

Arizona 2021 Medicare Advantage plan changes

Annual benefit changes for Medicare Advantage plan members under Amerigroup will be effective January 1, 2021.

The following is a summary of these changes. Complete details are in the member's Evidence of Coverage. Please visit https://providers.amerigroup.com and select Arizona for Evidence of Coverage, formularies and benefit summaries, or contact Provider Services at the number on the back of the member's ID card. Changes may include medical and Part D benefits, copays, coinsurance, deductibles, formulary coverage, pharmacy network, premiums and out-of-pocket maximums.

Some group-sponsored Medicare Advantage plan benefits vary from the Medicare Advantage plans offered to individuals. Please refer to the member's *Evidence of Coverage* or call Provider Services at the number on the member ID card for more benefit details.

2021 highlights

Not all benefits listed below are available to all Medicare Advantage members. Complete details are in the member's *Evidence of Coverage*:



End-Stage Renal Disease (ESRD)

Medicare beneficiaries with End-Stage Renal Disease (ESRD) may enroll in all Medicare Advantage plans beginning January 1, 2021:

 Previously, ESRD beneficiaries could only obtain Medicare Advantage coverage under limited circumstances. With this new enrollment option, ESRD beneficiaries may select a Medicare Advantage plan during open enrollment regardless of previous coverage. Amerigroup however does have a preferred plan for those with ESRD in Pima, called Amerivantage CareMore ESRD Care (HMO C-SNP).



Acupuncture

Medicare coverage of acupuncture: Beneficiaries are covered for up to 12 visits in 90 days under the following circumstances (copays or coinsurance may apply):

- Chronic low back pain defined as:
 - Lasting 12 weeks or longer;
 - Nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease);
 - Not associated with surgery

https://providers.amerigroup.com

^{*} Tivity Health, Inc. is an independent company providing the SilverSneakers fitness program on behalf of Amerigroup. CVS Pharmacy, Giant Eagle, Kroger, Target, Sam's Club and Walmart are independent companies providing pharmacy services on behalf of Amerigroup. Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup.

- Not associated with pregnancy
- An additional eight sessions will be covered for members demonstrating improvement. No more than 20 acupuncture treatments may be administered annually.
- Treatment must be discontinued if the member does not improve or regresses.

Some plans also may offer additional acupuncture benefits that go beyond Original Medicare coverage. Acupuncture benefits are through Amerigroup's contracted network with American Specialty Health.



Emergency and Urgent World Wide Coverage

Emergency and Urgent World Wide Coverage limit increases from \$25,000 to \$100,000.

Supplemental benefits

Amerigroup offers a variety of mandatory supplemental benefits on many plans that go above and beyond Original Medicare. Please refer to the member's Evidence of Coverage. These additional benefits may include:

Personal home helper



This benefit provides in-home support for caregiver respite, home-based chores and activities of daily living (ADL) to address needs while recovering from an injury or illness. It covers up to four hours per day for 31 days or 124 hours of care in a calendar year. Prior authorization is required. Benefit levels may vary by plan.

Transportation



Transportation to and from medical visits is covered by this benefit, and in most cases also include trips to SilverSneakers®* locations and pharmacy visits. The service requires approval at least 48 hours in advance. Benefit levels may vary by plan.



Healthy meals — post-discharge

Members can receive meals to assist with a transition home following discharge from a hospital or nursing facility.

Adult Day Center



This benefit includes one visit per week for up to eight hours. It also includes transportation to and from the adult day care location. To be eligible, the member must need help with at least two ADL, and a clinician must recommend the benefit. The member must submit a request for reimbursement for a plan-approved, licensed facility. The maximum reimbursement is \$80 per day. Prior authorization is required.

Healthy Pantry



Members are eligible for monthly nutritional counseling sessions, plus monthly pantry staples (non-perishable) to help them make changes to their diet that would help a diagnosed chronic medical condition. This benefit is filed under CMS' guidelines for Special Supplemental Benefits for the Chronically III (SSBCI). Prior authorization is required.

