

December [TBD], 2013

Dear Provider:

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

**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. Our plan includes 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 Maryland, we offer the Amerivantage Specialty + Rx plan to beneficiaries who are eligible for both Medicare and Medicaid benefits (dual eligibles) and enrolled in the following Medicare savings programs: Qualified Medicare Beneficiaries (QMB) and QMB Plus.

**Maryland counties where Amerivantage is offered:**

We offer Amerivantage plan in Carroll County only.

<b>2014 Plan Benefit Highlights</b>		
<b>Benefit</b>	<b>Details</b>	<b>Vendor</b>
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 ICD 9 diagnosis code V70.0.
Routine hearing services	One routine hearing exam each year.	N/A – Available through Amerigroup participating providers.
Routine vision coverage	One routine eye exam each year.	Block Vision
Part D prescription drugs	Coverage of Tier 1 drugs in the coverage gap with a \$0 copayment.	Caremark
Telemonitoring	Coverage of in-home equipment and telecommunication technology to monitor specific health conditions. Telemonitoring services supplement care but does not replace face-to-face physician visits.	Critical Signals Technologies (CST)

In addition to the benefits and services noted above, PCPs should conduct a Health Risk Assessment (HRA) for each Medicare member assigned to his/her panel on an annual basis. Please download the HRA from our website, complete it electronically, fax it to the number on page one and bill for the service. We will reimburse you \$200 for a properly completed HRA.

For more information about 2014 benefits and market-specific details, please refer to the 2014 Amerigroup Medicare Advantage provider manual online at [providers.amerigroup.com/MD](http://providers.amerigroup.com/MD).

**2014 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:**

- You may not collect any additional payment for cost-sharing obligations from Amerivantage plan members other than those specified in the members' plan Summary of Benefits.
- In Maryland, you should bill the state Medicaid program for medical cost-sharing amounts for SNP members.
- 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 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  
[michelle.moats@amerigroup.com](mailto: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.

Sincerely,

Amerigroup Community Care