

FAQs for 2018 D-SNP Plans

Introduction:

Anthem Blue Cross is offering Dual Special Needs Plans (D-SNPs) to people who are eligible for both Medicare and Medicaid benefits or who are qualified Medicare beneficiaries (QMBs) in CA. SNPs provide enhanced benefits to people eligible for both Medicare and Medicaid. Some of these enhanced benefits may include a combination of supplemental benefits such as hearing, dental, vision as well as transportation to doctors' appointments. Some SNP plans may also include a card or catalog for purchasing over-the-counter items. These plans are \$0 premium plans.

This FAQ does not apply to Anthem Connect plans. For further information on these plans, providers should work directly with CareMore.

Anthem D-SNP members benefit from a Model of Care that Anthem uses to assess members' needs and coordinate their care. Each member receives a comprehensive health risk assessment (HRA) within 90 days of enrollment as well as annually, covering a member's physical, behavioral and functional needs and a comprehensive medication review. The member HRA is used to create an individualized member care plan. Members with multiple or complex conditions are assigned to a health plan case manager at Anthem.

DSNP HRAs, care plans and case managers support members and their providers by helping to identify and escalate potential problems for early intervention, ensuring appropriate and timely follow-up and providing navigation and coordination services across the Medicare and Medicaid programs.

Key Points:

Providers should understand that D-SNP members are protected from all balance billing.

Anthem D-SNPs are "zero cost share" plans, meaning we only enroll dual eligible beneficiaries (people eligible for both Medicare and Medicaid) who have Medicare cost sharing protection under their Medicaid benefits. The provider may not seek payments for cost sharing from dual eligible members for health care services; cost sharing is handled by the state Medicaid agency for this plan. Providers cannot bill D-SNP members for services not reimbursed by Medicaid or Anthem's D-SNP plan, nor can providers balance bill for the difference between what has been paid and the billed charges. Medicare cost sharing is paid according to each state's Medicaid reimbursement logic. Some states do not reimburse for Medicare cost sharing if the payment has already met or exceeded Medicaid reimbursement methodology.

- Providers who see Anthem Medicare Advantage HMO members also are considered contractually eligible to see Anthem D-SNP members.
- To submit claims and processing for Medicare cost sharing for consideration under Medicaid payment rules, providers may be required to first enroll with the state Medicaid agency.

- In most markets, providers who treat Anthem D-SNP members will file the initial claim with Anthem and then bill the state Medicaid agency or the applicable Medicaid Managed Care Organization contracted with the state for Medicare cost sharing processing. Medicare cost sharing is paid according to each state's Medicaid reimbursement logic. Some states do not reimburse for Medicare cost sharing if the payment has already met or exceeded Medicaid reimbursement methodology.

Providers that are contracted for SNP plans are required to take annual training to keep up-to-date on plan benefits and requirements, including details on coordination of care and Model of Care elements. Every provider that is contracted for our SNP plans is required to complete an attestation stating that they have completed their annual training. These attestations are located at the end of the self-paced training document.

To take the self-paced training, please go to the Model Of Care Provider Training link at <https://anthemmoc.skillport.com>.

Questions and Answers

What are dual eligibles and D-SNPs?

Dual eligibles are people with Medicare who also qualify for some type of state Medicaid benefits. This means that these members are eligible for both Medicaid and for Medicare. These individuals may have higher incidence of chronic conditions, cognitive impairments and functional limitations. *Dual eligible special needs plans* or *D-SNPs* are special Medicare Advantage plans that enroll only dual eligibles, providing them with more intensive coordination of care and services than those offered by traditional Medicare and Medicare Advantage plans.

What is a SNP Model of Care?

Special needs plans (SNPs) are required by the Centers for Medicare & Medicaid Services to have a Model of Care that describes how the SNP will administer key components of their care management programs, ranging from assessments to staff and provider training. The Model of Care describes the population being served, the unique needs of the population being served, and how Anthem will meet the needs of these members. Each SNP's Model of Care is evaluated and scored by the National Commission on Quality Assurance (NCQA) and approved by CMS.

How does the Model of Care help physicians?

Three major components of the Model of Care – the member's health risk assessment, care plan and assigned case manager – support providers in serving D-SNP members. Each member receives a comprehensive health risk assessment (HRA) which evaluates the member's physical, behavioral and functional needs -- and a comprehensive medication review. Health plan staff

use the assessment information to create an individualized member care plan. These key Model of Care components identify and escalate potential problems for early intervention, help ensure appropriate and timely follow-up, and help navigate and coordinate services across the Medicare and Medicaid programs. Providers have access through the provider portal to review the care plan and the results of the health risk assessment as well as other details to help manage the member's care. In addition, members with multiple or complex conditions may be assigned to a case manager to assist with their healthcare needs.

