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2015 Texas Amerivantage Specialty+Rx Plan Changes to Claims Payment

Each year Amerigroup reviews plan benefits to ensure that they meet our member needs for access, cost and quality while being financially viable plan offerings. We want you to know about changes to the Amerivantage* Specialist-Rx Dual Eligible Special Needs Plan (DSNP). DSNPs coordinate Medicaid and Medicare programs and provide enhanced member benefits.

To fulfill state and federal contractual requirements, the Texas Specialty+Rx Plan will apply the Medicare statutory amounts to Medicare covered claims received for 2015 dates of service. The remaining deductible, coinsurance or copayment amounts will then be applied to members' Medicaid benefits; those claims are processed subject to Medicaid processing guidelines.

These changes will take effect for dates of service beginning Jan. 1, 2015.

Under Medicaid, claims may not be payable at all or may be paid at less than the remaining coinsurance or copayment amount after Medicare statutory amounts are applied. If the Medicaid rate of reimbursement is more than the filed Medicare benefit, the difference will be paid to the provider. If the Medicaid rate is less than what the filed Medicare benefit has already paid on that claim, no additional payment will be made.

There is no additional party to bill. The state has contracted with our Medicare Advantage Specialty+Rx Plan to process all Medicare Cost Sharing for Medicare claims processed for our members on their behalf.

The Amerivantage Texas Specialty+Rx Plan is a "zero cost share" plan, meaning only Dual Eligible beneficiaries that have coverage of Medicare Cost Sharing protection under their Medicaid benefits are eligible for enrollment in this plan. As the member is a dual eligible beneficiary, providers are prohibited from balance billing members for any portion of that Medicare cost share that is deemed not covered under their Medicaid benefit.

Claims related to 2014 will continue to be paid at the 100 percent contracted rate. Only claims with 2015 dates of service will be impacted by this change.

Please see second page for current and 2015 filing examples.

If you have questions directly related to the processing of a claim submitted on or after January 1, 2015, please contact your provider relations representative.

For all other questions, please contact your provider network manager.

These filing examples are provided for illustration purposes only

2014 and prior - Medicare without statutory filing

2014 Claim is filed with no cost sharing applied to covered medical services
Provider submits claim with a CPT code of 99210 with a billed amount of \$120.00.

Providers Contracted rate of reimbursement is \$100.00

Claim is paid at 100% of the contracted rate, so \$100.00 is paid out to the Provider.

2015 – Medicare at Statutory Filing

Example 1 (Medicaid rate is below Medicare rate)

2015 Claim is filed with no cost sharing applied to covered medical services.

Provider submits claim with a CPT code of 99210 with a billed amount of \$120.00.

Providers Contracted rate of reimbursement is \$100.00

Claim is paid at 80% of the contracted rate, so \$80.00 is paid out to the Provider.

The remaining 20% is then applied to the member's Medicaid benefits where it is processed subject to Medicaid processing guidelines.

The Medicaid rate of reimbursement is \$60.00. Since the Medicare amount of \$80.00 is more than the \$60.00 Medicaid rate, no additional payment will be rendered.

As the member is a dual eligible beneficiary, the Provider is prohibited from balance billing the member for any portion not covered.

Example 2 (Medicaid rate is above Medicare rate)

2015 Claim is filed with no cost sharing applied to covered medical services.
Provider submits claim with a CPT code of 99222 with a billed amount of \$120.00.

Providers Contracted rate of reimbursement is \$100.00

Claim is paid at 80% of the contracted rate, so \$80.00 is paid out to the Provider.

The remaining 20% is then applied to the members Crossover account where it is processed subject to Medicaid processing guidelines.

The Medicaid rate of reimbursement is \$90.00. Since the Medicare amount of \$80.00 is less than the \$90.00 Medicaid rate, \$10.00 will be issued to the provider under the Crossover account.

As the member is a dual eligible beneficiary, the Provider is prohibited from balance billing the member for any portion not covered.

Amerivantage is an HMO plan with a Medicare contract and a contract with the Texas Medicaid program.
Enrollment in Amerivantage depends on contract renewal.

**In Texas, Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members are served by Amerigroup Texas, Inc.*

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