

2024 AEP Braven #2 – Week Ending October 20

SMART CARD

- 1. I know that current Braven members are not receiving a new Smart Card, only newly enrolling members. Does this include terming HMO members who enroll in Braven Choice or Freedom?**

Yes, all new Braven enrollees will receive a new Smart Card, including our terming HMO members who enroll in a Braven PPO plan.

VISION and HEARING BENEFIT

- 2. Will Davis Vision reimburse up to 50% of the total cost of eyeglass lenses, or up to a max or cap?**

Davis Vision will reimburse the member 50% of billed charges (not allowed charges). There is no max for now.

- 3. I want to make sure I am quoting this benefit correctly. All non-Davis providers would be considered OON, even if they show as a participating provider on our Braven Directory? Or can we assume that the par provider in the Braven Directory is automatically in the Davis network? The broker asked the following questions and the "in network, non-Davis vision doctor" part from last week's FAQ is tripping me up. I quoted them the EOC, advising of the 50% coinsurance for OON.**

Suppose someone sees their eye doctor for a non-routine visit, gets a prescription for new eyeglasses and then brings it to Davis Vision? Is that okay.

If they see their eye doctor for a diagnostic exam and receive a script for eyeglasses, the frames would fall under the \$150 annual eyewear allowance applicable toward frames purchased at either a Davis Vision or a non-Davis Vision provider, so technically they could fill the script at their eye doctor's office or at Davis Vision.

The eyeglass lenses are \$0 cost share for basic lenses (including tint and scratch resistant coating) if purchased at a Davis Vision provider, and reimbursable up to 50% of the cost if purchased at a non-Davis Vision provider.

Just so I understand. If someone sees an in network, non-Davis Vision doctor they will pay 50% of the exam?

- The Davis Vision network and the Braven Managed Care network are **two different networks**, although there is some overlap between them.
- When distinguishing who processes what type of claim, we have to look at the type of EXAM and the type of PROVIDER rendering the service.
 - Routine eye exams are exams to determine if the patient is suffering from vision impairment and in need of prescription eyewear to correct that impairment. These exams are performed by optometrists. ***Beginning 1/1/24, claims for routine exams are always processed by Davis Vision, whether INN or OON. Braven will deny these claims and instruct the provider to route to Davis Vision.*** So members desiring an in-network routine eye exam can see a Davis Vision provider for \$0 cost share, or a non-Davis vision provider of their choice for 50% reimbursement.

- b. Diagnostic eye exams are performed by physicians, i.e. ophthalmologists. They are treated like any other kind of medical exam under Braven and should be rendered by a Braven provider (or an out of network provider if the member opts). Davis vision does not provide that kind of service, nor does it process that kind of claim. So members desiring an in-network diagnostic eye exam can see a Braven physician, or a non-par provider, for the appropriate in or out of network co-pay/coinsurance.

GENERAL

4. Does Braven cover TMJ treatment?

Yes it is a covered treatment.

5. We are hearing from a Braven member that CarePoint Hospitals are leaving our network. Is this accurate?

CarePoint as an employer group is terminating, **not** the hospitals in our provider network.

6. I am trying to confirm that St. Peter's Hospital in New Brunswick is in the Braven Managed Care network. Cannot find on the Provider Finder, only their Ambulatory Care Group, but I thought they were participating.

St. Peter's hospital IS participating in the Braven network but I've confirmed with our Provider Strategy team that there is an IT issue preventing the facility from being listed on the Provider Finder. They are looking into correcting this issue. But YES St. Peter's Hospital does participate with Braven. In the meantime, always remember to check PNO as a backup – the facility is showing as participating there.

7. I looked up a PT provider in the online directory and he isn't showing as par, however PNO shows him as par in certain locations, but not the one the prospect uses. What does this mean?

The member can see the provider at the in-network locations indicated in PNO. If the member sees the provider at one of the locations not listed in PNO then the service will be billed as out of network.

PRESCRIPTION

1. I have a current Braven Health HMO member who takes Rybelsus which is currently covered and requires prior authorization. He enrolled in the Braven Health Choice PPO for 1/1 and would like to know if the prior authorization will carry-over or if he needs to do a new one.

Yes, just as is the case for Horizon Saver PDP members crosswalked to the Standard PDP, any Braven HMO member with an active authorization will carry it over when they enroll in Braven PPO.

2024 AEP Braven #1 – Week Ending October 13

SMART CARD

- 1. Did the OTC catalog change or get smaller? A member says she received a new smaller catalog.**

A catalog was mailed to members in September as a quarterly supplement that lists the top 150 eligible items for purchase. But members can continue to view the full list at Bravensmartcard.com or check their original catalog containing the full list of eligible items. We are researching this further with vendor to learn exactly what is communicated to members on these abbreviated versions.

- 2. A couple months ago it was confirmed that we are no longer doing the workaround for Walmart, etc. where someone can pay up front and be reimbursed (i.e. for a treadmill, etc.) for 2024. Do we know if that is the case NOW thru the end of the year, or are we still doing the workaround until 12/31?**

We are still doing the workaround through 12/31/23.

