

Dual Eligible Special Needs Plans For 2015

Introduction:

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

D-SNPs are a kind of Medicare Advantage plan that are approved by Medicare and also contract with the state Medicaid agency. Providers who see Amerigroup Medicare Advantage members in Florida are "in network" and available to see Amerigroup D-SNP members effective Jan. 1, 2015, unless they have opted out of participating with the D-SNP plan.

Amerigroup D-SNP members benefit from a Model of Care that Amerigroup uses to assess members' needs and coordinate their care. Each member receives a comprehensive health risk assessment (HRA) within 90 days of enrollment, 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 care manager at Amerigroup.

D-SNP HRAs, care plans and care managers support members and their providers by helping to identify and escalate potential problems for early intervention, to help ensure appropriate and timely follow-up, and to help navigate and coordinate services across the Medicare and Medicaid programs.

Key points:

Providers should understand that D-SNP members are protected from all balance billing. Amerigroup 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 Amerigroup for this plan. Providers cannot bill D-SNP members for services not reimbursed by Medicaid or Amerigroup'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 Amerigroup Medicare Advantage HMO members also are considered contractually eligible to see Amerigroup D-SNP members effective Jan. 1, 2015. The provider may opt out of the D-SNP plan by following the process outlined in the Amerigroup Provider Agreement.
- 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.
- Providers who treat Amerigroup D-SNP members Florida will file the initial claim with Amerigroup and then bill the state Medicaid agency or the applicable Medicaid Managed Care Organization contracted with the state for Medicare cost sharing processing. If a member in NY is also enrolled in Medicaid with Amerigroup, the provider only needs to submit one claim to Amerigroup for processing of both primary and secondary payer. 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.
- Amerigroup offers providers an introductory training on D-SNP plans, including claims submission, coding procedures and model of care information. See Dual Eligible Special Needs Plan Provider Training at the links below.

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- The D-SNP product uses Amerigroup's Medicare Advantage HMO provider network. Providers are reimbursed according to their Medicare Advantage HMO rates. Additionally, some plans have coverage for supplemental benefits such as vision, dental and transportation; these are additional benefits beyond what traditional Medicare covers and varies by filed benefits per plan (see Summary of Benefits for a complete listing). Providers contracted for these supplemental benefits are reimbursed according to their



Medicare Advantage provider contract; however some supplemental benefits are only available if rendered by a specific vendor. If a benefit is not covered under the Plan, there may be coverage directly by the state under any Medicaid benefits the member may have (not all members qualify for all Medicaid services). Additionally, all D-SNP Members get extra help for coverage of Part D cost sharing and will receive some form of subsidy as determined by their Low Income Subsidy (LIS) Level. A summary of the D-SNP benefits is posted at the links below.

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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. Also called *Medicare-Medicaid enrollees*, these individuals typically have higher incidence of chronic conditions, cognitive impairments and functional limitations than average Medicare beneficiaries. *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. 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 care manager – support providers in serving D-SNP members. Each member receives a comprehensive health risk assessment (HRA), evaluating 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. Members with multiple or complex conditions are assigned to a health plan care manager. These key Model of Care components support members and their providers by helping to identify and escalate potential problems for early intervention, in an effort to ensure appropriate and timely follow-up, and to help navigate and coordinate services across the Medicare and Medicaid programs

How about management of care transitions?



Amerigroup care managers are involved with care transitions such as discharge from inpatient hospital to home, or home to assisted living. Such transitions trigger a re-assessment and updates of the member's care plan as needed. Care 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 an assigned care coordinator, as well as an individualized interdisciplinary care team (ICT) which 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 Amerigroup members are considered a participant in the ICT and may be contacted by a Care Manager to discuss the member's needs. The Care 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.

What CPT code should providers use when submitting a claim that includes working with a care manager and participation in a Care Coordination Conference?

Providers working with the care manager that participate in a Care Coordination Conference should bill using CPT 99367. Providers are reimbursed for being a part of the Interdisciplinary Care Team and for participating in Care Coordination Conferences.

How can providers contact a D-SNP member's care manager?

Providers can access a member's health risk assessment and care plan online and view participants of the interdisciplinary care team via Patient 360. Patient 360 is a read-only dashboard available through the Provider Web Portal. It provides instant access to detailed information about Amerigroup individual Medicare Advantage members.

Providers also can call Customer Service and ask to speak to the care manager.

Does the provider have to become a Medicaid provider?

Even if a provider is only 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 Amerigroup's D-SNP plan. D-SNP members are protected from all balance-billing.



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

Providers who see Amerigroup Medicare Advantage HMO members also are considered contractually eligible to see Amerigroup D-SNP members effective Jan. 1, 2015. The provider may opt out of D-SNP participation by following the process outlined in the Amerigroup Provider Agreement.

Can a provider choose not to participate in this product?

Yes. The provider may opt out of any product participation by following the process outlined in the Amerigroup Provider Agreement. Providers may opt out of participating with the D-SNP plan and continue to participate in Amerigroup's Medicare Advantage plans.

How do providers file claims for D-SNP members?

Claims for services to D-SNP members are filed the same way as for regular Amerigroup 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?

In Florida 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 for processing of any Medicare cost sharing applied. 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 Amerigroup D-SNP members in Florida will file the initial claim with Amerigroup and then bill the state Medicaid agency or the applicable Medicaid Managed Care Organization contracted with the state for Medicare cost sharing processing. If a member in NY is also enrolled in Medicaid with Amerigroup, the provider only needs to submit one claim to Amerigroup for processing of both primary and secondary payer. Please use the same electronic claims submission or address and P.O. Box you use today for Amerigroup claims filing.

Will D-SNP members be served by a new or different provider network?

D-SNP members will be served by providers in Amerigroup's contracted the Medicare Advantage HMO provider network.

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



Yes, D-SNP members have coverage for the same prescription drugs listed on the Amerigroup MAPD/PDP drug formulary.

What are Amerigroup's 2015 D-SNP benefits? Are they posted on-line?

The Amerigroup D-SNP covers all Medicare Part A and B services and includes full Part D prescription coverage. Amerigroup 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 at the links below.

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The member's Evidence of Coverage, also found at the link above, also contains benefit information.

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 Amerigroup Medicare Advantage plans.

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

A. Yes, all the claim submission information -- EDI and paper -- will be the same.

Providers must submit this information with the correct ID.

00950 – Professional

00450 – Institutional

Where can I learn more about Amerigroup D-SNPs?

Amerigroup offers an introduction to D-SNP plans, including claims submission, Provider Manuals, coding procedures and model of care information.

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What will the Amerigroup D-SNP member ID card look like?

2015 sample ID cards for your state are available in the 2015 Provider Manual

Will there be a unique prefix that identifies Amerigroup D-SNP members?



Yes, please see chart below.

Are there customer service numbers dedicated to D-SNPs?

Yes. Providers and members should use the following phone numbers for D-SNP customer service.

State	Plan Type	Plan Name	CS TFN	CMS contract
FL	MA HMO/SNP	Amerivantage Classic Amerivantage Specialty	1-866-805-4589	H8991

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

