Amerigroup
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Texas 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 **Texas** for *Evidence of Coverage*, formularies and benefit summaries, or contact Provider Services at **1-866-805-4589**. 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.

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 Bexar, Comal, El Paso, Hays, Travis, and Williamson counties, called Amerivantage ESRD Care (HMO-POS 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
  - Not associated with pregnancy

* 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.

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- 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.

Electronic Health Monitoring

Telemonitoring will be renamed *Electronic Health Monitoring* and will include the following options:

- **Blood Glucose Monitoring:** Members with uncontrolled diabetes, particularly those on insulin, can be eligible for electronic health monitoring of blood glucose.
- **Blood Pressure Monitoring:** Members with uncontrolled blood pressure levels can be eligible for electronic health monitoring of blood pressure. Blood pressure cuffs are for use at home for ongoing monitoring of members' blood pressure and symptoms of hypertension.
- **Weight Monitoring Device for Cardiac Patients:** Members can be eligible for a home-based electronic weight-monitoring device. A sudden increase in weight may indicate potential heart failure symptoms.

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:

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.

Medicare Advantage PPO

Our PPO plans include coverage for services rendered by out-of-network providers. While out-of-network services do not need approval in advance, the member or member's provider can ask us to make a coverage decision in advance so the member can be made aware if the service is covered under their plan prior to services being rendered. Members are responsible for verifying that this has been completed. All services will be reviewed for coverage and medical necessity in accordance with Medicare guidelines once a claim is received. Medical records may be requested. If the member uses an out-of-network provider, their share of the cost for the covered services will be as shown in the benefits chart for out-of-network care. The member is responsible for the out-of-network cost sharing even if directed to an out-of-network provider by an in-network provider.

If the member has a National Access Plus plan, the member's share of the cost is the same whether the doctor is in our network or not. The provider must be eligible to receive payments from Medicare and accept the member's PPO plan. If a provider requests a coverage determination because there is no contracted network provider available to provide the service/treatment within our plan's service area, and this request was approved for that reason, the member will only pay the in-network cost share associated with that service.

Medicare Advantage HMO

The following HMO plan names will change in 2021:

2020 plan name	2021 plan name	Counties
Amerivantage ESRD (HMO-POS C-SNP)	Amerivantage ESRD Care (HMO-POS C-SNP)	Bexar, Comal, El Paso, Hays, Travis, Williamson
Amerivantage Diabetes (HMO C-SNP)	Amerivantage Diabetes Care (HMO C-SNP)	Harris, Tarrant
Amerivantage Dual Premier (HMO D-SNP)	Amerivantage Dual Secure (HMO D-SNP)	Archer, Atascosa, Bandera, Bastrop, Bexar, Blanco, Burnett, Caldwell, Clay, Collin, Comal, Cooke, Dallas, Delta, Denton, El Paso, Gonzales, Guadalupe, Grayson, Hamilton, Hays, Henderson, Hudspeth, Hunt, Jack, Johnson, Kendall, Lampasas, La Salle, Lee, Mason, Medina, Mills, Montague, Navarro, Palo Pinto, Parker, Rains, Real, Rockwall, San Saba, Tarrant, Throckmorton, Travis, Van Zandt, Williamson, Wilson, Wise, Zavala
Amerivantage Heart (HMO C-SNP)	Amerivantage Heart Care (HMO C-SNP)	Harris
Amerivantage COPD (HMO C-SNP)	Amerivantage Lung Care (HMO C-SNP)	Harris

There are nine new HMOs plans in 2021:

New plans for 2021	Counties
Amerivantage Diabetes Care Plus (HMO C-SNP)	Harris, Tarrant
Amerivantage Care To You Plus (HMO I-SNP)	Bexar, Dallas, Harris, Tarrant, Travis,
Amerivantage Heart Care Plus (HMO C-SNP)	Harris
Amerivantage Lung Care Plus (HMO C-SNP)	Harris

