

Thank you for participating in our Amerivantage (Medicare Advantage) provider network. This year marks our fifth year providing health care services to elderly and disabled populations in New Jersey.

Our Amerivantage Plans

We provide health care services to Medicare beneficiaries who are entitled to Part A and enrolled in Part B. Amerivantage refers to the Medicare Advantage Special Needs Plan (SNP) and Medicare Advantage Prescription Drug (MA-PD) plans we offer. All of our plans include Medicare Part D prescription drug coverage as well as supplemental benefits covering other health care services. Our Special Needs Plans (described below) have additional eligibility requirements.

In New Jersey, we offer the Amerivantage Balance + Rx plan, which includes copays for professional services and a deductible for major medical services. We also offer the Amerivantage Specialty + Rx plan, a Medicare Advantage Dual-Eligible Special Needs Plan (D-SNP), which includes coverage of Medicaid- and Medicare-covered services under an agreement with the state of New Jersey. This plan is available to beneficiaries who are eligible for both Medicare and Medicaid benefits (dual eligibles) and enrolled in the following Medicare savings programs: Specified Low-Income Medicare Beneficiary Plus and Qualified Medicare Beneficiaries Plus.

New Jersey Counties Where Amerivantage Is Offered

We offer Amerivantage plans in Bergen, Burlington, Essex, Hudson, Middlesex, Monmouth, Ocean, Somerset and Union counties.

2013 Plan Benefit Highlights		
Benefit	Details	Vendor
Routine physical exams	Comprehensive physical exam with clinical review of body systems and appropriate laboratory services	You may bill for one routine annual visit per year (e.g., 99385–99387, 99395–99397) with DX code V70.0.
Personal emergency response system	System and monitoring equipment only; member must have a telephone landline	Critical Signals Technology
Routine hearing services	Specialty + Rx only: Medicaid-covered routine hearing services	HearUSA
Preventive and comprehensive dental coverage	Specialty + Rx only: Two dental exams, two cleanings and one set of X-rays per year in addition to Medicaid-covered dental services	Healthplex
Routine vision coverage	<ul style="list-style-type: none"> Specialty and Balance + Rx: One routine eye exam each year Specialty + Rx only: All Medicaid-covered vision services 	Block Vision

2013 Plan Benefit Highlights		
Benefit	Details	Vendor
Over-The-Counter (OTC) items	Quarterly allowance for certain OTC items. Benefit rolls from quarter to quarter but not year to year: <ul style="list-style-type: none"> • Specialty + Rx: \$100 quarterly limit. There is additional coverage for Medicaid-covered OTC items at the pharmacy • Balance + Rx: \$25 quarterly limit 	DrugSource
Assistive devices	Specialty + Rx only: \$125 quarterly allowance for certain assistive devices	DrugSource
Routine medical transportation	<ul style="list-style-type: none"> • Specialty + Rx: 24 one-way trips per year for routine services and 12 one-way trips per year for preventive services with no copayment. Additional coverage is available through Medicaid directly. • Balance + Rx: 12 one-way trips per year for preventive services with no copayment 	Local contracted providers
Silver Sneakers fitness program	Specialty + Rx only: Access to a network of fitness facilities	Healthways
Telephone physician	24/7 access to a physician by telephone	TelaDoc through the Nurse HelpLine at 1-866-805-4589
Weight management	Specialty + Rx only: Help with changing eating habits, understanding caloric intake and support for healthy eating	Weight Watchers
Part D prescription drugs	<ul style="list-style-type: none"> • Specialty + Rx: Coverage of all copays for Part D prescription drugs • Classic + Rx: Coverage of Tier 1 drugs in the coverage gap with \$0 copayment 	Caremark/Silverscript
Telemonitoring	Coverage of in-home equipment and telecommunication technology to monitor specific health conditions. Telemonitoring services supplement care but do not replace face-to-face physician visits.	Call Member Services at 1-866-805-4589

For more information about 2013 benefits and market-specific details, please refer to the [2013 Medicare Advantage provider manual](#).

2013 Medicare Enrollment Process

- The Medicare Annual Enrollment Period (AEP) begins October 15 and ends December 7 of each year.
- The Medicare Advantage Disenrollment Period (MADP) begins January 1 and ends February 14 of each year. During the MADP, Medicare beneficiaries have the opportunity to disenroll from any Medicare Advantage plan and return to original Medicare and/or enroll in a stand-alone prescription drug plan (not offered by Amerigroup).
- The Initial Coverage Election Period: When a person first becomes eligible for Medicare hospital insurance (Part A) and medical insurance (Part B), he or she has a seven-month period to enroll in a Medicare Advantage plan. This usually happens around the person's 65th birthday.
- Special Election Period: The Centers for Medicare & Medicaid Services (CMS) identifies several circumstances when a person may change Medicare options outside of the annual or initial enrollment periods. For example, dual-eligible members can enroll in or disenroll from a Medicare Advantage plan at any time throughout the year.
- Special Needs Plan (SNP) enrollees may change Medicare Advantage plans at any time during the year with changes effective the first of the following month, subject to CMS approval.

Cost Sharing

- In New Jersey, we partner with the state to cover all Medicare cost-share amounts for services covered under the state SNP agreement. Cost sharing for covered services will be paid automatically in our system, so you do not have to bill the state. Please refer to the Explanation of Payment for all claims processed.
- You may not collect any additional payment from Amerivantage plan members other than those cost-sharing amounts specified in the members' plan Summary of Benefits.
- For dual-eligible members, you may only collect amounts permitted by the state Medicaid program or federal law.
- For dual-eligible members, federal law requires you to bill only the members' health plan or the state Medicaid agency for copayments or other cost-sharing amounts.

To keep you informed about Amerivantage plan updates, we will send monthly communications highlighting topics and resources. Let us know how we are doing and how we can better serve you by emailing your feedback to Michelle Moats, manager of Provider Education, at michelle.moats@amerigroup.com. If you have questions, please call our Dedicated Service Unit at 1-866-805-4589. We look forward to working with you for another successful year.