How about management of care transitions?

Anthem case managers are involved with care transitions such as discharge from inpatient hospital to home for those considered high risk for readmission, or home to assisted living. Such transitions may trigger a reassessment and updates to the member's care plan as needed. Case managers help ensure that D-SNP members see their primary provider in the first week after discharge and work through any problems with members adhering to their post-discharge medication regimens.

What is the Interdisciplinary Care Team (ICT)?

Each D-SNP member will have at a minimum an annual HRA and care plan review, as well as an interdisciplinary care team (ICT). Members of the ICT may include any of the following: nurses, physicians, social workers, pharmacists, the member and/or the member's caregiver, behavioral health specialists or other participants as determined by the member, the member's caregiver or a relative of the member.

Providers who care for Anthem members are considered a participant in the ICT and may be contacted by a case manager to discuss the member's needs. The case manager also may present recommendations concerning care coordination or needs identified while working with a member. Our goal is to assist providers in managing and coordinating patient care and to improve their health status and outcomes.

Does the provider have to become a Medicaid provider?

Even if a provider is providing only Medicare-covered Part A or Part B services to D-SNP members, we recommend that the provider attain a Medicaid ID, as the state Medicaid agency may require this to submit a claim for the Medicare Cost Share. Providers cannot bill D-SNP members for services not reimbursed by Medicaid or Anthem D-SNP plan. D-SNP members are protected from all balance-billing.

Do providers need a separate agreement/contract to see Anthem D-SNP members?

Providers who see Anthem Medicare Advantage HMO members also are considered contractually eligible to see Anthem D-SNP members.

How do providers file claims for D-SNP members?

Claims for services to D-SNP members are filed the same way claims are filed for regular Anthem Medicare Advantage members. Providers should ensure that the claim has the correct member ID, including the correct prefix.

How is the D-SNP member's cost sharing handled?

D-SNP benefits are administered in a manner similar to Medicare fee for service. Upon receiving the health plan's explanation of payment, providers should bill the state Medicaid agency or the applicable Medicaid Managed Care Organization contracted with the state for Medicare cost sharing processing for processing of any Medicare cost sharing applied. (*NJ & TX will cross claims over for payment)

Medicare cost sharing is paid according to each state's Medicaid reimbursement logic. Some states do not reimburse for Medicare cost sharing if the payment has already met or exceeded Medicaid reimbursement methodology.

Do providers have to file claims twice for D-SNP members?

Providers who treat Anthem D-SNP members will file the initial claim with Anthem and then bill the state Medicaid agency or the applicable Medicaid Managed Care Organization contracted with the state for Medicare cost sharing processing. Please use the same electronic claims submission or address and P.O. Box you use today for Anthem claims filing. (*NJ & TX will cross claims over for payment)

Do D-SNP members have access to the same prescription drug formulary as other Anthem Medicare Advantage members?

Yes, D-SNP members have coverage for the same prescription drugs listed on the Anthem MAPD drug formulary. However, in California, the tier placement may vary. Be sure to review the plan's specific formulary for details on California DSNPs, as there are different formularies depending upon the market.

What are Anthem D-SNP benefits?

The Anthem D-SNP covers all Medicare Part A and B services and includes full Part D prescription coverage. Anthem also covers a range of preventive services with no cost sharing for the member. In addition, the D-SNP includes coverage for supplemental benefits that may include routine dental, routine vision, non-emergency medical transportation. A summary of the D-SNP benefits is posted on the provider portal for Anthem members and the member portal for Amerigroup members.

Any Medicaid benefits available to the member would be processed under their Medicaid coverage either directly with the state or a Medicaid Organization on behalf of the state the member is enrolled with.

Does the D-SNP use the same procedure codes and EDI payer codes?

Yes, the D-SNP uses the same procedure and payer codes and electronic filing procedures as other Anthem Medicare Advantage plans.

Is the EDI payer ID code for this product the same as others?

Yes, all the claim submission information -- EDI and paper -- will be the same. Providers must submit this information with the correct ID. Please check the EDI section of the provider portal for the correct payer codes to use for your market.

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In New Jersey, Amerivantage dba Amerigroup Community Care. In New Mexico, Amerigroup Community Care of New Mexico, Inc. 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. In Tennessee, Amerigroup Tennessee Inc. dba Amerigroup Community Care. In Washington, Amerigroup Washington, Inc.