VISION and HEARING BENEFIT

- 1. Confirming that the \$150 eyewear allowance does not include non-prescription polarized sunglasses?**

Correct, non-prescription polarized sunglasses would not be eligible for the eyewear allowance.

- 2. Does the doctor performing cataract surgery have to be a Davis Vision provider?**

No. Cataract surgery must be performed by a Braven network physician (usually an ophthalmologist in the case of cataract surgery), using their medical benefit. *Davis Vision will only be adjudicating claims from optometrists.* In general, we are not delegating any services performed by physicians, including ophthalmologists. So basically, Davis is handling optometry services only; Braven would handle cataracts since it is a medical procedure, so the ophthalmologist just needs to be INN with Braven, not Davis Vision.

- 3. Member sees a Braven network participating ophthalmologist or optometrist for a Medicare covered eye exam and doctor also writes a script for eyewear. How is that handled?**

Exams

When we say "Medicare-covered eye exams", we mean 3 types of exams:

- Exams to diagnose and treat diseases and injuries of the eye, including treatment for age-related macular degeneration. These exams can only be performed by physicians (e.g., ophthalmologists). Claims for these exams are always processed by Braven/NASCO, whether INN or OON.
- Diabetic retinal exam, an exam that can be performed by optometrists or physicians to check for signs of diabetic retinopathy. Claims for these exams will be processed by both Braven/NASCO and Davis Vision. We expect that Davis Vision network optometrists will submit the claim to Davis Vision, and Braven Health network optometrists or network doctors will submit the claim to Braven/NASCO.
- Glaucoma screening, a group of tests that help diagnose glaucoma that can be performed by optometrists or ophthalmologists. Claims for these exams will be processed by both Braven/NASCO and Davis Vision. We expect that Davis Vision network optometrists will submit the claim to Davis Vision, and Braven Health network optometrists or network doctors will submit the claim to Braven/NASCO.

In short: if a Medicare-covered exam can be rendered by an optometrist, both Davis Vision and Braven/NASCO will process the claim. If the Medicare-covered exam can only be rendered by a physician, Braven/NASCO will process the claim. *We do not delegate any physician services to Davis Vision.*

When we say "routine eye exams", we mean an exam to determine if the patient is suffering from vision impairment and in need of prescription eyewear to correct that impairment.

- Beginning 1/1/24, claims for these exams are always processed by Davis Vision, whether INN or OON. Braven/NASCO will deny these claims and instruct the provider to route to Davis Vision.

Eyewear

- Claims for routine eyewear (i.e., non-Medicare-covered eyewear), including prescription glasses and contact lenses, are always processed by Davis Vision.
- Claims for glasses required after cataract surgery (i.e., Medicare-covered eyewear) are always processed by Braven/NASCO.

4. Are the Davis Vision Providers included in the Provider directory that we can send out through Sales Force? If not, is there any way to have a directory sent to a member or even a prospect's physical address?

The printed provider directory that Braven mails to members will not include Davis Vision providers. We are currently working with Davis to see what our options are for getting printed lists to members, as currently it appears Davis will not fulfill requests for a printed directory.

To find Davis Vision Providers members can:

1. Call Davis Vision at 1-888-257-1267 (Monday – Friday: 8 a.m. to 11 p.m., ET, Saturday: 9 a.m. to 4 p.m., Sunday: noon to 4 p.m., ET)
2. Visit <https://davisvision.com/>. Click on Members, then Find an Eye Care Professional. Members can search by location and type of service (exam, eyewear).
3. Register for an account at <https://davisvision.com/>, click on Member Log In, and click Register new account. In addition to providing their full name and date of birth, members must provide their Braven Health member ID number and email address. Members must enter their member ID number beginning with "3HZN." The Davis Vision website does not recognize the three-digit prefix (e.g., B7U) at the beginning of the member ID number.

Note that only enrolled members will be able to log into the Davis portal. *Davis does have a provider search feature on their public website, but this is not reliable because it includes providers and retailers that may not be in their Medicare network.* We don't have an approximation of NJ providers yet but the latest roster has been requested and will be shared as soon as we have it.

5. For hearing aids: the tiered co-pays - when we say "each year", we mean that they are eligible to purchase a new set of hearing aids each year, NOT that they have to repay this co-pay EACH year toward the hearing aids they purchased, like a renewal fee?

No renewal fees. If they purchase new hearing aids in 2024 and pay the co-pay, they wouldn't pay another co-pay the following year UNLESS they opt to purchase new hearing aids.

GENERAL

1. Is GeoBlue available for Braven members?

No, GeoBlue is a commercial program. We feature the MA PPO Network for coverage outside NJ, and coverage for worldwide urgent/emergent care.

2. Does Braven (Medicare) cover adult day care, or only Medicaid?

Only Medicaid covers adult day care.

