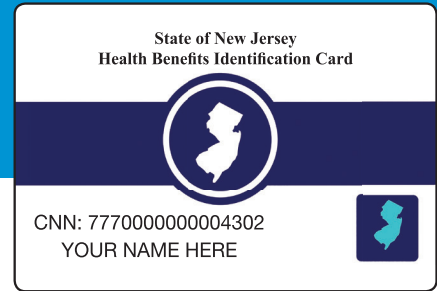
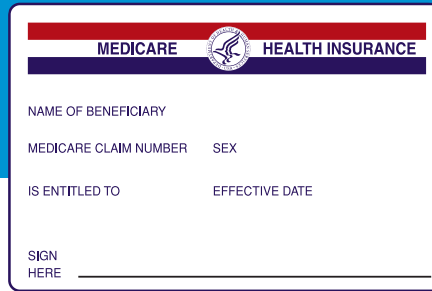




Amerivantage Dual Coordination (HMO SNP) Plan



Tips for a Simple Billing Process

The Amerivantage Dual Coordination (HMO SNP) plan is open year-round to anyone who qualifies for Medicare **and** Medicaid and who lives in the Amerigroup plan service area. They are also known as dual-eligible, and are among the most vulnerable members your office cares for.

This plan helps coordinate care for your patients with the goal of delivering better outcomes.

To remain eligible, these members must:

- Maintain Medicaid/NJ FamilyCare eligibility on a monthly basis
- Use care coordination services described by the plan’s Model of Care
- Take a health risk assessment every year

What is the Amerivantage Dual Coordination (HMO SNP) plan’s billing structure?

Similar to Medicare Fee-for-Service, 80% of the cost share is covered by the plan and 20% is covered by Medicaid/NJ FamilyCare payment arrangements.

Is the Amerivantage Dual Coordination (HMO SNP) plan an HMO or a PPO?

Amerigroup offers HMO-based D-SNP products with network restrictions.

Use this guide for:

- Quick answers to frequently asked questions
- Simple billing tips, including who to call with questions (please turn to the other side)

Thank you for the service you provide our members!

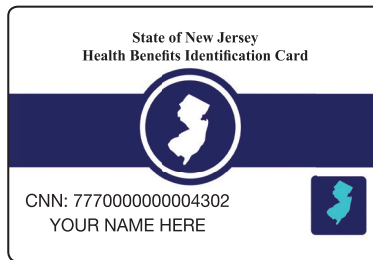
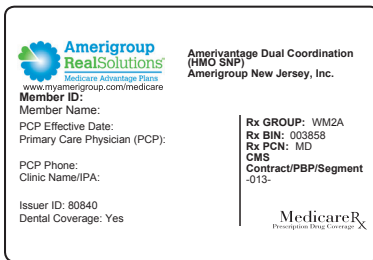
Did you know? Dual-Eligible Special Needs Plans (D-SNPs) are one of the largest – and fastest growing – kinds of special needs plans.*

*CPSC Feb-16 Membership File from CMS

Tips for a Simple Billing Process

1. Always ask members for just these two cards!

- Amerivantage Dual Coordination (HMO SNP) member identification card
- Medicaid/NJ FamilyCare card



D-SNP members always qualify for \$0 copays.

2. Never bill Medicaid members.

Start with the Amerivantage Dual Coordination (HMO SNP) plan, then collect any remaining, allowable cost share from Medicaid/NJ FamilyCare.

3. Include the patient’s Medicaid/NJ FamilyCare ID number.

This ensures you’ll receive payment for the plan services your office provides, when you are in the plan network.

**Need help or want more information?
I’m here to help!**

Other key billing considerations:

- Medicaid/NJ FamilyCare is the payer of last resort for D-SNP plans, meaning if a service is covered under both Medicare and Medicaid/NJ FamilyCare, the D-SNP plan must pay first.
- Medicaid/NJ FamilyCare would then process any amount owed up to the Medicaid/NJ FamilyCare allowable limit.
- If your patient’s Medicare benefit is exhausted, or the service is not covered, Medicaid/NJ FamilyCare will pay if it is a Medicaid/NJ FamilyCare-covered service.
- If the D-SNP plan paid more than the Medicaid/NJ FamilyCare allowable amount, you will not receive additional money and must accept the D-SNP plan payment as payment in full.
- Medicaid may have different billing rules in each state. We encourage you to visit your state’s website for more information.



Amerivantage Dual Coordination (HMO SNP) is a D-SNP plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Amerivantage Dual Coordination (HMO SNP) depends on contract renewal.