

Texas 2020 Medicare Advantage plan changes

Annual benefit changes for Amerigroup Amerivantage (Medicare Advantage) plan members under Amerigroup Community Care will be effective January 1, 2020. The following is a summary of these changes. Complete details can be found in the member's evidence of coverage. Please visit <https://providers.amerigroup.com> for 2020 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 detail.

2020 highlights

- **IngenioRx** — Effective January 1, 2020, IngenioRx will become our new Pharmacy Benefit Manager (PBM) and will start managing prescription coverage for your Medicare Advantage patients. IngenioRx PBM services will include handling your patients' prescriptions for mail order and specialty pharmacy medications. We will automatically transfer prescriptions to IngenioRx Home Delivery Pharmacy for patients currently using Express Scripts Mail Order Pharmacy. Members will receive instructions for initializing IngenioRx Home Delivery Pharmacy. Patients currently receiving specialty drugs from Accredo, can continue to use Accredo in 2020. Most patients will be able to fill their prescriptions at their same retail pharmacy outlet. If your patient's pharmacy will not be available, we will notify your patient by letter and include a list of three alternative pharmacies near his or her home.
- **Medicare Part B step therapy** — Drug step therapy is a type of prior authorization that requires one drug (or drugs) to be tried for a medical condition prior to utilizing other drugs; the steps typically require lower cost drugs or drugs with better clinical outcomes to be tried first. In 2020 Part B step therapy may apply to some categories that include: Short Acting Colony Stimulating Factor (CSF): Preferred Drug-Zarxio, and Immune Globulins (IG): Preferred Drugs-Gamunex-C and Octagma. Other categories may be added later in 2020, If Step therapy applies, the review will apply upon precertification initiation, in addition to the current medical necessity review. Step therapy will not apply for members who are actively receiving medications.
- **Continuous glucose monitor** — This plan only covers FreeStyle Libre Continuous Glucose Monitors (CGMs). We will not cover other brands unless you tells us it is medically necessary. CGMs **must** be purchased at a network retail or our mail-order pharmacy to be covered. If a member purchases these supplies through a Durable Medical Equipment (DME) provider, these items will not be covered. Coverage limitations:
 - Two sensors per month

- One receiver every two years
- **Medicare opioid benefit** — Opioid use disorder treatment services are covered under Part B of Original Medicare. Members of our plan receive coverage for these services through our plan: FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, substance use counseling, individual and group therapy, and/or toxicology testing.
- **No cost for certain labs** — \$0 labs for A1C, urine protein, fecal occult blood test and diabetic eye exam
- **Emergency room copays** — Some plans (HMOs and non-ESRD Chronic Special Needs Plans C-SNPs) will waive emergency room co-pays if patient is admitted to the hospital within 24 hours.
- **Dual Special Needs Plans (D-SNP)** — Previously, our D-SNPs only allowed enrollment of people eligible for Medicare and Medicaid benefits who received full Medicare cost sharing assistance under Medicaid. Beginning 2020, all of our D-SNPs in Texas will expand to include people with dual eligibility who may not have cost sharing protection. Remember that certain dual eligibles will always have federal or state \$0 cost share protection and cannot be billed. For those that are not cost share protected, it is still important to bill Medicaid for any secondary coverage before attempting to collect the balance from the member.

New for 2020: Everyday Extras

- **Everyday Extras** — Some plans in Texas will offer Everyday Extras in 2020. This package allows members to select one of the following benefits to help them achieve their health goals. These benefits may help patients with meals, mobility and more. Prior authorization and/or recommendation from a licensed clinician may be required for some of these benefits. Members may choose one of the following benefits at enrollment or throughout the plan year. Members can request their selection through customer service. Because some benefits have an eligibility requirement, members are encouraged to consult their physician prior to their selection. Members may choose one of the following benefits:
 - **Transportation:** Provides up to 60 trips to get members to and from medical visits, SilverSneakers® locations and visits to a pharmacy to pick up prescriptions. Trips must be scheduled 48 hours in advance.
 - **Personal Home Helper:** Assistance services to provide in-home support for home-based chores and activities of daily living (ADL) to address needs while recovering from injury or illness. **This is nonskilled support for eligible members.** This benefit covers up to 124 hours of care (four hours per day for 31 days) in a calendar year. To qualify, members must need help with at least two activities of daily living (ADLs). Amerigroup will contact the member's physician to confirm the member's eligibility for this benefit based on the criteria above.
 - **Assistive Devices:** A \$500 allowance toward the purchase of assistive or safety devices, such as ADA toilet seats, shower stools, hand-held shower heads, and reaching devices to help members live safely and comfortably in their own homes.