Amerivantage Select Plus (HMO)	Bexar, Fort Bend, Harris, Montgomery
Amerivantage Plus (HMO)	El Paso
Amerivantage Classic Plus (HMO)	Archers, Atascosa, Austin, Bailey, Bandera, Bastrop, Bexar, Blanco, Briscoe, Burnet, Caldwell, Castro, Chambers, Clay, Cochran, Colorado, Comal, Cooke, Crosby, Dallas, Delta, Denton, Dickens, El Paso, Floyd, Fort Bend, Galveston, Garza, Gonzales, Grayson, Grimes, Guadeloupe, Hales, Hamilton, Hardin, Harris, Hays, Henderson, Hockley, Hudspeth, Hunt, Jack, Jasper, Jefferson, Johnson, Kendall, La Salle, Lamb, Lampasas, Lee, Liberty, Lubbock, Lynn, Mason, Matagorda, Medina, Mills, Montague, Montgomery, Motley, Navarro, Orange, Palo Pinto, Parker, Rains, Real, Rockwall, San Saba, San Jacinto, Swisher, Tarrant, Terry, Throckmorton, Travis, Van Zandt, Walker, Wallers, Wharton, Williamson, Wilson, Wise, Zavala
Amerivantage Dual Coordination Plus (HMO D-SNP)	Archer, Atascosa, Austin, Bailey, Bandera, Bastrop, Bexar, Blanco, Briscoe, Burnet, Caldwell, Castro, Chambers, Clay, Cochran, Collin, Colorado, Comal, Cooke, Crosby, Dallas, Delta, Denton, Dickens, El Paso, Floyd, Fort Bend, Galveston, Garza, Gonzales, Grayson, Grimes, Guadeloupe, Hale, Hamilton, Hardin, Harris, Hayes, Henderson, Hockley, Hudspeth, Hunt, Jack, Jasper, Jefferson, Johnson, Kendall, La Salle, Lamb, Lampasas, Lee, Liberty, Lubbock, Lynn, Mason, Matagorda, Medina, Mills, Montague, Montgomery, Motley, Navarro, Orange, Palo Pinto, Parker, Rains, Real, Rockwall, San Jacinto, San Saba, Swisher, Tarrant, Terry, Throckmorton, Travis, Van Zandt, Walker, Waller, Wharton, Williamson, Wilson, Wise, Zavala
Amerivantage Dual Secure Plus (HMO D-SNP)	Archer, Atascosa, Austin, Bailey, Bandera, Bastrop, Bexar, Blanco, Briscoe, Burnet, Caldwell, Castro, Chambers, Clay, Cochran, Collin, Colorado, Comal, Cooke, Crosby, Dallas, Delta, Denton, Dickens, El Paso, Floyd, Fort Bend, Galveston, Garza, Gonzales, Grayson, Grimes, Guadeloupe, Hale, Hamilton, Hardin, Harris, Hayes, Henderson, Hockley, Hudspeth, Hunt, Jack, Jasper, Jefferson, Johnson, Kendall, La Salle, Lamb, Lampasas, Lee, Liberty, Lubbock, Lynn, Mason, Matagorda, Medina, Mills, Montague, Montgomery, Motley, Navarro, Orange, Palo Pinto, Parker, Rains, Real, Rockwall, San Jacinto, San Saba, Swisher, Tarrant, Terry, Throckmorton, Travis, Van Zandt, Walker, Waller, Wharton, Williamson, Wilson, Wise, Zavala

Medicare Advantage PPO

There is one new PPO plan in 2021:

New plans for 2021	Counties
Amerivantage Choice (PPO)	Bexar Dallas, Denton, Fort Bend, Galveston, Harris, Montgomery, Tarrant

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 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 2021.**

Balance billing reminder

CMS and Anthem do not allow you to balance bill most Medicare Advantage HMO, PPO, D-SNP, 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.

Members who 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 Plus (SLMB+) who have no Share of Cost (SOC). 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 (SLMB-Only), Qualified Individual (QI) and Qualified Disabled Working Individual (QDWI), and other Full Benefit Dual Eligible (FBDE) 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 authorization for Medicare Advantage plans

Prior authorization requirements are available at **https://www.availity.com**. Contracted and non-contracted providers who are unable to access Availity may call our Provider Services at **1-866-805-4589** 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 by going to **https://providers.amerigroup.com** and selecting **Texas**.

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.