



An Anthem Company

<https://providers.amerigroup.com>

September 2020

**Subject: Attendant Care Enhancement Payment Program open enrollment**

We are pleased to announce that our annual open enrollment for the Attendant Care Enhancement Payment (ACEP) Program begins on September 15, 2020, and will continue through October 15, 2020. New provider contract amendments are effective for dates of service on or after September 1, 2020. You **do not** need to bill corrected claims; however, you must bill at your appropriate level. We will reprocess the claims in accordance with your contracted/approved level amount.

Amerigroup mirrors the Texas Health and Human Services Commission (HHSC) 35 levels in the rate enhancement program. Amerigroup will make changes in accordance with HHSC to ensure alignment with the state-specified levels. You must be currently enrolled and in good standing with the HHSC ACEP program to be eligible; however, if you were denied participation in the HHSC ACEP program due to the reasons listed below, you may be enrolled in the ACEP program on an exception basis.

Allowable exceptions:

- Due to managed care replacement via STAR+PLUS and STAR Kids, the HHSC Primary Home Care (PHC) program or Community-Based Alternatives (CBA) program contracts are no longer available in your service area.
- HHSC has exceeded available funding to support new enrollment or provider movement within their program levels.

**To enroll, you must complete the attached *Attendant Care Enhancement Payment Program Form* in its entirety and submit it to Amerigroup no later than 5 p.m. CT on Thursday , October 15, 2020.** You may send the completed request form via email to [txstarplusprovider@amerigroup.com](mailto:txstarplusprovider@amerigroup.com) or mail (certified mail or other tracked delivery is recommended) to:

Amerigroup  
Provider Relations  
12500 San Pedro Ave., Suite 400  
San Antonio, TX 78216

Forms postmarked after October 15, 2020, will not be accepted or processed. Emails sent after 5 p.m. CT on October 15, 2020, will not be accepted or processed.

**If you are currently enrolled and there are no changes requested to your existing level, you do not need to return the form.**

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.

If you have questions related to these documents, please contact your local Provider Relations representative:

<b>County/area</b>	<b>Contact</b>	<b>Phone</b>	<b>Email</b>
Bexar/Travis	Jennifer Pena	<b>1-210-835-6573</b>	jennifer.pena@anthem.com
El Paso	Maribel Martinez	<b>1-915-842-8229, ext. 106-108-2017</b>	maribel.martinez@anthem.com
Dallas/Tarrant	Deidre Haynie	<b>1-817-861-7700, ext. 106-123-8026</b>	deidre.haynie@amerigroup.com
Jefferson/Harris	Kristal Babino	<b>1-713-218-5151, ext. 106-126-3008</b>	kristal.babino@amerigroup.com
Jefferson/Harris	Leslie Goffney	<b>1-713-414-6600, ext. 106-125-1620</b>	leslie.goffney@amerigroup.com
Amarillo, Lubbock and Western Rural Service Area	Nancy Belcher	<b>1-325-514-8909</b>	nancy.belcher@amerigroup.com

Sincerely,

Amerigroup

Enclosure: *Attendant Care Enhancement Payment Program Form*

### ***Attendant Care Enhancement Payment Program Form***

**Requests for new enrollment** only apply to providers who are enrolling in the Attendant Care Enhancement Payment (ACEP) program for the first time. **Requests for change in tier level** only apply to providers who participate in the ACEP program and received notice that their level has changed.

A provider’s Health and Human Services Commission (HHSC) contract ID # for Primary Home Care and for Community-Based Alternatives programs, as well as their level of enrollment, can be found at: <https://rad.hhs.texas.gov/long-term-services-supports>.

Open enrollment begins September 15, 2020, and ends October 15, 2020.

Complete this form for each name/tax ID/NPI combination contracted with Amerigroup and submit no later than 5 p.m. CT on Thursday, October 15, 2020.

Date:	Request for new enrollment <input type="checkbox"/> Request tier change <input type="checkbox"/>	
Provider name:		
Provider HHSC contract ID for Primary Home Care program:		
Enrolled level:		
Provider HHSC contract ID for Community-Based Alternatives program:		
Enrolled level:		
Provider tax ID: (You must attach a current federal <i>W-9 Form</i> with this request.)		
Provider NPI:		
Provider Amerigroup ID #:		
Provider address: (per your federal <i>W-9 Form</i> )		
City, state and ZIP:		
Signature authority:		
Printed name of signature authority:		

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