examples only: <input type="checkbox"/> Prescription drug management <input type="checkbox"/> Decision regarding minor surgery with identified patient or procedure risk factors <input type="checkbox"/> Decision regarding elective major surgery without identified patient or procedure risk factors <input type="checkbox"/> Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	High <input type="checkbox"/> 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or <input type="checkbox"/> 1 acute or chronic illness or injury that poses a threat to life or bodily function	Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent historian(s) <input type="checkbox"/> Any combination of 3 from the following: <input type="checkbox"/> Review of prior external note(s) from each unique source*; <input type="checkbox"/> Review of the result(s) of each unique test*; <input type="checkbox"/> Ordering of each unique test*; <input type="checkbox"/> Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests <input type="checkbox"/> Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation <input type="checkbox"/> Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	High risk of morbidity from additional diagnostic testing or treatment Examples only: <input type="checkbox"/> Drug therapy requiring intensive monitoring for toxicity <input type="checkbox"/> Decision regarding elective major surgery with identified patient or procedure risk factors <input type="checkbox"/> Decision regarding emergency major surgery <input type="checkbox"/> Decision regarding hospitalization <input type="checkbox"/> Decision not to resuscitate or to de-escalate care because of poor prognosis

Office Visit E&M Coding Post - 2021 & 2023

Problems:

Per the AMA CPT Guidelines, “A problem is addressed or managed when it is evaluated or treated at the encounter by the physician or other qualified health care professional reporting the service.”

Remember the MEAT acronym: Monitoring, Evaluating, Assessing, and Treating – the problem should flow through the note from top to bottom, from subjective data from the patient in HPI to objective findings in exam to assessment and plan.

Office Visit E&M Coding Post - 2021 & 2023

Problems:

Per the AMA CPT Guidelines, a referral without a workup “or consideration of treatment does not qualify as being addressed or managed by the physician or other qualified health care professional reporting the service.”

After the referral, the “notation that another professional is managing the problem,” absent some intervention by this provider at this encounter, “does not qualify as being addressed or managed by the physician or other qualified health care professional reporting the service.”

The “list” of patient problems/diagnoses may be of benefit to you as a clinician – keeping track of the patient’s circumstances – but may not all count for purposes of scoring the level of service.

Office Visit E&M Coding Post - 2021 & 2023

High Threshold to a Level 5

The *number* of problems is not what makes the distinction between level 4 (moderate complexity) and level 5 (high complexity).

Moderate

1 or more chronic illnesses with exacerbation, progression, or side effects of treatment;

OR

2 or more stable, chronic illnesses;

Office Visit E&M Coding Post - 2021 & 2023

High Threshold to a Level 5: Problems/Column A

Per the AMA CPT Guidelines:
Chronic illness with severe
exacerbation, progression, and
significant risk of morbidity;

The threshold for “severity” in the 2021
AMA CPT E&M Guidelines was set at
“may require hospital level of care.”

Acute or chronic illness or injury that
poses a threat to life or bodily function;

The 2021 and 2022 AMA CPT E&M Guidelines
provided a list of examples:

- Acute myocardial infarction
- pulmonary embolus
- severe respiratory distress
- progressive severe rheumatoid arthritis
- psychiatric illness with potential threat to self or others
- Peritonitis
- acute renal failure
- abrupt change in neurologic status

2023 Guidelines indicate that the threat is
“in the near term.”

Office Visit E&M Coding Post - 2021 & 2023

High Threshold to a Level 5: Risk of Morbidity or Mortality/Column C

Per the AMA CPT Guidelines:

Drug therapy requiring intensive monitoring for toxicity

See Guidelines for examples – insulin is not one, Coumadin will not likely be one (see 93792 and 93793);

Elective major surgery with identified patient or procedure risk factors;

Emergency major surgery;

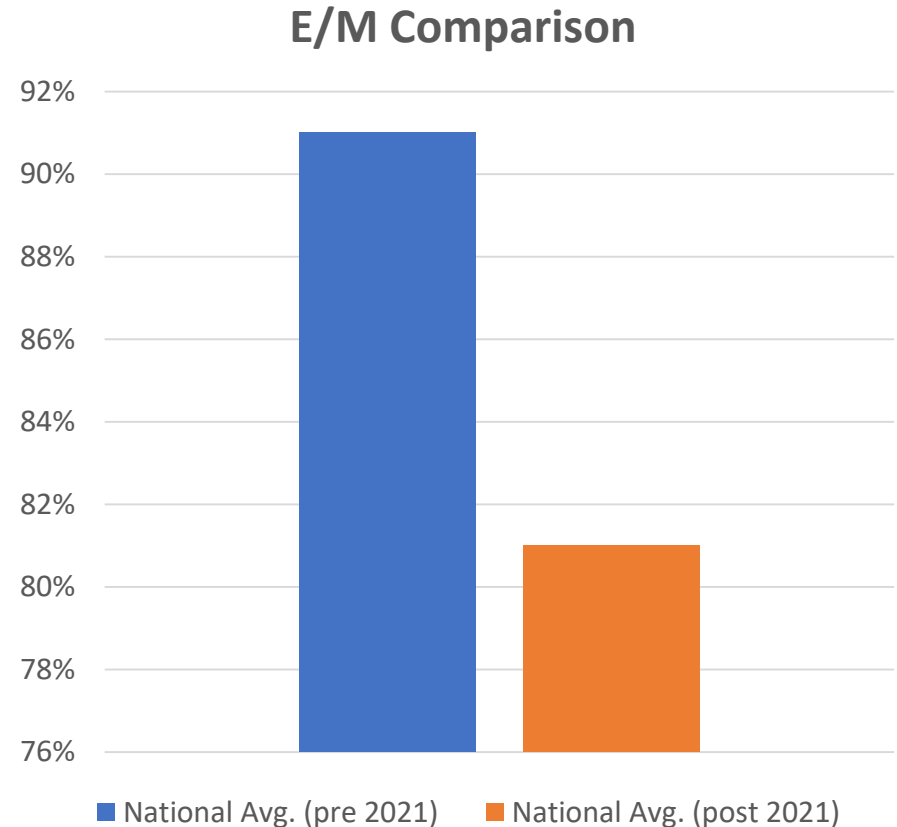
Decision regarding hospitalization – see above;

Decision not to resuscitate or to de-escalate care because of poor prognosis;

Office Visit E&M Coding Post - 2021 & 2023

Time

At the end of 2021, AAPC's audit group had “conducted audits for all types of organizations and specialties across the country, reviewing over 300,000 medical records. By the end of 2021, overall E/M accuracy rates topped off at 81 percent, while prior to 2021, E/M accuracy rates hovered around 91 percent.”



Office Visit E&M Coding Post - 2021 & 2023

Time

Procedure time does not count towards E&M time;

- Deduct all non-E&M service time – all time for services billed separately:
 - Venipuncture (36415)
 - ECGs (93000)
 - Immunization services (90460);
- “There was still the issue of documentation lacking evidence of time carved out for procedures and/or other services performed on the same day.”

(Scott, Stephani, “Looking Back on 2021 E/M Changes,” *Healthcare Business Monthly*, 9/4, Apr 2022, pp 16-19)

Office Visit E&M Coding Post - 2021 & 2023

Time

Medical Necessity needs to support the time;

“The medical necessity must be supported. If, in an audit, it is found that the time stated does not support the activities performed or time that would be considered medically necessary, it could result in an unfavorable finding by the payer.”

(Jimenez, Raemarie “Unraveling 2021 E/M Guidelines,” Healthcare Business Monthly, 8/7, July 2021, pp 20-21)

For governmental insureds, the tie to medical necessity is all the way back to section 1862(a)(1)(A) of the Social Security Act.

Office Visit E&M Coding Post - 2021 & 2023

Time

Medical Necessity needs to support the time;

Pre-2021 this was the case when providers toggled to time and reported evaluation and management services on the basis of time under the counseling and coordination of care rules; the time reported had to reconcile with the circumstances of the encounter:

“Documentation should describe the substance of the counseling and/or coordination of care. A common example is a patient with a new diagnosis of diabetes. The physician may spend extensive time with the patient discussing lifestyle modifications, including proper diet and exercise, as well as the nature of the disease, the importance of control, and so forth.”

(Verhovshek, MA, CPC, G. John, “Go Beyond the Basics of Time-Based E/M Coding,” AAPC Coding Edge, February 2010, p. 44)

Office Visit E&M Coding Post - 2021 & 2023

Time

Time for the evaluation and management service is that exclusive of time spent rendering any other service reported;

The time reported should be consistent with the patient's circumstances, should be medically necessary, and the note should convey the same.

Questions?



