December [TBD], 2013

Dear Provider:

Thank you for participating in the Amerivantage (Medicare Advantage) provider network. This year marks our sixth year providing health care services to elderly and disabled populations in Bexar and Medina counties and surrounding communities.

About Our Amerivantage Plans:
We provide health care services to Medicare beneficiaries who are entitled to Part A and enrolled in Part B. Amerivantage refers to the Medicare Advantage Special Needs Plan (SNP) and Medicare Advantage Prescription Drug (MA-PD) plans we offer. All of our plans include Medicare Part D prescription drug coverage, as well as supplemental benefits covering other health care services. Our SNP plan (described below) has additional eligibility requirements.

We offer the Amerivantage Specialty + Rx plan to beneficiaries who are eligible for both Medicare and Medicaid benefits (dual eligibles) and enrolled in the following Medicare Savings Programs: Specified Low-Income Medicare Beneficiary Plus, Qualified Medicare Beneficiaries (QMB), and QMB Plus. We also offer the Amerivantage Classic + Rx plan, which includes copays for most services.

Counties Where Amerivantage Is Offered:
We offer Amerivantage plans in Bexar and Medina Counties.

2014 Plan Benefit Highlights		
Benefit	**Details**	**Vendor**
Routine physical exams	Comprehensive physical exam with clinical review of body systems and appropriate laboratory services.	You may bill for one routine annual visit per year (e.g., 99385–99387, 99395–99397) with ICD9 diagnosis code V70.0.
Personal Emergency Response System	System and monitoring equipment only.	Critical Signals Technologies (CST)
Routine hearing services	One hearing exam a year and the following amounts toward hearing aids annually: • Specialty + Rx: $2,000 per year. • Classic + Rx: $1,000 per year.	N/A – Available through Amerigroup-participating providers
Preventive and comprehensive dental coverage	Two dental exams, two cleanings, and one set of X-rays per year, and a quarterly allowance for comprehensive dental benefits: • Specialty + Rx: $425 quarterly limit. • Classic + Rx: $250 quarterly limit.	DentaQuest
Routine vision coverage	One eye exam and an annual allowance for glasses or contacts: • Specialty + Rx: $300 annual limit.	Block Vision

2014 Plan Benefit Highlights		
Benefit	**Details**	**Vendor**
	• Classic + Rx: $100 annual limit	
Over-The-Counter (OTC) items	Quarterly allowance for certain OTC items. Benefit rolls over from quarter to quarter but not year to year: • Specialty + Rx: $100 quarterly limit. • Classic + Rx: $20 quarterly limit.	DrugSource
Silver Sneakers fitness program	Access to a network of fitness facilities.	Healthways (Silver Sneakers)
Acupuncture	Specialty + Rx only: 24 visits per year.	American Specialty Health
Routine medical transportation	One-way trips for medical appointments: • Specialty + Rx: unlimited with no copayment. • Classic + Rx: 12 one-way trips per year for routine services and 12 one-way trips per year for preventive services.	Access2Care
Weight management	Specialty + Rx only: Monthly membership. Participation in person at local facilities or online with no copayment. No food or meal preparation included.	Weight Watchers
Part D Prescription Drugs	Generic coverage in the Part D coverage gap: • Specialty + Rx: Coverage of Tier 1 and Tier 2 drugs in the coverage gap at $0 copay. • Classic + Rx: No gap coverage.	Caremark
Telemonitoring	Coverage of in-home equipment and telecommunication technology to monitor specific health conditions. Telemonitoring services supplement care but do not replace face-to-face physician visits.	Critical Signals Technologies (CST)

In addition to the benefits and services noted above, PCPs should conduct a Health Risk Assessment (HRA) for each Medicare member assigned to his/her panel on an annual basis. Please download the HRA from our website, complete it electronically, fax it to the number on page one and bill for the service. We will reimburse you $200 for a properly completed HRA.

For more information about 2014 benefits and market-specific details, refer to the 2014 Medicare Advantage provider manual online at providers.amerigroup.com/TX.

2014 Medicare Enrollment Process:

- The Medicare Annual Enrollment Period (AEP) begins October 15 and ends December 7 of each year.
- The Medicare Advantage Disenrollment Period (MADP) begins January 1 and ends February 14 of each year. During the MADP, Medicare beneficiaries have the opportunity to disenroll from any Medicare Advantage plan and return to original Medicare and/or enroll in a stand-alone prescription drug plan (not offered by Amerigroup).
- The Initial Coverage Election Period: When a person first becomes eligible for Medicare hospital insurance (Part A) and medical insurance (Part B), he or she has a seven-month period to enroll in a Medicare Advantage plan. This usually happens around the person's 65th birthday.
- Special Election Period: The Centers for Medicare & Medicaid Services (CMS) identifies several circumstances when a person may change Medicare options outside of the annual or initial enrollment periods. For example, dual-eligible members can enroll in or disenroll from a Medicare Advantage plan at any time throughout the year.
- Special Needs Plan (SNP) enrollees may change Medicare Advantage plans at any time during the year with changes effective the first of the following month, subject to CMS approval.

Cost Sharing:

- In Texas, we partner with the state to cover all Medicare cost-share amounts for services covered under the state SNP agreement. Cost sharing for covered services will be paid automatically in our system, so you do not have to bill the state. Please refer to the Explanation of Payment for all claims processed.
- You may not collect any additional payment from Amerivantage plan members other than those cost-sharing amounts specified in the members' plan Summary of Benefits.
- For dual-eligible members, you may only collect amounts permitted by the state Medicaid program or federal law.
- For dual-eligible members, federal law requires you to bill only the members' health plan or the state Medicaid agency for copayments or other cost-sharing amounts.

To keep you informed about Amerivantage plan updates, we will send monthly communications highlighting topics and resources. Let us know how we are doing and how we can better serve you by emailing your feedback to:

Michelle Moats
Manager of Provider Education
michelle.moats@amerigroup.com

If you have questions, please call our Dedicated Service Unit at 1-866-805-4589. We look forward to working with you for another successful year

Sincerely,

Amerigroup