

Eligibility, benefits and reimbursement scenarios in Texas

Applicable for 2020

Highlights

Amerigroup Community Care — Amerigroup Amerivantage (Medicare Advantage) plans

- Amerivantage D-SNP— This is the Medicare and Medicaid program (note, this is not MMP). No premium, copays or coinsurance.
- Amerivantage Classic (HMO) – Medicare beneficiaries only. No premium, predictable copays or coinsurance apply.
- Amerivantage Select (HMO) – Risk Independent Physician Associations (IPA) plans.
- Amerivantage ESRD (HMO-POS C-SNP) – End Stage Renal Disease. Premium, deductibles, copays or coinsurance may apply. Plan available only in Bexar, Comal, El Paso, Hays, Travis, Williamson Service Delivery Areas. Please note, this plan has a Point of Service (POS). The members have out-of-network benefits as long as the CPT[®] code does not require a prior authorization, we will pay the claim (for example: office visits).
- D-SNPs are now an option for your partial dual-eligible clients.

* Please follow the *Medicare Benefit Plan Matrix* for specific details on deductibles, copays and coinsurance.

Highlights (cont.)

The following are some of the added benefits:

- Hearing aids benefit: \$3,000 for hearing aids every year for all plans
- Over-the-counter medications benefit: up to \$1,620* per year
- Comprehensive dental services depending on plan: up to \$4,000* per year
- Vision eye wear benefit: between \$75 to \$400 every year
- Acupuncture for D-SNP plan only: up to 24 visits every year
- Personal Emergency Response System
- Fitness program
- Telemonitoring for specific health conditions
- <https://www.myamerigroup.com/Medicare2018/Pages/Texas/DocumentLibrary.aspx>

* Monthly, quarterly and/or annual limits apply.

Member eligibility

- Amerigroup Amerivantage is a Medicare Advantage plan that provides Medicare Part A (hospital insurance), Part B (medical insurance) and Part D (prescription drug coverage). Members must have Medicare Part A and Part B and live in the **plan's** service delivery area to be eligible to join.
- The claims address can also guide you when the member is enrolled in a Risk IPA.

Note: Eligibility is based on member location. Providers located outside the counties will be compensated according to their contract for covered services provided.

Guidelines

- Only licensed and active brokers can discuss benefits to potential members. If the member is not enrolled in Medicare Advantage, we can not discuss benefits.
- Refer potential members to Member Services so they can assign a licensed broker to contact them.
- Members must agree and sign a scope of appointment consent form before discussing benefits with their brokers; this is a CMS rule.
- Providers are not able tell the members which plan to pick.
- Providers are not able to compare plans for members.

IPA

- Amerigroup is contracted with the following IPAs, which fall under our Select Plan: Wellmed, Prospect, Van Lang IPA, IntegraNet (I-Net), Gonzaba, Great States Health, Teaco, The Physician Alliance Corp (TPAC) and Innovista.
- Once a member is enrolled with our Classic or Special Needs Plans (SNP) Medicare Advantage plans, they have the choice to enroll into one of our Risk IPAs, also known as a select plan.
 - If a member chooses a PCP with one of our contracted select plans, they are automatically enrolled with the IPA in which the PCP is contracted.
 - If a member is enrolled under a Risk IPA select plan and chooses to change plans, the member is only able to move to another risk plan.
 - If the members are enrolled in a Risk IPA plan and choose to disenroll and switch to another Medicare Advantage plan, they must be dual Medicare-Medicaid eligible to do so. Classic (non-dual) beneficiaries are subject to yearly enrollment periods to switch plans.

IPA (cont.)

- IPAs could be fully or partially at risk or delegated under certain functions, which can include delegation for credentialing, utilization management, case management, disease management, claims, claims payment, network development and education.
- Please note that there are some carve-outs Amerigroup pays for, such as:
 - Hearing aids only.
 - Behavioral health (BH).
 - Part D (prescription drugs).
 - Skilled nursing facility.
 - Chemical dependency.
 - Hospice.
 - Supplemental or value-adds.
 - Vision.
 - Transplants.
- These are subject to change, and the carve-outs differentiate depending on the IPA agreement and some IPAs don't have BH as a carve out.

IPA (cont.)

- For providers not contracted with the IPAs, they will need to request IPA out-of-network authorization to seek reimbursement. If the providers lack the out-of-network authorization and they rendered services to an IPA Risk member, Amerigroup can not process and pay for these claims.
- Calling Amerigroup to see if an authorization is required for a Risk IPA member will not be an acceptable justification for not getting an authorization. Risk IPAs have their own clinical policies; therefore, they may require an authorization even if we do not.
- In some instances, we might have a group contracted directly with Amerigroup and also have an agreement with a Risk IPA. These providers must be loaded in our system under two separate provider ID numbers. PCPs cannot have a risk contract and direct contract with Amerigroup. This rule only applies to Medicare line of business, and the reason why is due to member attribution. Specialists can have dual affiliation.