HEDIS Updates & Reminders

Bassey Ijoma, MSN RN BSN
Manager for Quality & Clinical Improvement

HEDIS Updates & Reminders

1. **KED: Kidney Health Evaluation for Diabetic patients**
2. **FMC: Follow up after ED visit for members with chronic conditions**
3. **COL: Colorectal Cancer Screening**
4. **CBP: Controlled Blood Pressure Screening**
5. **Depression Screening**
6. **PHQ-9 Screening**

KED: Kidney Health Evaluation for Diabetics

- Kidney Health Evaluation is required for all Diabetic patients aged 18-85
- Eligible patients require an Estimated Glomerular Filtration Rate (eGFR) **AND** a urine albumin creatinine ratio (uACR) every year
- If service dates are within 4 days or less, combining a quantitative urine albumin test with a urine creatinine test will meet the uACR component of this measure
- Members in hospice or palliative care are excluded from this measure

FMC: Follow-Up After ED Visit for Patients with Multiple Chronic Conditions

- Applies to patients who are 18 years and older, diagnosed with multiple high-risk chronic conditions
- Must have a documented follow up service after EVERY ED visit that does not result in an inpatient admission
- Follow up service must occur within 7 days of the ED visit
- Follow up service can be any one of the following
 - Outpatient Visit
 - Telephone Visit/Telehealth Visits
 - Transitional Care Management Services/Case Management visits

COL: Colorectal Cancer Screening

- Applies to patients who are 18 years and older, diagnosed with Hypertension
- BPs should be repeated and recorded if initial reading is greater than 139/89
- Before repeating, clinicians are encourage to:
 - Wait 5 minutes
 - Ensure patient's feet are flat with back supported
 - Ensure patients legs are uncrossed and arms supported
 - Advise patient to rest quietly with no texting or talking
 - Complete measurement taking and document findings

CBP: Controlled Blood Pressure Screening

- Applies to patients who are 18 years and older, diagnosed with Hypertension
- BPs should be repeated and recorded if initial reading is greater than 139/89
- Before repeating, clinicians are encourage to:
 - Wait 5 minutes
 - Ensure patient's feet are flat with back supported
 - Ensure patients legs are uncrossed and arms supported
 - Advise patient to rest quietly with no texting or talking
 - Complete measurement taking and document findings

Depression Screening

- Required for patients who are 12 years and older
- A standardized instrument should be used
- All positive screenings should trigger a follow up care within 30 days of findings
- The following qualify as a follow up service:
 - Outpatient Visit
 - Telephone Visit/Telehealth Visits
 - Transitional Care Management Services/Case Management visits

PHQ-9 Screening

- Applies to patients who are 12 years and older with a diagnosis of depression or dysthymia
- A PHQ-9 score should be documented at all outpatient encounters
- All positive scores should trigger a follow up care within 30 days of findings
- The following qualify as a follow up service:
 - Outpatient Visit
 - Telephone Visit/Telehealth Visits
 - Transitional Care Management Services/Case Management visits



2024 Pharmacy Updates

Tiffanie Mrakovich
Director of Pharmacy

2024 Pharmacy Updates

1. Where to find SummaCare Formularies

2. Medicare

- Inflation Reduction Act
- 100 Day Supply for Tier 1 & Tier 6
- Brand over Generic Updates

3. Commercial

- Brand over Generic Updates

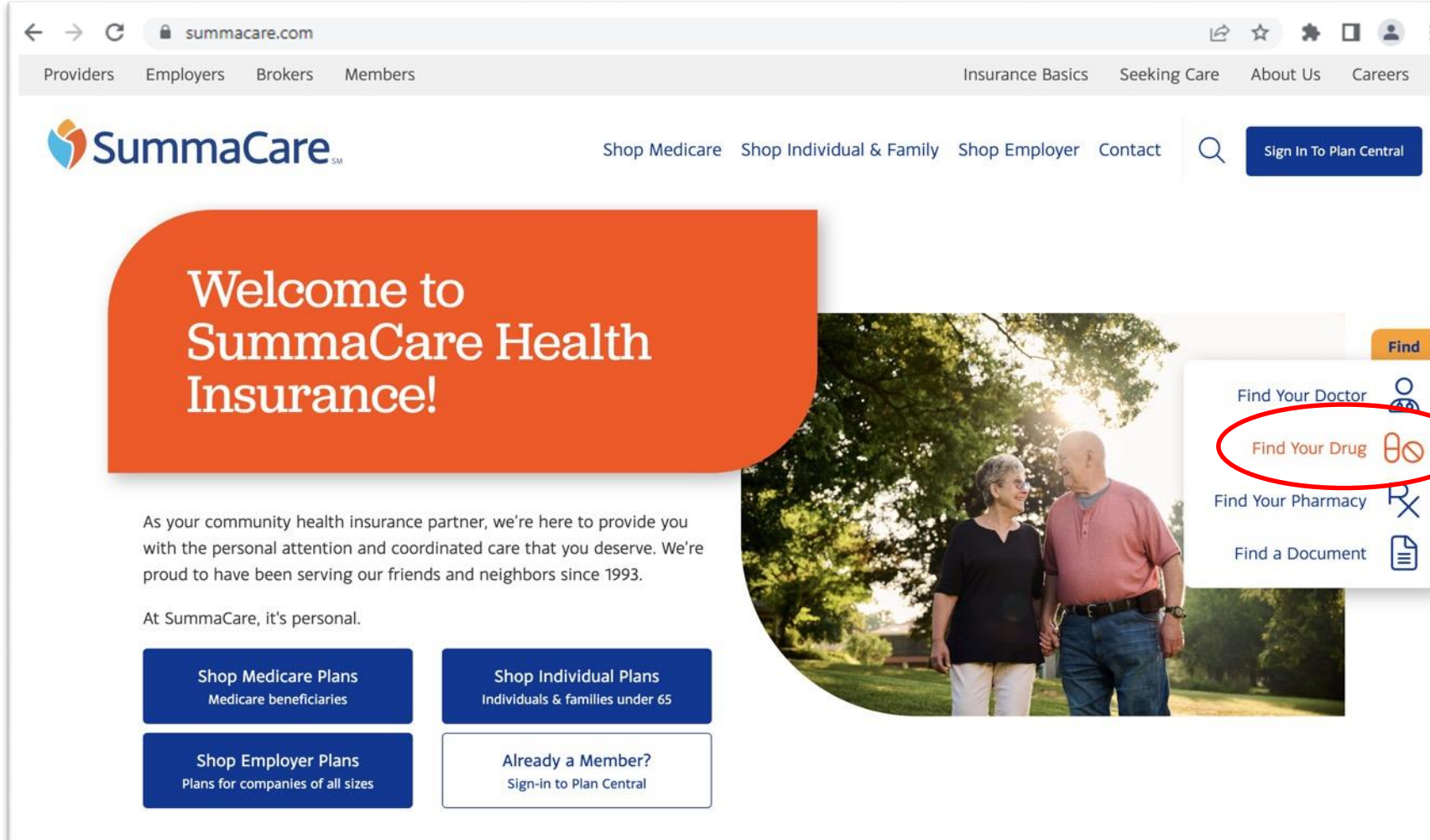
4. GLP-1 Update



Where to find SummaCare Formularies

Where to Find SummaCare Formularies

1. Go to summacare.com and select “Find Your Drug”



The screenshot shows the SummaCare website homepage. The browser address bar displays "summacare.com". The navigation bar includes links for Providers, Employers, Brokers, Members, Insurance Basics, Seeking Care, About Us, and Careers. The SummaCare logo is on the left, and a search bar with a magnifying glass icon and a "Sign In To Plan Central" button is on the right. A large orange banner on the left says "Welcome to SummaCare Health Insurance!". Below this, text reads: "As your community health insurance partner, we're here to provide you with the personal attention and coordinated care that you deserve. We're proud to have been serving our friends and neighbors since 1993. At SummaCare, it's personal." There are four buttons: "Shop Medicare Plans Medicare beneficiaries", "Shop Individual Plans Individuals & families under 65", "Shop Employer Plans Plans for companies of all sizes", and "Already a Member? Sign-in to Plan Central". A search dropdown menu is open on the right, showing options: "Find Your Doctor" (with a person icon), "Find Your Drug" (with a pill icon, circled in red), "Find Your Pharmacy" (with a pharmacy icon), and "Find a Document" (with a document icon). A red arrow points to the "Find Your Drug" option.

summacare.com

Providers Employers Brokers Members Insurance Basics Seeking Care About Us Careers

SummaCare

Shop Medicare Shop Individual & Family Shop Employer Contact

Sign In To Plan Central

Welcome to SummaCare Health Insurance!

As your community health insurance partner, we're here to provide you with the personal attention and coordinated care that you deserve. We're proud to have been serving our friends and neighbors since 1993.

At SummaCare, it's personal.

