

New Mexico 2020 Medicare Advantage plan changes

Annual benefit changes for Amerigroup Amerivantage (Medicare Advantage) plan members under Amerigroup Community Care of New Mexico, Inc. will be effective January 1, 2020. The following is a summary of these changes. Complete details can be found in the member's evidence of coverage. Please visit <https://www.providers.amerigroup.com> for 2020 evidence of coverage, formularies and benefit summaries, or contact Provider Services at the number on the back of the member's ID card. Changes may include medical and Part D benefits, copays, coinsurance, deductibles, formulary coverage, pharmacy network, premiums and out-of-pocket maximums.

Some group-sponsored Medicare Advantage plan benefits vary from the Medicare Advantage plans offered to individuals. Please refer to the member's evidence of coverage or call Provider Services at the number on the member ID card for more benefit detail.

2020 highlights

- **IngenioRx** — Effective January 1, 2020, IngenioRx will become our new Pharmacy Benefit Manager (PBM) and will start managing prescription coverage for your Medicare Advantage patients. IngenioRx PBM services will include handling your patients' prescriptions for mail order and specialty pharmacy medications. We will automatically transfer prescriptions to IngenioRx Home Delivery Pharmacy for patients currently using Express Scripts Mail Order Pharmacy. Members will receive instructions for initializing IngenioRx Home Delivery Pharmacy. Patients currently receiving specialty drugs from Accredo, can continue to use Accredo in 2020. Most patients will be able to fill their prescriptions at their same retail pharmacy outlet. If your patient's pharmacy will not be available, we will notify your patient by letter and include a list of three alternative pharmacies near his or her home.
- **Medicare Part B step therapy** — Drug step therapy is a type of prior authorization that requires one drug (or drugs) to be tried for a medical condition prior to utilizing other drugs; the steps typically require lower cost drugs or drugs with better clinical outcomes to be tried first. In 2020 Part B step therapy may apply to some categories that include: Short Acting Colony Stimulating Factor (CSF): Preferred Drug-Zarxio, and Immune Globulins (IG): Preferred Drugs-Gamunex-C and Octagma. Other categories may be added later in 2020, If Step therapy applies, the review will apply upon precertification initiation, in addition to the current medical necessity review. Step therapy will not apply for members who are actively receiving medications.
- **Continuous glucose monitor** — This plan only covers FreeStyle Libre Continuous Glucose Monitors (CGMs). We will not cover other brands unless you tells us it is medically necessary. CGMs MUST be purchased at a network retail or our mail-order pharmacy to be covered. If a member purchases these supplies through a Durable Medical Equipment (DME) provider these items will not be covered.
Coverage limitations:

- 2 Sensors per month
- One receiver every 2 years
- **Medicare opioid benefit** — Opioid use disorder treatment services are covered under Part B of Original Medicare. Members of our plan receive coverage for these services through our plan: FDA-approved opioid agonist and antagonist treatment medications and the dispensing and administration of such medications, Substance use counseling, Individual and group therapy, and/or toxicology testing.
- **No cost for certain labs** — \$0 labs for A1C, urine protein, fecal occult blood test and diabetic eye exam
- **Emergency room copays** — Some plans will waive emergency room copays if patient is admitted to the hospital within 24 hours.

Medicare Advantage HMO

One new HMO will be offered in the following areas in 2020:

Expanding plans for 2020	Counties
Amerivantage Plus (HMO)	Bernalillo, Sandoval, Santa Fe, Torrance, Valencia

Frequently offered supplemental benefits — Complete details can be found in the member’s Evidence of Coverage.

- Annual exam — \$0
- Preventive dental care
- Vision exam
- SilverSneakers® fitness program
- Hearing aid allowance
- Over-the-counter (OTC) allowances for medications and health-related items at more than 4,600 Walmart and Neighborhood Market stores and other participating retailers
- LiveHealth Online — Convenient access to a doctor via live, two-way video on a computer or mobile device. Members logon to www.livehealthonline.com.
- Nursing hotline
- Chiropractic care
- Post-discharge meals
- Worldwide coverage
- Personal Emergency Response System (PERS) — The Emergency Response System is intended to help people maintain independence in their own homes who might otherwise need to live in an assisted living facility. Monthly monitoring and testing is included.

Formulary and pharmacy

Formulary and pharmacy benefits for 2020 are as listed below:

- Members are eligible to receive a 100 day supply for the same price as a 90 day supply fill for drugs placed on tier 1 for the plans using a 5 tier formulary or on tier 6 for plans using a 6 tier formulary.

- Hyaluronic acid — Our plan covers Durolane, Euflexxa, Supartz and Gel-SYN-3 hyaluronic acids. We will not cover other brands unless you tell us it is medically necessary.

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 2020 formulary information within their Annual Notice of Change (ANOC) mailing or their new member kit, or online. 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.

Most individual MAPD plans have a pharmacy network that includes preferred and standard network retail pharmacies. Members may save more by paying a lower cost-sharing amount at preferred cost-sharing pharmacies. Our preferred cost-sharing pharmacies include **CVS/pharmacy, Giant Eagle, Kroger, Target, Sam's Club and Walmart. Additional independent pharmacies have been added to the cost-sharing network for 2020.**

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

Many of our plans offer Erectile Dysfunction drugs. Please check your patient's formulary to see if they have coverage.

Balance billing reminder

CMS and Amerigroup 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 authorizations for Medicare Advantage plans

Prior authorization requirements are available by accessing the Provider Self-Service Tool at <https://www.availity.com>. Contracted and non-contracted providers who are unable to access Availity may call our Provider Services at the phone number on the back of the member's ID card for prior authorization requirements.

Please check the member ID card for any identification and/or group number changes that may affect claim submissions. Sample 2020 member ID cards will be available at <https://providers.amerigroup.com>.

New member enrollment receipt changes

The *Member Enrollment Receipt* is a document found at the end of member enrollment kits that allows the agent or broker to fill in plan and agent information for the new member's reference. The receipt includes:

- Rx BIN, Rx PCN, and Rx GRP numbers
- Names, phone numbers, and websites for ancillary benefit information like dental, vision and hearing.

The enrollment receipt does not contain a member ID, and we expect our plan members to continue to bring their plan ID cards to their provider visits. If a member arrives to an appointment without their plan ID card, please follow your standard procedure for validating enrollment in our plan.