

## New Mexico 2018 Medicare Advantage plan changes

Annual benefits changes for Medicare Advantage plan members will be effective Jan. 1, 2018.

### Why is this change necessary?

Each year, we renew our contract with the Centers for Medicare & Medicaid Services and CMS re-evaluates and approves the benefits we offer to our Medicare Advantage members for the upcoming year.

### What is the impact of this change?

This is a summary. Complete details can be found in the member's evidence of coverage. Please visit our website at <https://www.myamerigroup.com/Pages/welcome.aspx> for 2018 evidence of coverage, formularies and benefit summaries or contact Provider Services at the number on the back of the member's ID card. Plans may include changes to Medical and Part D benefits, copayments and/or coinsurance, deductibles, formulary coverage, pharmacy network, premium and out-of-pocket maximums.

## 2018 highlights

### Global Medical Benefits

- Increased ER copay to new maximums of \$80/\$100. These copays were changed to encourage members to select the most appropriate site of care, such as an urgent care or primary care setting. In 2018, ER copay limits are \$80 for plans with a Maximum Out-of-Pocket (MOOP) greater than \$3,400 and \$100 for plans with a MOOP equal to or less than \$3,400.

### New for HMO

- Coverage for some over-the-counter health items

### Medicare Advantage HMO:

- The **Amerivantage Classic (HMO)** will continue to be offered in Bernalillo, Sandoval, Santa Fe, Torrance and Valencia counties

Please check the member ID card for any identification and/or group number changes that may affect claim submissions.

### Frequently Offered Supplemental Benefits

(Complete details can be found in the member's evidence of coverage.)

- \$0 annual exam
- Preventive dental
- Vision exam
- SilverSneakers — fitness
- Hearing aid allowance

- LiveHealth Online — convenient access to a doctor via live, two-way video on a computer or mobile device. Members logon to [www.livehealthonline.com](http://www.livehealthonline.com)
- Nursing hotline
- Worldwide coverage

## **Formulary and Pharmacy**

Each year we evaluate our benefits and formulary and may make changes to update them. Formulary changes in the upcoming year include: tier changes, drug removals, and new Prior Authorization and Quantity Limit requirements.

Your patients will have formulary changes and will need your help to ensure they get their prescriptions at the most affordable cost.

Please encourage your patients to review the 2018 formulary information within their Annual Notice of Change (ANOC) mailing or their new member kit, or to view the information online when it is available, beginning October 1. Ask them if the coverage for any of their prescriptions has been changed, and consider alternative medications in a lower cost-sharing tier that may meet their needs.

Individual MAPD plans have a pharmacy network that includes preferred and standard network retail pharmacies. Members save more by paying a lower cost-sharing amount at preferred cost-sharing pharmacies. Our preferred cost-sharing pharmacies include **CVS/pharmacy, Kroger, Target, Sam's Club and Walmart. Additional independent pharmacies have been added to the cost-sharing network for 2018.**

Members can fill a prescription at a network retail pharmacy, but their cost-sharing amount may be higher.

Part D benefits on Amerivantage Medicare Advantage Part D plans include an expanded \$0 Tier 6 and will continue to cover Tier 6 through the gap at both preferred and non-preferred pharmacies.

## **Balance Billing Reminder:**

CMS and Amerivantage do not allow you to balance bill Medicare Advantage HMO and PPO members for Medicare-covered services. CMS provides an important protection for Medicare beneficiaries and our members such that, after our members have met any plan deductibles, they only have to pay the plan's cost-sharing amount for services covered by our plan. As a Medicare provider and/or a plan provider, you are not allowed to balance bill members for an amount greater than their cost share amount. This includes situations where we pay you less than the charges you bill for a service. This also includes charges that are in dispute.

## **Prior Authorization Updates for Medicare Advantage Plans:**

Providers are required to periodically review and comply with the latest Medicare Advantage Prior Authorization requirements found at <https://providers.amerigroup.com/Pages/PLUTO.aspx>

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Amerigroup Community Care of New Mexico, Inc. is an HMO plan with a Medicare contract. Enrollment in Amerivantage depends on contract renewal.