Shop Medicare Plans
Medicare beneficiaries

Shop Individual Plans
Individuals & families under 65

Shop Employer Plans
Plans for companies of all sizes

Already a Member?
Sign-in to Plan Central

Find

Find Your Doctor

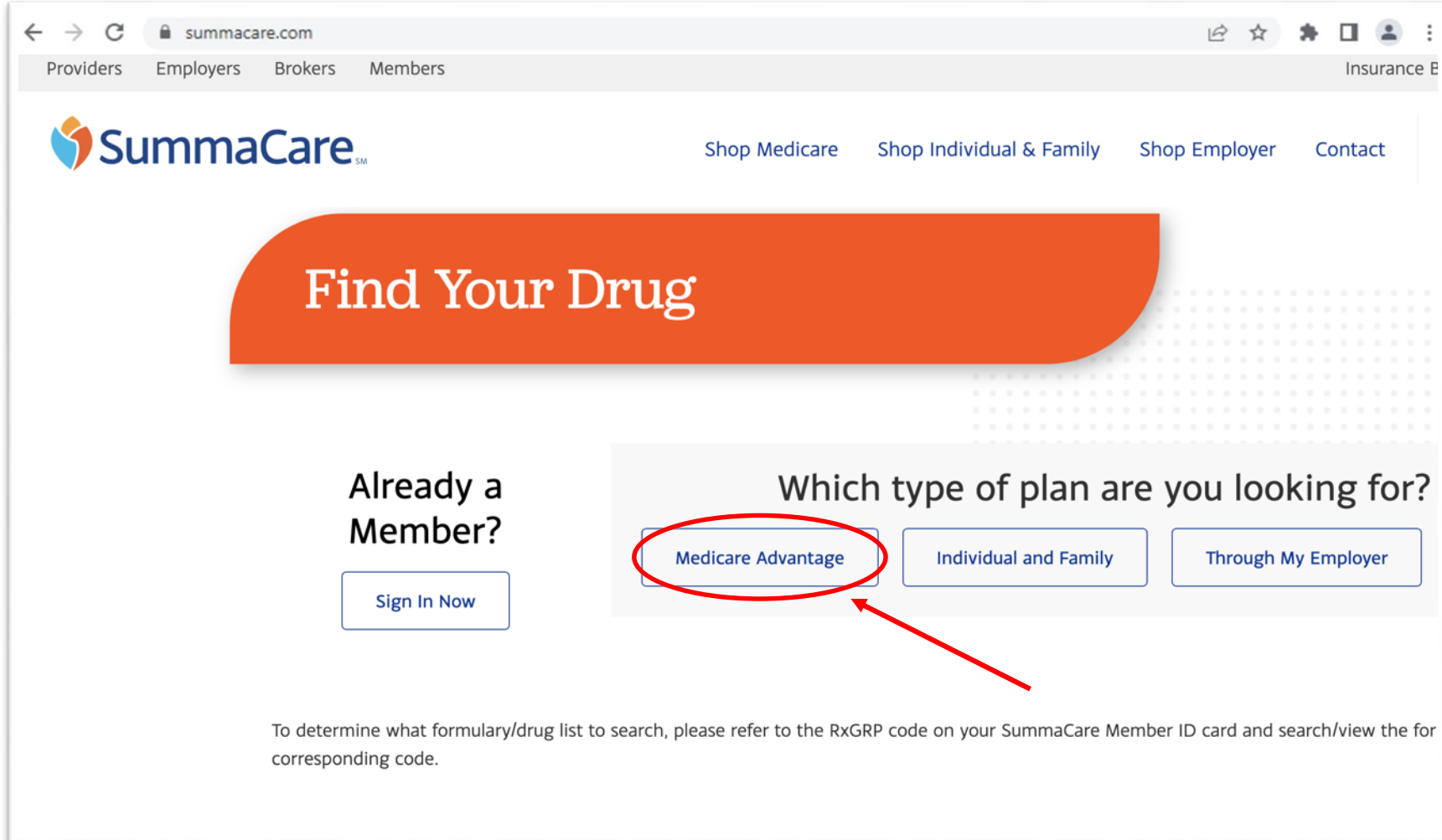
Find Your Drug

Find Your Pharmacy






Find a Document

Where to Find SummaCare Formularies


2. Select the line of business you are looking for:



The screenshot shows the SummaCare website interface. At the top, there is a navigation bar with links for Providers, Employers, Brokers, Members, and Insurance. Below this is the SummaCare logo and a navigation menu with links for Shop Medicare, Shop Individual & Family, Shop Employer, and Contact. A large orange banner with the text "Find Your Drug" is prominently displayed. Below the banner, there are two main sections. On the left, under the heading "Already a Member?", there is a "Sign In Now" button. On the right, under the heading "Which type of plan are you looking for?", there are three buttons: "Medicare Advantage", "Individual and Family", and "Through My Employer". The "Medicare Advantage" button is circled in red, and a red arrow points to it from below. At the bottom of the page, there is a note: "To determine what formulary/drug list to search, please refer to the RxGRP code on your SummaCare Member ID card and search/view the for corresponding code."

← → ↻ [summacare.com](#)      ⋮

[Providers](#) [Employers](#) [Brokers](#) [Members](#) [Insurance E](#)

 [Shop Medicare](#) [Shop Individual & Family](#) [Shop Employer](#) [Contact](#)

Find Your Drug

Already a Member?

[Sign In Now](#)

Which type of plan are you looking for?

[Medicare Advantage](#) [Individual and Family](#) [Through My Employer](#)

To determine what formulary/drug list to search, please refer to the RxGRP code on your SummaCare Member ID card and search/view the for corresponding code.

Where to Find SummaCare Formularies

3. Select Drug Search Tool or Download a PDF

Find Your Drug

Already a Member?

[Sign In Now](#)

Which type of plan are you looking for?

[Medicare Advantage](#) [Individual and Family](#) [Through My Employer](#)

Please Choose a Medicare Advantage Plan

✓ [Download the 2023 Medicare Prescription Drug Formulary PDF \(SUM03\) - Updated October 1, 2023](#)

[Search the 2023 Medicare Prescription Drug Formulary \(SUM03\) - Updated October 1, 2023](#)

[Go](#)

To determine what formulary/drug list to search, please refer to the RxGRP code on your SummaCare Member ID card and search/view the formulary with the corresponding code.

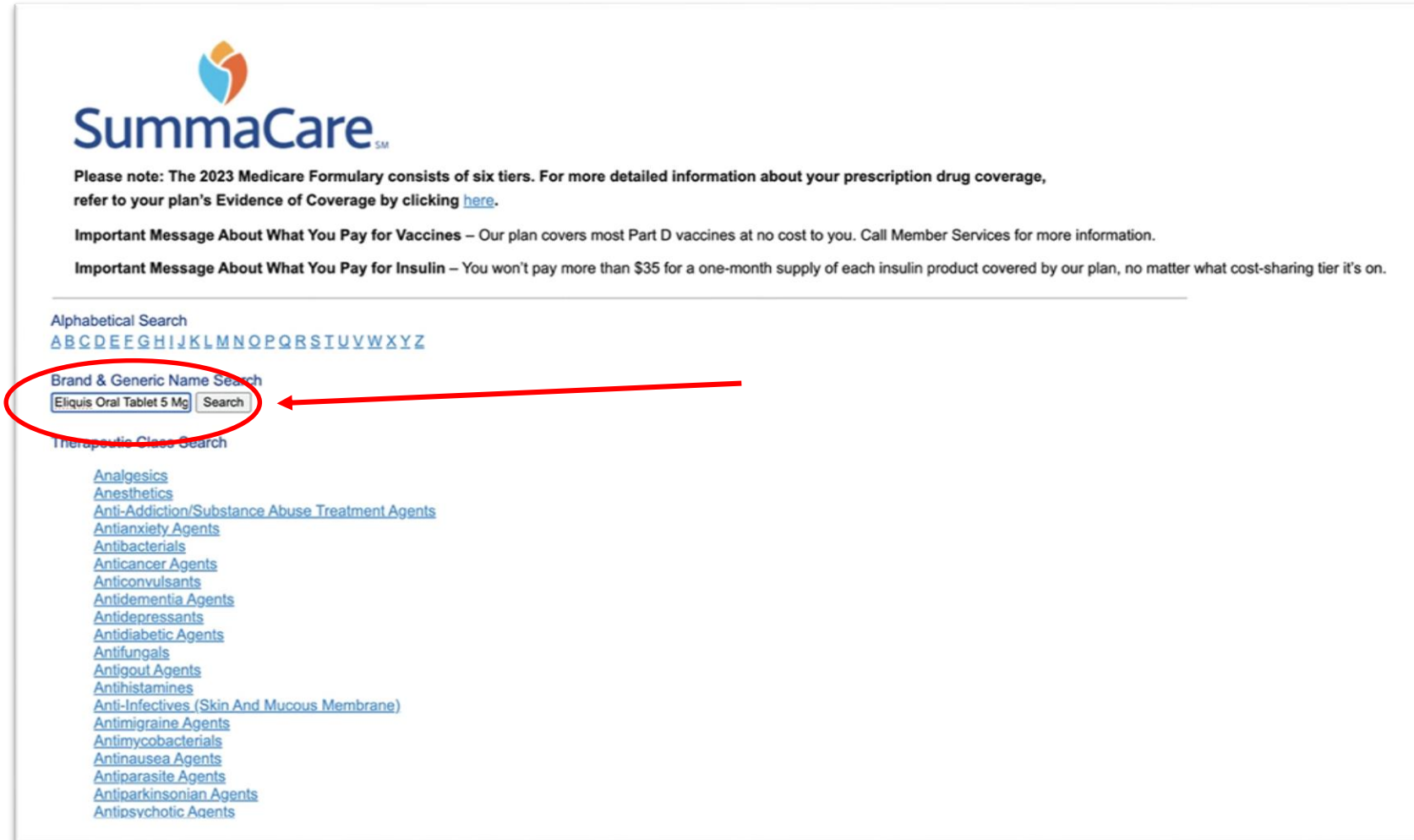
Find a Drug in the SummaCare Medicare Prescription Drug Formulary.


You are leaving the SummaCare Medicare website and will be redirected to SummaCare's online prescription drug formulary search to search for a prescription drug.

[Continue](#) [Cancel](#)

Where to Find SummaCare Formularies

4. For Drug Search – Enter drug you are looking for




SummaCareSM

Please note: The 2023 Medicare Formulary consists of six tiers. For more detailed information about your prescription drug coverage, refer to your plan's Evidence of Coverage by clicking [here](#).

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin – You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Alphabetical Search
[A](#)[B](#)[C](#)[D](#)[E](#)[F](#)[G](#)[H](#)[I](#)[J](#)[K](#)[L](#)[M](#)[N](#)[O](#)[P](#)[Q](#)[R](#)[S](#)[T](#)[U](#)[V](#)[W](#)[X](#)[Y](#)[Z](#)

Brand & Generic Name Search

Therapeutic Class Search

- [Analgesics](#)
- [Anesthetics](#)
- [Anti-Addiction/Substance Abuse Treatment Agents](#)
- [Antianxiety Agents](#)
- [Antibacterials](#)
- [Anticancer Agents](#)
- [Anticonvulsants](#)
- [Antidementia Agents](#)
- [Antidepressants](#)
- [Antidiabetic Agents](#)
- [Antifungals](#)
- [Antigout Agents](#)
- [Antihistamines](#)
- [Anti-Infectives \(Skin And Mucous Membrane\)](#)
- [Antimigraine Agents](#)
- [Antimycobacterials](#)
- [Antinausea Agents](#)
- [Antiparasite Agents](#)
- [Antiparkinsonian Agents](#)
- [Antipsychotic Agents](#)

Where to Find SummaCare Formularies

5. Click “Search” for results

Results

Brand Name <i>generic name</i>	Therapeutic Class <i>Sub-Class</i>	Dose/Strength	Status	Notes & Restrictions
Eliquis Oral Tablet 5 Mg	Blood Products/Modifiers/Volume Expanders Anticoagulants	TABLET 5 mg	T3 Tier 3	QL Quantity Limit

Definition of Status

Icon	Status	Definition
T1 Tier 1	Tier 1	Preferred Generic Drug
T2 Tier 2	Tier 2	Generic Drug
T3 Tier 3	Tier 3	Preferred Brand Name Drug
T4 Tier 4	Tier 4	Non-Preferred Drug
SP Specialty Product	Tier 5	Specialty Drug (Limited to a 30 Day Supply)
T6 Tier 6	Tier 6	Select Care Drugs (Including Vaccines)
OTC Over the Counter	OTC	Over the Counter Drugs

Brand Name: Eliquis oral tablet 5 mg
Generic Name:
Dosage/Strength: tablet 5 mg
Status: Tier 3

Details: 74 EA per 30 day(s).