- **Alternative Medicine:** Covers up to a combined total of 24 medically necessary acupuncture and/or therapeutic massage visits each calendar year.
- **Healthy Food Deliveries:** Meals to prevent or treat a health-related issue and to avoid health-related complications. Covers up to 16 delivered meals four times each calendar year (64 total) to support members who are either discharged from an overnight stay at a hospital, have a Body Mass Index (BMI) more than 25 or less than 18, or has an A1C level more than 9.0. The member must get prior approval from the health plan and a nutritional assessment or support by a health care provider may be required. Provider attestation will be required. Amerigroup will contact the provider on the member's behalf to secure the attestation. Providers are encouraged to request meals on the member's behalf to help ensure timely delivery following the qualifying event.
- **Healthy Nutrition:** This benefit provides members with certain chronic conditions access to nutritional counseling as well as monthly pantry staples (nonperishable items) that support a member's transition to more healthy eating habits. Provider attestation will be required. Amerigroup will contact the provider on the member's behalf to confirm the member's eligibility for this benefit based on qualifying chronic condition criteria.
- **Day Center Visits:** This benefit includes one visit per week, less than or equal to eight hours, and includes transportation to and from the adult day care location. To qualify, members must get prior approval from the health plan, need help with at least two (2) activities of daily living (ADLs) and must be recommended by a clinician. Provider attestation is required. The member must request reimbursement for a plan-approved, licensed facility (maximum reimbursement of \$80 per day). Amerigroup will contact the member's physician to confirm the member's eligibility for this benefit based on the criteria above.
- **Service Dog Support:** An allowance to help pay for items, such as leashes and vests, used to care for a member's ADA-approved service dog. Provider attestation required. Amerigroup will contact the provider on the member's behalf to secure the attestation.
- **Health and Fitness Tracker:** Includes a fitness tracking device and access to an on-line memory fitness program with exercises for attention, brain speed, memory, people skills, navigation, and intelligence.
- **Pest Control:** A pest control allowance for eligible members with asthma, other conditions to help ensure their residence is free of insects and other pests that may be detrimental to their health. Members who qualify for this benefit based upon their medical condition will have the option of a quarterly pest control service for common pests or, if required based on their condition, a one-time treatment of 1 to 2 rooms of specific pests, such as bed bugs. Provider attestation required. Provider attestation will be required. Amerigroup will contact the provider on the member's behalf to confirm the member's eligibility for this benefit based on qualifying chronic condition criteria.

Medicare Advantage HMO

Two new HMOs will be offered in the following areas in 2020:

New plans for 2020	Counties
Amerivantage Diabetes (HMO C-SNP)	Tarrant
Amerivantage Care To You (HMO I-SNP)	Harris, Tarrant

Four existing HMOs will be expanding into the following areas in 2020:

Expanding plans for 2020	Counties
Amerivantage Classic (HMO)	Bastrop, Caldwell, Colorado, Cooke, Delta, Grayson, Guadalupe, Hardin, Henderson, Hunt, Jasper, Johnson, Kendall, Matagorda, Montague, Navarro, Orange, Palo Pinto, Parker, Rains, Rockwall, Van Zandt
Amerivantage Dual Coordination (HMO D-SNP)	Bastrop, Caldwell, Colorado, Cooke, Delta, Grayson, Guadalupe, Hardin, Henderson, Hunt, Jasper, Johnson, Kendall, Matagorda, Montague, Navarro, Orange, Palo Pinto, Parker, Rains, Rockwall, Van Zandt
Amerivantage Dual Premier (HMO D-SNP)	Colorado, , Hardin, Jasper, Matagorda, Orange
Amerivantage Dual Secure (HMO D-SNP)	Bastrop, Caldwell, Cooke, Delta, Grayson, Guadalupe, Henderson, Hunt, Johnson, Kendall, Montague, Navarro, Palo Pinto, Parker, Rains, Rockwall, Van Zandt