- 3. I was asked by a prospect where our customer service call center is located. He currently has another MAPD plan and wants to make sure the customer service base is in Newark only. Also, he wants to make sure if he has any issues that he wants to resolve in person if he can do so at a local office. He doesn't want to speak to reps based in different states/regions and has had issues with this on his current plan.**

Our customer service overflow is outsourced [although they take a small percentage of calls] and we no longer have a walk-up center following Covid.

- 4. A member's daughter called Braven and was told that the co-pay for a Nurse Practitioner visit is \$20, even though her mom was seen by the NP in her PCP's absence. According to the plan, the \$20 co-pay is for Specialists, and while a NP has the ability to write prescriptions, he/she is not a cardiologist etc.**

Currently Nurse Practitioners are coded in our system as Specialists, so those NP visits in the PCP's office would charge a specialist co-pay. We are currently working to change that for 2024 or sooner, if possible.

- 5. What is the updated guidance on Horizon/Braven Covid-related coverage (i.e. testing and vaccines) now that the Federal Emergency has been lifted?**

Post PHE, vaccinations rendered by INN providers still are at no cost to the member. COVID tests are at member benefits, so a cost share could apply based on whether the test is done by an INN or OON provider. OTC home tests are not covered by Horizon/Braven but members can of course order them through the Federal website.

Medicaid however is still waiving cost share on COVID tests because that was extended until 10/1/24.

[Important Update: Additional Policy Changes as PHE Ends - Horizon Blue Cross Blue Shield of New Jersey](#)

[Some Benefits Changes as the PHE Ends - Horizon Blue Cross Blue Shield of New Jersey](#)

- Are vaccinations covered by in-network providers at a \$0 copay? Covid-19 vaccines are covered at \$0 INN/OON. There is no coinsurance, copayment, or deductible for the INN/OON pneumonia, influenza, Hepatitis B, and COVID-19 vaccines. Other vaccines have OON cost share.
- What is the copay of a vaccination provided by OON provider? Some other vaccines have OON cost share. There is no coinsurance, copayment, or deductible for the INN/OON pneumonia, influenza, Hepatitis B, and COVID-19 vaccines. Other vaccines have OON cost share.
- Can members go to participating pharmacies to get the vaccination? If "yes", I assume \$0 copay? Yes, see above
- What is the cost if they go to a non-participating pharmacy to get vaccinated? Depends on the plan.
- Are COVID tests by an in-network provider covered? If "yes" what's the cost? Yes. See above
- Are COVID tests by an OON provider covered? If "yes" what's the cost? Yes, see above
- Can they get tested at a participating pharmacy or does it have to be to be a participating lab? Yes, this would follow the lab benefit.
- If they can be tested at a pharmacy, does it have to be a participating pharmacy? Lab benefit
- OTC home tests are not covered by Braven Health? Members need to go thru the Government to get home testing kits? Yes, correct no Braven coverage, but as of September 25, 2023, they can visit [COVID.gov/tests](https://www.covid.gov/tests) to place an order of 4 free at-home tests per household.

- 6. I received a call from a member today explaining that he spends about half the year in Florida. He has a blood disease. He is concerned that if he overstays the six months in Florida, due to illness, he would be dis-enrolled. Apparently the rule used to be 9 months and has been lowered to six months.**

Assuming Mr. Mados is a Braven MA member and received notice, most likely via his ANOC, about the Visitor/Traveler benefit changing as follows:

Members will continue to have access to the Blue Medicare Advantage PPO network of providers throughout the United States and pay the in-network cost sharing amount. However, they will be disenrolled from our Plan if they permanently reside outside of the plan's service area for longer than six months.

According to our enrollment team, when we use our internal process to make a determination that someone is out of area, the IKA system will terminate them after 6 months if member does not contact us to advise that they are back in the service area.

There are several ways we can be notified that member has left the service area. They are as follows:

- Through a customer service call
- Through CMS
- Via returned mail

For termination of member being out of the service area for more than 6 months, the countdown begins when we receive notification through one of the means referenced above. In his case if he ends up with a medical situation the communication may come up at the time the claim is received.

Before we terminate a member we always send out notification. Once we put a member on the out of area process, a letter does go out at the start of the 6 month countdown. We also conduct outreach to confirm member's permanent address. In addition, a final letter is sent out once the 6 month is approaching to once again alert the member that if we do not hear from them we will proceed with termination. We would never terminate a member without proper communication going out.

7. Is bloodwork is included with the routine physical supplement benefit?

We specify that an additional cost share applies for any additional services ordered, however blood work is \$0 INN.

PRESCRIPTION

8. A hubby and wife are saying they are sending \$15.40 each to Braven every month in connection with their Rx plan. Any idea why?

That is their Part D Late Enrollment Penalty. They can also arrange to have it taken out of their SS check if they prefer.

9. Does the \$35 insulin max include pens?

Yes, but it includes certain insulin pens, i.e. Lantus Solostar, Toujeo Solostar, Toujeo Max Solostar and Humalog Kwikpen.

10. Since the new Rx Supplemental meds for ER, cough and Vit D are excluded Medicare drugs, will their costs count toward the deductible, initial coverage limit or OOP in the Coverage Gap?

No, they will not count in any of the Part D phases.