Close

Inflation Reduction Act

Inflation Reduction Act – Medicare Timeline

January 1,
2023

- Part D Insulin Capped at \$35 for 1 month supply
- Advisory Committee on Immunization Practices (ACIP) recommended vaccines covered at \$0

April 1, 2023

- Coinsurance for Part B drugs may be lower than standard 20%. If the drug's price increases faster than the rate of inflation for the benchmark quarter, the coinsurance will be adjusted to hold the drug price.

July 1, 2023

- Part B insulin (insulin administered through a traditional pump covered through Durable Medical Equipment) will be capped at \$35 for a 1 month supply and deductibles will not apply.

September
1, 2023

- CMS will announced the first 10 Medicare Part D drugs selected for the Drug Price Negotiation Program. Maximum fair prices for these drugs will go into effect January 2026.

Inflation Reduction Act – Medicare Timeline

January 1,
2024

- **Once a Medicare member hits Catastrophic Phase, they will not have to pay any additional co-payments or coinsurance for drugs**
- The average premium increase for Part D plans will be limited to 6% over prior year
- **The low-income subsidy (LIS or “Extra Help) benefits will be expanded**

January 1,
2025

- Medicare Part D out-of-pocket (OOP) for prescription drugs will be capped at \$2,000
- Members will have the option to pay OOP Part D costs in monthly amount spread over the year.
- Adjustments to Manufacturer Discount program and government reinsurance

January 1,
2026

- Maximum fair prices for the first 10 Medicare Part D drugs negotiated will go into effect. This is the first year Medicare will start to benefit from Medicare negotiating prices with drug companies.
- 15 additional Part D or Part B drugs will be selected for subsequent years, and by 2029, 20 additional Part B or Part D drugs will be negotiated annually by Medicare

Medicare Updates

Medicare Updates - Pharmacy

100 Day Supply for Tier 1 and Tier 6 for 2023

- Tier 1 & 6 are \$0.00 copay through the gap phase
- Tier 1 & 6 contain many drugs linked to the 5 Star measures for adherence
 - Diabetes – glipizide, glimepiride, metformin, pioglitazone
 - Hypertension – lisinopril, benazepril, quinapril, losartan, losartan HCT, valsartan HCT
 - Statins – atorvastatin, pravastatin, simvastatin, rosuvastatin

****It only takes 3 fills of 100 day supply to meet the CMS adherence STAR measure****

Commercial/Marketplace Updates - Pharmacy

Significant 2024 Formulary Changes

- A comprehensive list of formulary changes will be communicated to members and available on our website.
- Formulary Exceptions can be requested for drugs that do not appear on the formulary. Benefit exclusions and exceptions may apply.
- Added Humira biosimilars Amjevita & Cyltezo to formularies

Medicare Updates – Pharmacy

Brand over Generic Update – Medicare 2024

- **Advair Diskus – Terming 1/1/2024**
- Advair HFA
- Azopt
- Breo Ellipta
- **Flovent HFA – Terming 1/1/2024**
- Mitigare
- **Novolog Flexpen & Vial – Terming 1/1/2024**
- Restasis
- **Symbicort – Terming 1/1/2024**
- Tracleer
- Vascepa

Medicare Updates – Negative Formulary Changes – Removed from Formulary

Drug Name	Formulary Alternative	Member Impact	Notes
DICLOFENAC SODIUM 1% OTC	DICLOFENAC SODIUM 1%	58	Voltaran Gel - Only removing OTC
NOVOLOG	INSULIN ASPART	445	Generic was added
VICTOZA	MOUNJARO/TRULICITY/OZEMPIC	20	
CREON	ZENPEP	32	
ORENCIA	HUMIRA/ENBREL/DUPIXENT/XELJANZ/COSENTYX	4	
RINVOQ	HUMIRA/ENBREL/DUPIXENT/XELJANZ/COSENTYX	2	
SKYRIZI	HUMIRA/ENBREL/DUPIXENT/XELJANZ/COSENTYX	6	
TALTZ	HUMIRA/ENBREL/DUPIXENT/XELJANZ/COSENTYX	1	
TREMFYA	HUMIRA/ENBREL/DUPIXENT/XELJANZ/COSENTYX	3	
ADVAIR DISKUS	FLUTICASONE-SALMETEROL/WIXELA INHUB	436	Generic added & Advair HFA Remain
FLOVENT HFA	FLUTICASONE PROPIONATE HFA	85	Generic HFA Added
FLOVENT DISKUS	FLUTICASONE PROPIONATE HFA	8	Generic HFA Added
SYMBICORT	BUDESONIDE-FORMOTEROL FUMARATE	319	Generic Added

TOTAL UNIQUE MEMBER IMPACT	1382
MOVE TO FORMULARY ALTERNATIVE	31
WHERE GENERIC ALTERNATIVES ADDED	1351

Note: Humira remains on formulary at this time, biosimilars may be added at any time and Humira removed.

Commercial Updates

Commercial/Marketplace Updates - Pharmacy

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Commercial Updates - Pharmacy

Brand over Generic Update – Commercial 2024

- **Adderall XR – Terming 1/1/2024**
- **Advair Diskus – Terming 1/1/2024**
- Adviar HFA
- Azopt
- **Concerta – Terming 1/1/2024**
- Humalog Kwikpen & Vial
- **Lialda – Terming 1/1/2024**
- Restasis
- Semglee
- Soolantra
- **Symbicort – Terming 1/1/2024**
- Torkendi
- Vascepa

GLP-1 Review

GLP-1 Coverage Review – Medicare Coverage

Medicare 2024					
Drug Name	Tier	Utilization Management	Covered Indications	Non-Covered Indications	Avg Cost per 30 Day Supply
Mounjaro	Preferred Brand	Step Therapy & Quantity Limit	Diabetes Type 2	N/A	\$986
Ozempic	Preferred Brand	Step Therapy & Quantity Limit	Diabetes Type 2	N/A	\$909
Rybelsus	Preferred Brand	Step Therapy & Quantity Limit	Diabetes Type 2	N/A	\$909
Trulicity	Preferred Brand	Step Therapy & Quantity Limit	Diabetes Type 2	N/A	\$902
Victoza	Non-Formulary	N/A	Diabetes Type 2	N/A	\$719 - \$1077
Xultophy	Preferred Brand	Quantity Limit	Diabetes Type 2	N/A	
Soliqua	Preferred Brand	Quantity Limit	Diabetes Type 2	N/A	\$734
Saxenda	Excluded	N/A	N/A	Weight Management	-
Wegovy	Excluded	N/A	N/A	Weight Management	-

- Reminder that pre-diabetes & weight loss are not an FDA approved indications for Mounjaro, Ozempic, Rybelsus, Trulicity & Victoza.
- CMS does **NOT** cover drugs for use for weight loss
- CMS conducts claims auditing and retro review for approved FDA indication submitted on medical claims to ensure drug is appropriate
- SummaCare found about 7.5 % of claims (\$540K) did not have a medical claim with DM DX
- SummaCare will start retro review of claims to ensure CMS approved indication

GLP-1 Coverage Review – Commercial Coverage

Commercial 2024					
Drug Name	Tier	Utilization Management	Covered Indications	Non-Covered Indications	Avg Cost per 30 Day Supply
Mounjaro*	Preferred Brand	Prior Authorization & Quantity Limit	Diabetes Type 2	N/A	\$984
Ozempic**	Preferred Brand	Prior Authorization & Quantity Limit	Diabetes Type 2	N/A	\$903
Rybelsus**	Preferred Brand	Prior Authorization & Quantity Limit	Diabetes Type 2	N/A	\$903
Trulicity*	Preferred Brand	Prior Authorization & Quantity Limit	Diabetes Type 2	N/A	\$899
Victoza**	Preferred Brand	Prior Authorization & Quantity Limit	Diabetes Type 2	N/A	\$719 - \$1077
Xultophy	Preferred Brand	Quantity Limit	Diabetes Type 2	N/A	-
Soliqua	Preferred Brand	Step Therapy & Quantity Limit	Diabetes Type 2	N/A	\$737
Saxenda	Excluded	N/A	N/A	Weight Management	-
Wegovy	Excluded	N/A	N/A	Weight Management	-

* Changing from Step Therapy to Prior Authorization requirement for 2024. Will require clinical review to ensure for FDA approved indication DM Type 2

** Already Prior Authorization required for non-ACA population, Changing from Step Therapy to Prior Authorization for ACA population effective 1/1/2024

- Reminder that pre-diabetes & weight loss are not an FDA approved indications for Mounjaro, Ozempic, Rybelsus, Trulicity & Victoza.
- Most SummaCare plans exclude weight loss medication coverage and off label use
- SummaCare found about 18.8% of claims (\$1.879 M) did not have a medical claim with DM DX
- SummaCare will use Prior Authorization to ensure appropriate DM DX

Questions?