The following HMOs/service areas will be reduced:

Reducing plans for 2020	Counties
Amerivantage ESRD (HMO-POS C-SNP)	Dallas, Tarrant

Frequently offered supplemental benefits — Complete details can be found in the member's Evidence of Coverage.

- Annual exam — \$0
- Preventive dental care
- Vision exam
- SilverSneakers® fitness program
- Hearing aid allowance
- Over-the-counter (OTC) allowances for medications and health-related items at more than 4,600 Walmart and Neighborhood Market stores and other participating retailers
- LiveHealth Online — Convenient access to a doctor via live, two-way video on a computer or mobile device. Members logon to www.livehealthonline.com.
- Nursing hotline
- Chiropractic care

- Post-discharge meals
- Worldwide coverage
- Personal Emergency Response System (PERS) — The Emergency Response System is intended to help people maintain independence in their own homes who might otherwise need to live in an assisted living facility. Monthly monitoring and testing is included.

Formulary and pharmacy

Formulary and pharmacy benefits for 2020 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 drugs placed on tier 1 for the plans using a 5 tier formulary or on tier 6 for plans using a 6 tier formulary.
- Hyaluronic acid — Our plan covers Durolane, Euflexxa, Supartz and Gel-SYN-3 hyaluronic acids. We will not cover other brands unless you tell us it is medically necessary.

Your patients will have formulary changes and will need your help to ensure they get their prescriptions at the most affordable cost.

Please encourage your patients to review the 2020 formulary information within their Annual Notice of Change (ANOC) mailing or their 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 2020.**

Members can fill a prescription at a network retail pharmacy, but their cost-sharing amount may be higher.

Balance billing reminder

CMS and Amerigroup do not allow you to balance bill Medicare Advantage HMO C-SNP, D-SNP, I-SNP and PPO 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.

Members that are dually eligible may be protected from liability of Medicare premiums, deductible, coinsurance and copayment amounts. In Texas, these dual eligibles include

Qualified Medicare Beneficiaries (QMB/QMB+) and Specified Low-Income Medicare Beneficiary with Full Medicaid benefits (SLMB+). This protection includes cost share being applied to this/these claims. Providers may not bill a dual eligible that has this coverage for any balance left unpaid (after submission to Medicare, a Medicare carrier and subsequently Medicaid) as specified in the Balanced Budget Act of 1997. Providers who serve dual eligible beneficiaries must accept as payment in full the amounts paid by Medicare as well as any payment under the state Medicaid processing guidelines. Providers who balance bill the dual eligible beneficiary are in violation of these regulations and are subject to sanctions. Providers also may not accept dual eligible beneficiaries as 'private pay' in order to bill the patient directly and providers identified as continuing to bill dual eligible beneficiaries inappropriately will be reported to CMS for further action/investigation.

There are some dual-eligible Medicare Advantage members, including Specified Low - Income Medicare Beneficiary without Full Medicaid benefits (SLMB Only), Qualified Individual (QI) and Qualified Disabled Working Individual (QDWI) Medicare Advantage members where billing is appropriate. Providers should always validate Medicaid benefits for any additional coverage beyond Medicare to confirm the appropriateness of balance billing. Once confirmed, Providers may balance bill Medicaid as a secondary payer then balance bill the member for the remaining balance. As reminder, you are not allowed to balance bill members for an amount greater than their cost share amount.

Prior authorizations for Medicare Advantage plans

Prior authorization requirements are available by accessing the Provider Self-Service Tool at <http://www.availity.com>. Contracted and non-contracted 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 2020 member ID cards will be available at <https://providers.amerigroup.com>.

New member enrollment receipt changes

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 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.