Enhanced supplemental benefits

- **Medicare Community Resource Support (MCRS):** a telephone based program used to identify needs, leverage resources and coordinate services for members and providers by providing specific medical or health related information or education and leveraging local community based services and other support programs available in their specific market or region
- **Outreach Support Program:** a program intended to connect members with services that address loneliness and encourage meaningful conversations with caregivers and health care professionals. No prior authorization or referral required. Members will receive regular calls from connectors that will connect members with social services in their area.

Enhanced supplemental benefits (cont.)

- **Social Determinants of Health benefits:** On certain plans, Amerigroup also offers enhanced supplemental benefits as part of members' primary base plan (vs. members being provided a choice). * Benefits vary by plan but may include one or more of the following:
 - **Prescribed meals:** Nutritional support needed to prevent or treat a health-related issue and to avoid emergency and health care utilization.
 - - **\$0/2 meals per day for 90 days**
 - **Outreach support:** Program provides awareness and education specifically designed to elevate and treat the clinical issue of senior loneliness.
 - - **\$0/Unlimited interactions**

• Note: Medical Necessity Review may be required.

Everyday Extras

Everyday Extras



Healthy Food Deliveries

Nutritional support needed to prevent or treat a health-related issue and to avoid emergency and health care utilization. *Must meet A1C, BMI, or hospitalization qualifications.*

16 meals per month, 4 events per year (total 64 meals)



Transportation

Transportation services that are used to get the member to health-related appointments or to obtain a plan-covered service where the transport would not otherwise be covered under any other Medicare-defined benefit category.

60 one-way trips per year



Personal Home Helper

Render home health aide services to assist the member with chores, ADLs or to provide respite care to a member to address needs of an injury or illness during the recoupment stage when returning, or regaining, prior level of functioning.

Up to 124 hours per year



Assistive Devices

Benefit for the purchase of Assistive/Safety Devices and setup costs. Includes a range of eligible items that acts to ameliorate the functional impact of injuries or health conditions, or reduces avoidable emergency and health care utilization.

\$500 annual allowance



Day Center Visits

Program tailored to adults with at least 2 ADLs who need supervision and assistance during the day.

1 day per week, up to 8 hours a day



Alternative Medicine

Members receive a combination of acupuncture/pressure and/or therapeutic massage to help manage pain.

Up to 24 visits per year

Everyday Extras benefit is not available on all plans. Recommendation from your provider may be required.

Everyday Extras (cont.)

Everyday Extras



Healthy Nutrition

Dietary consultations for education on proper nutrition, diet and meal preparation. Pantry staples delivered to support a needed lifestyle change to promote healthy eating. *Must meet chronic condition qualifications.*

8 telephonic visits

Monthly delivery of pantry staples (non-perishable items)

New



Service Dog Support

Canine food and supplies for members with an ADA service dog. Support the health and well-being of the ADA service dog which compensates for the physical impairment of the member.

\$500 annual allowance

New



Active Lifestyle Health & Wellness Device

Tracking fitness device to promote an active lifestyle focusing on physical activity and accountability for health outcomes with activities supported by fitness tracker.

1 device every other year

New



Pest Control

Treatment for disease-carrying pests that are associated with health risks for those with specific chronic conditions. Coordination to prevent exacerbation of current conditions and prevent new ones due to lack of pest control.

Quarterly routine preventive or 1 time eradication of infestation

New

Everyday Extras benefit is not available on all plans. Recommendation from your provider may be required.

Claim information

- Mailing address:
 - Amerigroup Community Care
Attn: Claims
P.O. Box 61010
Virginia Beach, VA 23466-1010
- Timely filing is within 95 calendar days from the date of service.
- Electronic data interchange (EDI): Amerigroup has designated Availity* to operate and service your EDI entry point (EDI Gateway). To submit transactions directly to Availity, use the Welcome Application at <https://apps.availity.com/web/welcome/#/edi> to begin the process of connecting to the Availity EDI Gateway. You can also use a clearinghouse or billing company to submit your claims to the Availity EDI Gateway.