2024 Medicare Advantage Plans



What We'll Cover

1. We Are SummaCare
2. What Sets Us Apart
3. Service Area and Network
4. 2024 Medicare Advantage Plans

We are SummaCare

SummaCare is Summa Health's provider-owned insurance company. Headquartered in the East End in Akron, Ohio, SummaCare is comprised of more than 300 employees.



1200 E Market St, Suite 400, Akron, OH 44305
800.996.8411 | summacare.com

We offer:



Employer Group Plans:

- Fully-insured PPO and consumer-directed plans
- Self-funded benefit administration
- Multiple Employer Welfare Arrangement (MEWA) plans
- Retiree group coverage
- Ancillary products such as life, dental and vision

Medicare Advantage Plans:

- HMO and HMO-POS plans for Medicare-eligibles
- \$0 plan premiums
- Offered in 33 northern Ohio counties
- Dental, vision and hearing aid coverage
- Free gym memberships with SilverSneakers®
- Telehealth services
- Over-the-counter items with all plans and much more

Individual & Family Plans:

- HMO plans offered both On- and Off-Exchange
- For those under age 65 with a qualifying life event
- Offered in four northeast Ohio counties
- Most plans include three free primary care office visits, telehealth coverage, Assist America for medical emergencies while away from home and more
- Adult vision exam

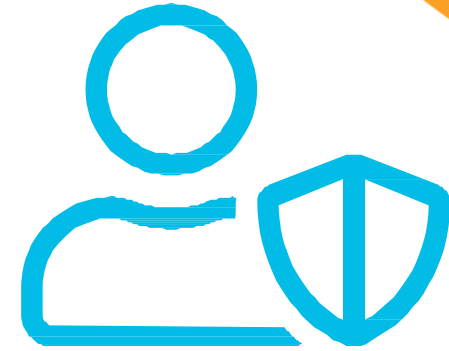
Health Management Services:

- Utilization management
- Case management
- Care coordination
- Disease/condition management
- Health and wellness services
- Health coaching

SummaCare places a high value on building strong relationships with key partners including members, physicians, ancillary providers and community-based agencies throughout our northern Ohio service area.

What Sets Us Apart

SummaCare is committed to providing quality products and services to our Medicare Advantage Members.



Quality ratings show:



High member satisfaction



Overall well-being of members



Provider access in prevention and detection of illnesses



Quick response to members' needs and concerns

*Based on 2023 voluntary disenrollment study completed by SummaCare.

What Our Members are Saying

Scan to learn why Diane and Jim M. love their SummaCare Medicare Advantage plan.

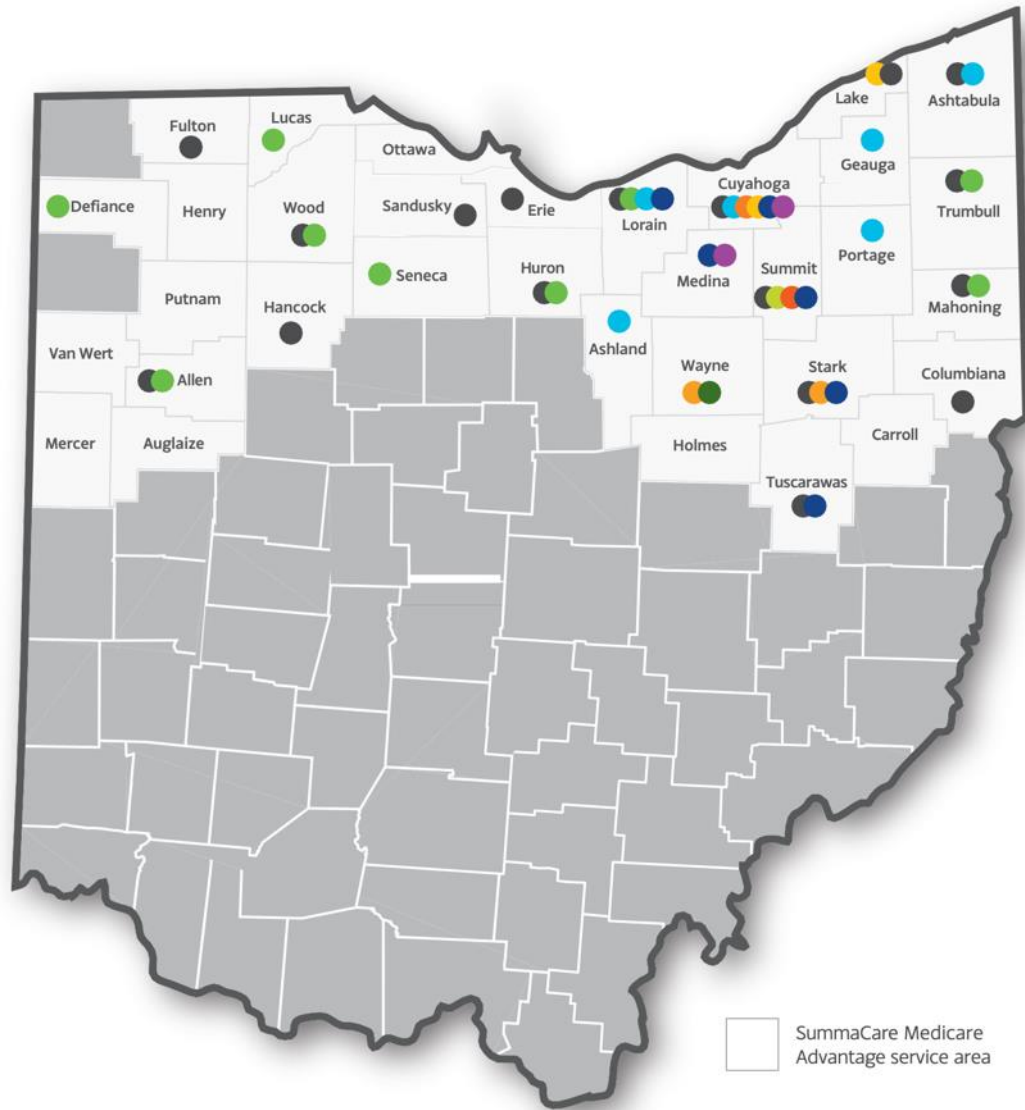


Diane & Jim M.

Members since 2015, Uniontown

2024 Service Area and Network

Service Area and Network



Our growing Medicare Advantage network spans from Canton to Cleveland and Youngstown to Toledo. MetroHealth is now in network!



2024 SummaCare Medicare Advantage Plans

“I love my over-the-counter
benefit and OTC card — it’s like
a gift to me every quarter.”

— *Judi*

Judi R.

Member since 2014, Medina



One Size Doesn't Fit All

Amber (HMO)	Topaz (HMO)	Jade (HMO)	Garnet (HMO)	Ruby (HMO)	Sapphire (HMO-POS)	Emerald (HMO-POS)
A Part C-only plan for Veterans and others who receive drug coverage from a non-Medicare source.	Our lowest plan premium – comprehensive coverage without a plan premium.	Includes Bene-Flex™ which allows you to select additional supplemental benefits based on your unique needs.	Comprehensive coverage with the most enhanced supplemental benefits.	Mid-tier premium with lower out-of-pocket costs on hospital and outpatient services.	Additional coverage for out-of-network services.	Additional coverage for out-of-network services as well as lowest copays and costs - including \$0 copays for office visits.
\$0 Monthly Premium	\$0 Monthly Premium	\$20 Monthly Premium	\$30 Monthly Premium	\$50 Monthly Premium	\$79 Monthly Premium	\$169 Monthly Premium

Plan Availability by County

Plan Availability by County

Northeast Region

County	Amber (HMO)	Topaz (HMO)	Jade (HMO)	Garnet (HMO)	Ruby (HMO)	Sapphire (HMO-POS)	Emerald (HMO-POS)
Ashland	•		•		•	•	
Ashtabula	•		•		•	•	•
Carroll	•	•	•		•	•	•
Columbiana	•	•	•		•	•	•
Cuyahoga	•	•	•	•	•	•	•
Geauga	•	•	•	•	•	•	•
Holmes	•		•		•	•	
Lake	•	•	•	•	•	•	•
Lorain	•	•	•	•	•	•	•
Mahoning	•	•	•	•	•	•	•
Medina	•	•	•	•	•	•	•
Portage	•	•	•	•	•	•	•
Stark	•	•	•	•	•	•	•
Summit	•	•	•	•	•	•	•
Trumbull	•	•	•	•	•	•	•
Tuscarawas	•		•		•	•	•
Wayne	•	•	•	•	•	•	•

Plan Availability by County

Northwest Region

County	Amber (HMO)	Topaz (HMO)	Jade (HMO)	Garnet (HMO)	Ruby (HMO)	Sapphire (HMO-POS)
Allen	•		•		•	•
Auglaize	•					•
Defiance	•					•
Erie		•	•	•		
Fulton	•		•		•	•
Hancock	•		•		•	•
Henry	•					•
Huron	•	•	•	•	•	•
Lucas	•		•		•	•
Mercer	•					•
Ottawa	•	•	•	•		•
Putnam	•		•		•	•
Sandusky		•	•	•		
Seneca	•	•	•	•	•	•
Van Wert	•					•
Wood	•		•		•	•

What's New for 2024?

“The customer service is fantastic. When I make a call, a live person answers the phone.”

— *Diane M.*



Diane & Jim M.

Members since 2015, Uniontown

What's New for 2024?