Pest control



Based on qualifying clinical criteria, members could have their home treated every three months to control pests if an infestation is having a direct impact on a diagnosed chronic medical condition. This benefit is filed under CMS' guidelines for SSBCI. Prior authorization is required.

Medicare Advantage HMO

Six HMO plans are new in 2021:

New plans for 2021	Counties
Amerivantage Lung Care Plus (HMO C-SNP)	Pima
Amerivantage Diabetes Care Plus (HMO C-SNP)	Pima
Amerivantage Heart Care Plus (HMO C-SNP)	Pima
Amerivantage Classic Plus (HMO)	Pima
Amerivantage Smart Value Plus (HMO)	Pima
Amerivantage CareMore Care To You Plus (HMO I-SNP)	Maricopa, Pima

Three HMO plan names will change in 2021:

2020 plan name	2021 plan name	Counties
Amerivantage COPD (HMO C-SNP)	Amerivantage Lung Care (HMO C-SNP)	Pima
Amerivantage Diabetes (HMO C-SNP)	Amerivantage Diabetes Care (HMO C-SNP)	Pima
Amerivantage CareMore ESRD (HMO C-SNP)	Amerivantage CareMore ESRD Care (HMO C-SNP)	Pima

Two HMO plans are consolidating in 2021:

2020 plan name	2021 plan name	Counties
Amerivantage Classic (HMO)	Amerivantage Classic (HMO)	Pima
Amerivantage Care Access (HMO)	Amerivantage Classic (HMO)	Pima

Formulary and pharmacy

Formulary and pharmacy benefits for 2021 are as listed below:



100-day prescription refills

Members are eligible to receive a 100-day supply for the same price as a 90-day supply fill for tier six select care drugs.

Erectile dysfunction drugs

Many of our plans offer erectile dysfunction drugs. Please check your patient's formulary to see if they have coverage.

Please encourage your patients to review the 2021 formulary information within their *Annual Notice of Change (ANOC)* mailing or new member kit, or online. Ask them if the coverage for any of their prescriptions has been changed, and consider alternative medications in a lower cost-sharing tier that may meet their needs.

Most individual MAPD plans have a pharmacy network that includes preferred and standard network retail pharmacies. Members may save more by paying a lower cost-sharing amount at preferred cost-sharing pharmacies. Our preferred cost-sharing pharmacies include CVS/pharmacy,* Giant Eagle,* Kroger, * Target, * Sam's Club* and Walmart. * Additional independent pharmacies have been added to the cost-sharing network for 2021.



Balance billing reminder

CMS and Amerigroup do not allow you to balance bill most Medicare Advantage HMO, C-SNP, or I-SNP members for Medicare-covered services. CMS provides an important protection for Medicare beneficiaries and our members such that, after our members have met any plan deductibles, they only have to pay the plan's cost-sharing amount for services covered by our plan. As a Medicare provider and/or a plan provider, you are not allowed to balance bill members for an amount greater than their cost share amount. This includes situations where we pay you less than the charges you bill for a service. This also includes charges that are in dispute.

Prior authorization for Medicare Advantage plans

Prior authorization requirements are available at https://www.availity.com. Contracted and noncontracted providers who are unable to access Availity* may call our Provider Services at the phone number on the back of the member's ID card for prior authorization requirements.

Please check the member ID card for any identification and/or group number changes that may affect claim submissions. Sample 2021 member ID cards will be available at https://providers.amerigroup.com and select **Arizona**.

Member enrollment receipts

The Member Enrollment Receipt is a document found at the end of member enrollment kits that allows the agent or broker to fill in plan, provider and agent information for the new member's reference. The receipt includes:

- Rx BIN, Rx PCN and Rx GRP numbers
- Names, phone numbers, and websites for ancillary benefit information like dental, vision and hearing.

The enrollment receipt does not contain a member ID, and we expect our plan members to continue to bring their plan ID cards to their provider visits. If a member arrives to an appointment without their plan ID card, please follow your standard procedure for validating enrollment in our plan.