Claim processing examples

Below is an example of an *Explanation of Benefits* for a Classic (Medicare only) member

Processed Claim

Patient Name:		AGP Member ID:			Acct:			Medicare ID: :						
Claim Number:		Servicing Provider:			Servicing NPI			DRG#:						
Claim Comment:					TOB:			Auth#:						
Serv	Dates	LC	Diag #	Rev	Proc/Mod	Day/ Cnt	Charge	Allowed	Disallowed	Co-Pay/ Co-Ins.	Deductible	TPP	Payment	Explain Codes
1	03/31/17 - 03/31/17	11	N182		76770	1	\$320.00	\$118.23	\$201.77	\$35.00	\$0.00	\$0.00	\$83.23	PXN
Service Line(s) Sub Total(s):							\$320.00	\$118.23	\$201.77	\$35.00	\$0.00	\$0.00	\$83.23	
Total-Interest: \$0.00							Total-Prompt Pay Discount: \$0.00				Claim Total: \$83.23			

Claim processing examples (cont.)

Below is an example of an *Explanation of Benefits* for a D-SNP (Medicare and Medicaid) member

Processed Claim

Patient Name:		AGP Member ID:			Acct: 4			Medicare ID: :						
Claim Number:		Servicing Provider: :			Servicing NPI:			DRG#:						
Claim Comment:					TOB:			Auth#:						
Serv	Dates	LC	Diag #	Rev	Proc/Mod	Day/ Cnt	Charge	Allowed	Disallowed	Co-Pay/ Co-Ins.	Deductible	TPP	Payment	Explain Codes
1	04/03/17 - 04/03/17	11	I10		99214	1	\$190.00	\$114.85	\$75.15	\$22.97	\$0.00	\$0.00	\$91.88	PXN
Service Line(s) Sub Total(s):							\$190.00	\$114.85	\$75.15	\$22.97	\$0.00	\$0.00	\$91.88	
Total-Interest: \$0.00							Total-Prompt Pay Discount: \$0.00				Claim Total: \$91.88			

Claim processing examples (cont.)

Below is an example of *Explanation of Benefits* for a D-SNP (Medicare and Medicaid) member, specifically for the crossover claims.

Processed Claim

Patient Name:				AGP Member ID:				Acct:				Medicare ID:		
Claim Number:				Servicing Provider:				Servicing NPI:				DRG#:		
Claim Comment: Medicare Cost Share Payment								TOB:				Auth#:		
Serv	Dates	LC	Diag #	Rev	Proc/Mod	Day/Cnt	Charge	Allowed	Disallowed	Co-Pay/Co-Ins.	Deductible	TPP	Payment	Explain Codes
1	04/03/17 - 04/03/17	11	I10		99214	1	\$190.00	\$0.00	\$190.00	\$0.00	\$0.00	\$0.00	\$0.00	PS
Service Line(s) Sub Total(s):							\$190.00	\$0.00	\$190.00	\$0.00	\$0.00	\$0.00	\$0.00	
Total-Interest: \$0.00							Total-Prompt Pay Discount: \$0.00				Claim Total: \$0.00			

Reimbursement scenarios for SNP

Example one – 100% of Medicaid allowable is less than dual Medicare amount

- \$1,000 = 100% Medicare allowable
- Medicare = 20% member's responsibility = \$200
- \$500 = 100% of Medicaid allowable
- $\$1,000 - \$200 = \$800$ dual Medicare amount
- $\$800 > \500
- \$800 = payment in full

Reimbursement scenarios for SNP (cont.)

Example two – 100% of Medicaid is greater than 100% of Medicare

- \$1,000 = 100% Medicare allowable
- Medicare = 20% member's responsibility = \$200
- \$1,200 = 100% of Medicaid allowable
- \$1,000 - \$200 = \$800 dual Medicare amount
- \$800 < \$1,200
- +200
- \$1,000 = payment in full

(Medicaid will never pay more than Medicare allowed.)

Claim payment dispute process

- Providers have the ability to submit claim payment disputes through the Availity Portal with more robust functionality. This means an enhanced experience when:
 - Filing a claim payment dispute.
 - Sending supporting documentation.
 - Checking the status of your claim payment dispute.
- Providers can also submit their disputes in writing to:

Amerigroup Community Care
Appeals and Grievances
P.O. Box 61599
Virginia Beach, VA 23466-1599

Key contact or IPA contact information

- **Provider Services: 1-866-805-4589**
- **Wellmed: 1-866-322-7276**
- **Prospect: 1-800-708-3230**
- **Van Lang IPA: 1-626-656-2370**
- **IntegraNet-I-Net: 1-832-320-3996**
- **Gonzaba: 1-210-201-0489**
- **Great States Health: 1-806-853-8331**
- **The Physician Alliance Corp (TPAC): 1-281-661-8874**
- **Innovista: 1-312-809-5001**
- **TEACO: 1-832-787-1988**
- **Availity: <https://www.availity.com>**





* Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup Community Care.

Coverage provided by Amerigroup Inc.