Enhancements to Embedded Dental Benefits

- **Increased annual dental maximum on Topaz, Jade and Ruby plans!**
- **Removed coinsurance** for fillings, extractions and root canals on the Amber, Topaz and Jade plans. Now Amber, Topaz and Jade (along with Garnet) have **first dollar coverage** on these services.
- **Reduced coinsurance** for bridges, crowns and dentures from 50% to 20% on Topaz and Jade; from 70% to 40% on Garnet and 70% to 50% on Amber.
- Added coverage for **extractions and root canals** on Ruby.
- Added one **fluoride treatment** as part of embedded preventive dental benefit on all plans.
- Added **pre-work for dentures and bridges** as a covered benefit on all plans except for Ruby.

Dental coverage provided through



What's New for 2024?

Amber 1 (Northeast)



- Increased **vision hardware** benefit from \$200 to \$300 annually.



- Increased **OTC** quarterly benefit from \$25 to \$100 per quarter.



- Increased **transportation** benefit from 6 trips to 50 trips annually.



- Reduced **PT/OT/Speech Therapy** copay from \$30 to \$25 per visit.

Other Plans



- **Amber 1 and Amber 2** increased **meals** post-discharge or for high A1C from 12 to 28 annually.



- **Topaz, Jade, Garnet, Ruby and Sapphire** increased **vision hardware** benefit



- **Jade, Ruby and Sapphire** increased quarterly **OTC** benefit.

Comparing Our Plans

2024 Coverage – Key Medical Services

Service/Benefit	Amber 1 (HMO)	Amber 2 (HMO)	Topaz (HMO)	Jade 1 (HMO)	Jade 2 (HMO)	Garnet 1 & 2 (HMO)	Ruby (HMO)	Sapphire (HMO)	Emerald (HMO-POS)
Monthly Plan Premium	\$0	\$0	\$0	\$20	\$20	\$30	\$50	\$79	\$169
Medical/Pharmacy Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out-of-Pocket Maximum (in-network services only)	\$3,450	\$3,450	\$3,700	\$3,850	\$3,850	\$3,700	\$3,600	\$3,550	\$3,400
PCP Copay	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Copay	\$30	\$30	\$35	\$35	\$40	\$40	\$40	\$35	\$0
Inpatient Hospital Copay	\$250/1 to 5 days	\$250/1 to 5 days	\$340/1 to 6 days	\$325/1 to 6 days	\$335/1 to 6 days	\$306/1 to 6 days	\$270/1 to 6 days	\$240/1 to 6 days	\$205/1 to 5 days
Ambulatory Surgical Center/ Outpatient Hospital Facility	\$250	\$250	\$310	\$305	\$305	\$275	\$250	\$250	\$175
Ambulance Copay – Ground & Air	\$200	\$200	\$290	\$290	\$300	\$225	\$200	\$200	\$200
Emergency Care	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120
Urgent Care	\$40	\$40	\$30	\$25	\$30	\$30	\$25	\$25	\$25
Occupational Therapy Copay	\$25	\$30	\$35	\$35	\$40	\$40	\$40	\$35	\$0
Physical Therapy and/or Speech and Language Pathology Copay	\$25	\$30	\$35	\$35	\$40	\$40	\$40	\$35	\$0
Diabetes Monitoring Supplies	\$0 co-preferred	\$0 co-preferred	\$0 co-preferred	\$0 co-preferred	\$0 co-preferred	\$0 co-preferred	\$0 co-preferred	\$0 co-preferred	\$0 co-preferred
Lab Services Copay	\$5	\$5	\$0 to \$10	\$0 to \$8	\$0 to \$10	\$0 to \$5	\$0 to \$8	\$0 to \$6	\$0 to \$4
Diagnostic Procedures & Tests Copay	\$50	\$50	\$0 to \$125	\$0 to \$100	\$0 to \$125	\$0 to \$50	\$0 to \$125	\$0 to \$99	\$0 to \$75
X-Ray Copay	\$50	\$50	\$75 to \$130	\$0 to \$110	\$0 to \$110	\$0 to \$50	\$0 to \$110	\$0 to \$99	\$0 to \$75
Diagnostic Radiology Services Copay	\$125	\$125	\$175	\$150	\$150	\$125	\$150	\$150	\$100
Therapeutic Radiology Services	20%	20%	20%	20%	20%	20%	20%	20%	20%

2024 Embedded Dental Benefits

Service/Benefit	Amber 1 (HMO)	Amber 2 (HMO)	Topaz (HMO)	Jade 1 (HMO)	Jade 2 (HMO)	Garnet 1 & 2 (HMO)	Ruby (HMO)	Sapphire (HMO-POS)	Emerald (HMO-POS)
Preventive Dental Services									
Cleanings (two)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Exams (two)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
X-Ray (one)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fluoride Treatment (one)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Comprehensive Dental Services									
Pre-work for bridges and dentures	50%	50%	20%	20%	20%	\$0	N/A	70%	70%
Fillings	\$0	\$0	\$0	\$0	\$0	\$0	50%	50%	50%
Simple Extractions	\$0	\$0	\$0	\$0	\$0	\$0	50%	50%	50%
Root Canals	\$0	\$0	\$0	\$0	\$0	\$0	50%	50%	50%
Bridges	50%	50%	20%	20%	20%	40%	N/A	70%	70%
Crowns	50%	50%	20%	20%	20%	40%	N/A	70%	70%
Dentures	50%	50%	20%	20%	20%	40%	N/A	70%	70%
Maximum	\$2,000	\$2,000	\$3,000	\$3,000	\$3,000	\$2,000	\$1,000	\$2,000	\$2,000
Network	PPO	PPO	PPO	PPO	PPO	PPO & Premier	PPO	PPO	PPO

All amounts are member's copay or coinsurance.

2024 Optional Supplemental Dental

Provided through



\$35 Monthly Premium

- Access to Delta PPO and Premier Networks
- Added coverage for such services as restorative, periodontics and surgeries
- Protection against unexpected expenses

Supplemental Benefits

Key Supplemental Benefits



Vision

- Vision hardware covered through **most** providers



Hearing

- Large selection of models offered through Amplifon
- \$395 or \$695 copay per hearing aid



Travel

- Coverage for most services in Arizona, Florida and Texas
- Worldwide coverage for emergency care & urgent care
- Assist America travel services



SilverSneakers



- Free gym memberships through SilverSneakers*



Over the Counter Coverage

- Utilize SummaCare Visa card
- Quarterly coverage ranging from \$25 - \$100/quarter
- **One** card is used for OTC, preventive care rewards AND Jade benefit allowances



*SilverSneakers must be chosen as a Bene-Flex™ option to be utilized on the Jade (HMO) plan.

Over-the-Counter Coverage

68,000+ Participating National Retailers

SummaCare's members can use their SummaCare Visa card at neighborhood retailers, in addition to home delivery channels (e.g. web, app, phone, mail), providing easy access to items at retail locations. OTC health-related items can still be shipped right to your door.

Members may also order OTC items for home delivery by:

- Visiting summacareotc.com
- Using the OTC-Anywhere Mobile App
- Calling **855.435.5111 (TTY 711)** and placing your order over the phone
- Completing and sending in the order form found in the back of the OTC Benefit Catalog



Papa: Hang Out and Help Out

- Companionship
- House Help
- Grocery Shopping and Delivery
- Technology
- And More!



2024 Supplemental Benefits

Service/Benefit	Amber 1 (HMO)	Amber 2 (HMO)	Topaz (HMO)	Jade 1 (HMO)	Jade 2 (HMO)	Garnet 1 & 2 (HMO)	Ruby (HMO)	Sapphire (HMO-POS)	Emerald (HMO-POS)
Diagnostic Hearing Exam Copay	\$0 to \$20	\$0 to \$20	\$0 to \$20	\$0 to \$15	\$0 to \$15	\$0 to \$15	\$0 to \$15	\$0 to \$15	\$0
Supplemental Routine Hearing Exam copay	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hearing Aids (Limit 1 per ear every year)	\$395 or \$695 Copay	\$395 or \$695 Copay	\$395 or \$695 Copay	\$395 or \$695 Copay	\$395 or \$695 Copay	\$395 or \$695 Copay	\$395 or \$695 Copay	\$395 or \$695 Copay	\$395 or \$695 Copay
Glasses or Contacts After Cataract Surgery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Vision Exams to Diagnose & Treat	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Supplemental Routine Eye Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Glasses, Contacts, Frames, Lenses	\$300 allowance	\$200 allowance	\$270 allowance	\$265 allowance	\$240 allowance	\$365 allowance	\$250 allowance	\$305 allowance	\$300 allowance
Acupuncture (supplemental)/Massage Therapy	\$20, 6 visits	\$20, 6 visits	\$20, 6 visits	Bene-Flex™	Bene-Flex™	\$10, 6 visits	N/A	N/A	\$10, 6 visits
Transportation	50 one-way trips	6 one-way trips	6 one-way trips	Bene-Flex™	Bene-Flex™	8 one-way trips	6 one-way trips	10 one-way trips	12 one-way trips
Home Safety Devices*	\$150 allowance	\$150 allowance	\$150 allowance	Bene-Flex™**	Bene-Flex™**	\$200 allowance	\$175 allowance	\$225 allowance	\$250 allowance

* You are eligible for these devices if you have had within the last 12 months any of the following: hip replacement, knee replacement or femur fractures; or a diagnosis of falls, as documented by a provider.

** If you select this as a Bene-Flex option in Jade, you will have a \$400 allowance.

2024 Supplemental Benefits (cont.)

Service/Benefit	Amber 1 (HMO)	Amber 2 (HMO)	Topaz (HMO)	Jade 1 (HMO)	Jade 2 (HMO)	Garnet 1 & 2 (HMO)	Ruby (HMO)	Sapphire (HMO-POS)	Emerald (HMO-POS)
Teladoc Telehealth (General acute, Derm, Behavioral Health)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non Teladoc Telehealth*	\$0-\$20	\$0-\$20	\$0-\$20	\$0-\$20	\$0-\$20	\$0-\$20	\$0-\$20	\$0-\$20	\$0-\$20
OTC (Includes Retail)	\$100 per quarter	\$25 per quarter	\$75 per quarter	\$85 per quarter	\$65 per quarter	\$100 per quarter	\$45 per quarter	\$80 per quarter	\$55 per quarter
Fitness	SilverSneakers*	SilverSneakers*	SilverSneakers*	Bene-Flex™	Bene-Flex™	SilverSneakers*	SilverSneakers*	SilverSneakers*	SilverSneakers*
Visitor/Travel	Yes - FL, TX, AZ	Yes - FL, TX, AZ	Yes - FL, TX, AZ	Yes - FL, TX, AZ	Yes - FL, TX, AZ	Yes - FL, TX, AZ	Yes - FL, TX, AZ	Yes - FL, TX, AZ	Yes - FL, TX, AZ
Assist America	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Meals	28 Meals (2/day) Post Discharge, A1C >8	28 Meals (2/day) Post Discharge, A1C >8	14 Meals (2/ day) Post Discharge, A1C >8	Bene-Flex™	Bene-Flex™	14 Meals (2/ day) Post Discharge, A1C >8	14 Meals (2/ day) Post Discharge, A1C >8	14 Meals (2/ day) Post Discharge, A1C >8	14 Meals (2/ day) Post Discharge, A1C >8
Papa	90 Max Hours	90 Max Hours	30 Max Hours	Bene-Flex™	Bene-Flex™	40 Max Hours	40 Max Hours	60 Max Hours	80 Max Hours
BrainHQ (Memory Fitness)	Covered	Covered	Covered	Bene-Flex™	Bene-Flex™	Covered	Covered	Covered	Covered
PERS (ConnectAmerica)	Not Covered	Not Covered	Not Covered	Bene-Flex™	Bene-Flex™	Not Covered	Not Covered	Not Covered	Covered
Indoor Air Quality	Not Covered	Not Covered	Not Covered	Bene-Flex™	Bene-Flex™	Not Covered	Not Covered	Not Covered	Not Covered
FlexCard for Vision, Dental & Hearing	Not Covered	Not Covered	Not Covered	Bene-Flex™	Bene-Flex™	Not Covered	Not Covered	Not Covered	Not Covered

Jade (HMO) with Bene-Flex™

Jade (HMO) with Bene-Flex™

Core benefits include:



Dental through Delta Dental



Hearing Aid Coverage



Vision Coverage



Over-the-Counter Items



Assist America®



Travel Coverage

Then,
build your
own plan:



Jade (HMO) with Bene-Flex™ Offerings

Members **choose five** benefits across three tiers

Build your own package of benefits

Core Benefits	Tier 1 (Pick 3) Pick 3	Tier 2 (Pick 1) Pick 1	Tier 3 (Pick 1) Pick 1
<ul style="list-style-type: none"> Dental Vision Hearing OTC Assist America® Visitor/Travel 	<ul style="list-style-type: none"> Massage Therapy* <ul style="list-style-type: none"> 10 visits Acupuncture <ul style="list-style-type: none"> 10 visits Fitness Tracker <ul style="list-style-type: none"> Fitbit® Toenail Trimming <ul style="list-style-type: none"> 6 times per year Nutrition Coaching <ul style="list-style-type: none"> 4 visits BrainHQ Memory Fitness <ul style="list-style-type: none"> Annual subscription 	<ul style="list-style-type: none"> SilverSneakers Papa Pals <ul style="list-style-type: none"> 80 hours Chiropractic Care <ul style="list-style-type: none"> 10 visits Transportation <ul style="list-style-type: none"> 24 one-way trips Indoor Air Quality** <ul style="list-style-type: none"> Air purifier Meal Delivery <ul style="list-style-type: none"> Post-Discharge – 28 meals; OR Chronic Care – 84 meals*** 	<ul style="list-style-type: none"> Flex Card for Vision, Dental & Hearing <ul style="list-style-type: none"> \$550 additional allowance on your SummaCare Visa to lower out-of-pocket expenses Healthy Grocery Allowance*** <ul style="list-style-type: none"> \$40 monthly allowance on your SummaCare Visa PERS (Personal Emergency Response System) Home Safety Devices <ul style="list-style-type: none"> \$400 allowance, not limited by diagnosis

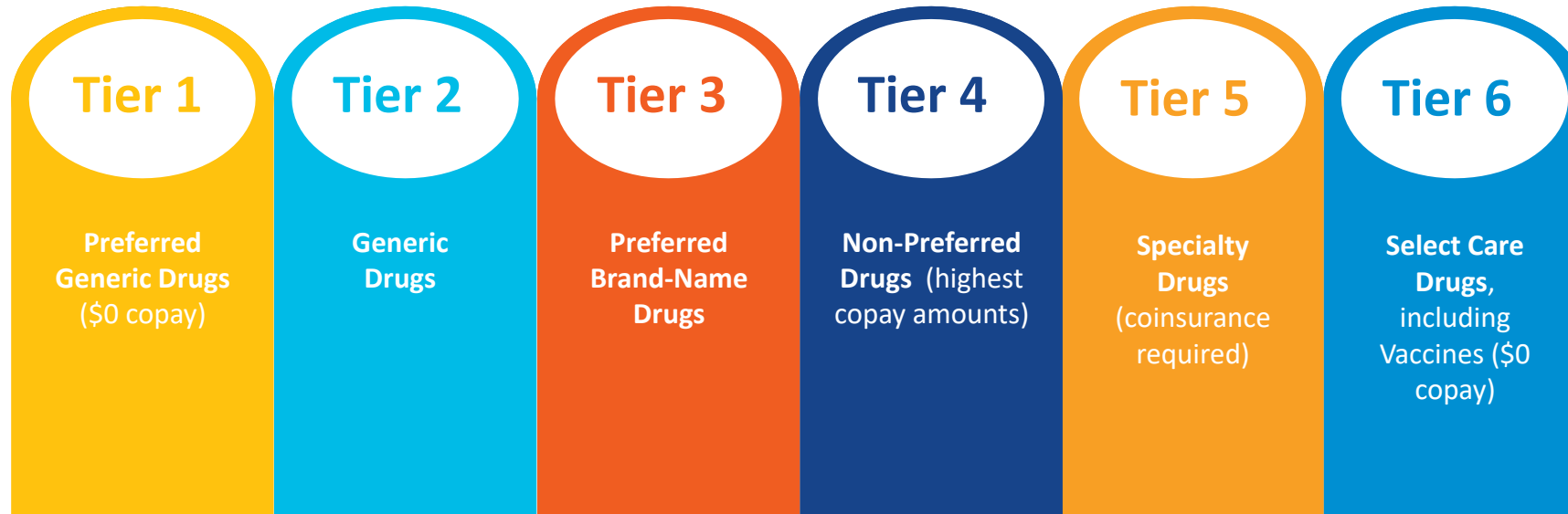
*This benefit may require a diagnosis and/or a doctor's order in order to be chosen/utilized.

**Requires a diagnosis of COPD - including asthma, chronic bronchitis and/or emphysema.

***Requires a diagnosis of diabetes mellitus and/or congestive heart failure.

Part D Coverage

Part D Prescription Drug Coverage



Highlights include:

- \$0 copay for Tier 6, includes vaccines and Select Care Drugs to treat chronic diseases like diabetes, high cholesterol, high blood pressure, etc.
- Tiers 1 and 6 are covered at \$0 copay through the gap
- Tiers 1 and 6 are available for 100-day supply vs. 90-day supply
- Tier 6 includes many vaccines including the shingles vaccine

Part D Prescription Drug Coverage

Service/Benefit	Amber 1 & 2 (HMO)	Topaz (HMO)	Jade 1 & 2 (HMO)	Garnet 1 & 2 (HMO)	Ruby (HMO)	Sapphire (HMO)	Emerald (HMO-POS)
Deductible	N/A	\$0	\$0	\$0	\$0	\$0	\$0
Generic - Preferred (Tier 1)	N/A	\$0	\$0	\$0	\$0	\$0	\$0
Generic Drugs (Tier 2)	N/A	\$9	\$8	\$8	\$8	\$8	\$8
Brand/Drug - Preferred (Tier 3)	N/A	\$46	\$44	\$44	\$44	\$44	\$39
Non-Preferred Drugs (Tier 4)	N/A	\$100	\$100	\$100	\$100	\$100	\$95
Specialty Drugs (Tier 5)	N/A	33%	33%	33%	33%	33%	33%
Select Care Drugs & Vaccines (Tier 6)	N/A	\$0	\$0	\$0	\$0	\$0	\$0

- Most national retailers included in our network.
- 90-day mail order available for 2.5x 30-day copay for Tier 2 and Tier 3
- 90-day mail order available for 3x 30-day copay for Tier 4
- Covered Insulins will be capped at \$35 for a one-month supply, regardless of cost-sharing tier

SummaCare Support

Our team is here to serve you!

Email: medicareinfo@summacare.com

Phone: 330.996.8440 or 888.464.8440

[Summacare.com/medicare](https://summacare.com/medicare)

Disclaimers

SummaCare is an HMO and HMO-POS plan with a Medicare contract. Enrollment in SummaCare depends on contract renewal. Other providers are available in our network. We do not offer every plan available in your area. Some benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify for all benefits. Members were not compensated for their participation.

97% retention rate based on 2023 AEP voluntary disenrollment study completed by SummaCare.



Physical & Mental Health Star Measures

Jen Yates, MS
Manager, Health & Wellness

Returning STAR Measures

Two measures from the Health Outcomes Survey (HOS) are returning:

Improving or Maintaining Physical Health (weight 3)

- Physical Component Summary Score

- Percent Reporting Health Now Compared to 1 Year Ago (Better/Same)

- Percent Reporting Problems with 2 or More ADLs

- Percent Reporting 2 or More Chronic Conditions

- Percent Reporting 14 or More Physically Unhealthy Days

- Percent Reporting Obesity with 30+ Body Mass Index (BMI)

Improving or Maintaining Mental Health (weight 3)

- Mental Component Summary Score

- Percent Reporting Depressive Symptoms

- Percent Reporting 14 or More Mentally Unhealthy Days

Returning STAR Measures

2023 HOS survey contributes to 2025 Star Measures

In 2025, these members will receive a follow-up survey.

Star Display Measures	SY 2023	SY 2022
Improving or Maintaining Physical Health	66%	68%
Improving or Maintaining Mental Health	83%	81%

**SY = Star Year*

Other HOS Measures

Monitoring Physical Activity (SY 2023 score: 49%)

Did you **talk with a doctor or other health provider about your level of exercise or physical activity?**

Did a **doctor or other health provider advise you to start, increase or maintain your level of exercise or physical activity?**

Reducing Risk of Falling (SY 2023 score: 49%)

Did you **talk with your doctor** or other health provider **about falling or problems with balance or walking?**

Did you fall in the past 12 months?

Have you had a **problem with balance or walking?**

Has your doctor or other health provider done anything to **help prevent falls or treat problems with balance or walking?**

Improving Bladder Control (SY 2023 score: 42%)

In the past six months, have you **experienced leaking of urine?**

Did **leaking of urine make you change your daily activities or interfere with your sleep?**

Have you ever **talked with a doctor, nurse, or other health care provider about leaking of urine?**

Have you ever **talked with a doctor, nurse, or other health care provider about treatment options**, such as exercises, medication or surgery?

**SY = Star Year*

SummaCare Resources

- Health Coaching
- Condition and Care Management
- SilverSneakers
- HUSK (formerly GlobalFit) discount program
- Medicare OTC
- Medicare safety equipment for members who qualify (hip/knee replacement, femur fracture or diagnosis of fall within the last 12 months)
- Teladoc Behavioral Health
- 24 Hour Nurse Line



General Updates and Reminders

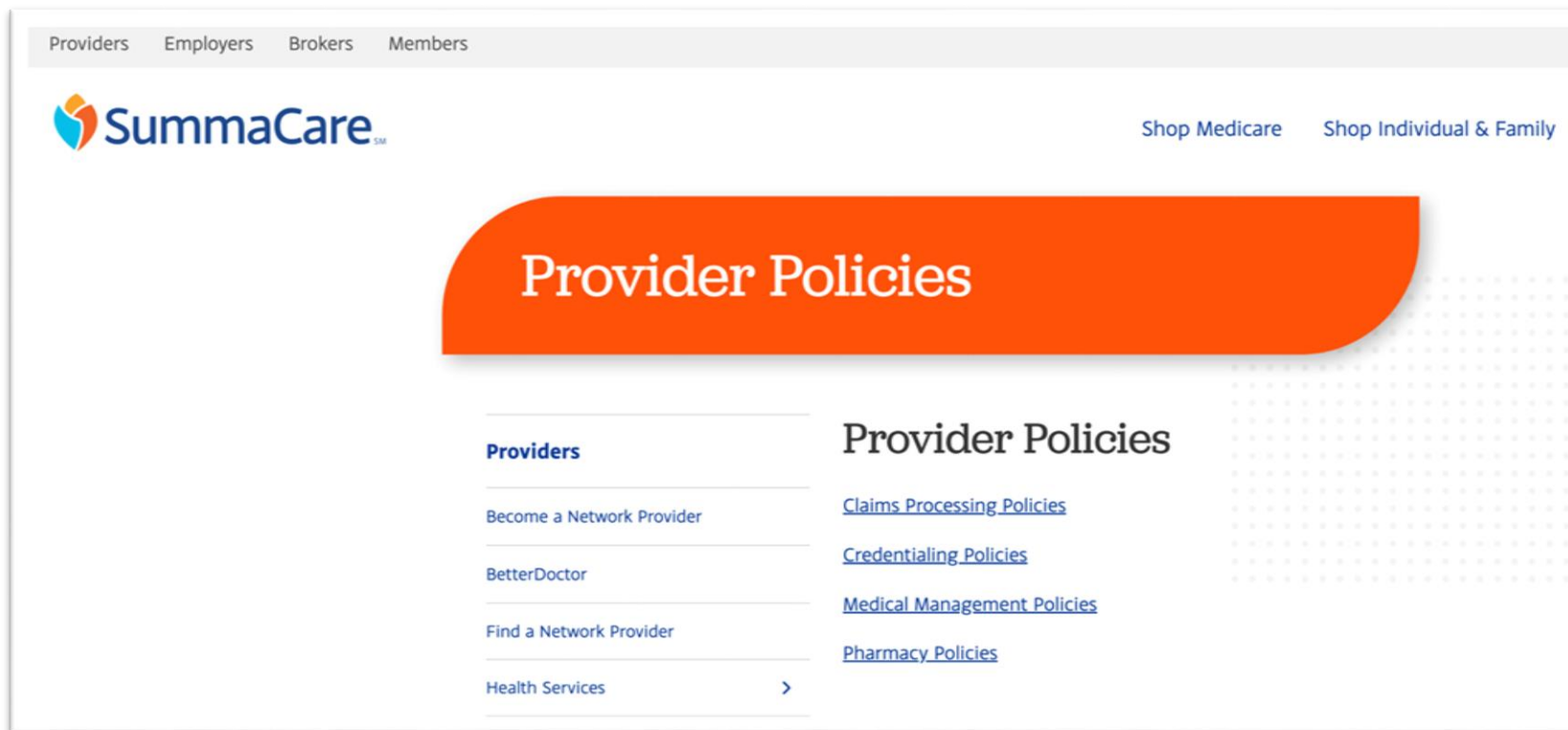
Melissa Rusk
VP of Operations

General Updates and Reminders

Periodically check the SummaCare website as we continue to add new policies.

Policies can be located at:

summacare.com/providers/provider-resources/provider-policies



General Updates and Reminders

- Effective April 1, 2023, we began posting electronic remits to your SummaCare Plan Central account if you were submitting claims electronically, but receiving a paper EOP.
- SummaCare can also submit an 835 to your billing partner or an FTP location of your choice. The 835 Registration Form and Electronic Fund Transfer Form may be accessed on our website at summacare.com/ediresources.
- If you are not currently using Plan Central, you may register for access at summacare.com/plancentralregistration. If you are unable to access Plan Central, please contact our dedicated Provider Support Services team at **330.996.8400**.

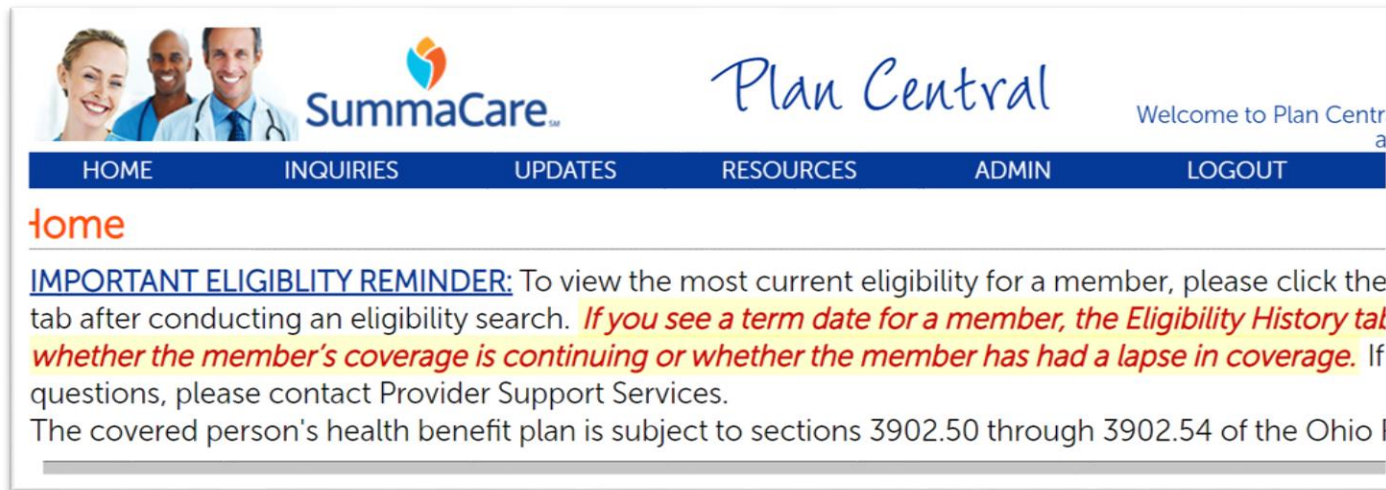
General Updates and Reminders

- If medical records are requested from your office, please note that according to your contract, you cannot bill SummaCare for this request.
- We are working diligently to limit multiple requests for the same records by sharing your medical documentation within our internal departments and accessing EMRs directly, when possible.



General Updates and Reminders

- As a reminder, providers can access our internal claim edits by entering the claim in Plan Central.
- You may also submit a mock professional claim via Plan Central to understand internal claim edits that may apply.
- The claim edit and mock professional claim links can be located under the “updates” column on the homepage of Plan Central.



General Updates and Reminders

- Effective August 8, 2023, within the editing pricing software we have activated RJ Health edits to be informational only for medical drug services where they might be applicable.
- Providers can view these informational edits within Plan Central and make any changes that might be needed prior to SummaCare making these edits active at a future date.

Questions?

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