

## New Mexico 2021 Medicare Advantage plan changes

### Annual benefit changes for Medicare Advantage plan members under Amerigroup Community Care of New Mexico, Inc. will be effective January 1, 2021.

The following is a summary of these changes. Complete details are in the member's *Evidence of Coverage*. Please visit <https://providers.amerigroup.com> and select your **New Mexico** for *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.

### 2021 highlights:

Not all benefits listed below are available to all Medicare Advantage members. Complete details are in the member's *Evidence of Coverage*.



#### End Stage Renal Disease (ESRD)

Medicare beneficiaries with End Stage Renal Disease (ESRD) may enroll in all Medicare Advantage plans beginning January 1, 2021:

- Previously, ESRD beneficiaries could only obtain Medicare Advantage coverage under limited circumstances. With this new enrollment option, ESRD beneficiaries may select a Medicare Advantage plan during open enrollment regardless of previous coverage.



#### Acupuncture

Medicare coverage of acupuncture: Beneficiaries are covered for up to 12 visits in 90 days under the following circumstances (copays or coinsurance may apply):

- Chronic low back pain defined as:
  - Lasting 12 weeks or longer.
  - Nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease).
  - Not associated with surgery.
  - Not associated with pregnancy.

\* Tivity Health, Inc. is an independent company providing the SilverSneakers fitness program on behalf of Amerigroup Community Care of New Mexico, Inc. CVS Pharmacy, Giant Eagle, Kroger, Target, Sam's Club and Walmart are independent companies providing pharmacy services on behalf of Amerigroup Community Care of New Mexico, Inc.

<https://providers.amerigroup.com>

- An additional eight sessions will be covered for members demonstrating improvement. No more than 20 acupuncture treatments may be administered annually.
- Treatment must be discontinued if the member does not improve or regresses.

Some plans also may offer additional acupuncture benefits that go beyond Original Medicare coverage. Acupuncture benefits are through Amerigroup’s contracted network with American Specialty Health.



### Emergency and Urgent World Wide

Emergency and Urgent World Wide Coverage limit increases from \$25,000 to \$100,000.



### Electronic Health Monitoring

*Telemonitoring* will be renamed *Electronic Health Monitoring* and will include the following options:

- **Blood Glucose Monitoring:** Members with uncontrolled diabetes, particularly those on insulin, can be eligible for electronic health monitoring of blood glucose.
- **Blood Pressure Monitoring:** Members with uncontrolled blood pressure levels can be eligible for electronic health monitoring of blood pressure. Blood pressure cuffs are for use at home for ongoing monitoring of members’ blood pressure and symptoms of hypertension.
- **Weight Monitoring Device for cardiac patients:** Members can be eligible for a home-based electronic weight-monitoring device. A sudden increase in weight may indicate potential heart failure symptoms.

## Supplemental benefits

Amerigroup offers a variety of mandatory supplemental benefits on many plans that go above and beyond Original Medicare. Please refer to the member’s *Evidence of Coverage*. These additional benefits may include:



### Transportation

Transportation to and from medical visits, SilverSneakers®\* locations and pharmacy visits is covered by this benefit. This benefit covers up to 60 one-way trips each calendar year. The service requires approval at least 48 hours in advance. Benefit levels may vary by plan.



### Healthy meals — post-discharge

Members can receive meals to assist with a transition home following discharge from a hospital or nursing facility.

## Formulary and pharmacy

Formulary and pharmacy benefits for 2021 are as listed below:



### 100-day prescription refills

Members are eligible to receive a 100-day supply for the same price as a 90-day supply fill for tier six select care drugs.

### Erectile Dysfunction drugs

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

Please encourage your patients to review the 2021 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 2021.**



### Balance billing reminder

CMS and Amerigroup do not allow you to balance bill most Medicare Advantage HMO 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 for Medicare Advantage plans

Prior authorization requirements are available 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 2021 member ID cards will be available at by going to <https://providers.amerigroup.com> and selecting **New Mexico**.

### Member enrollment receipts

The *Member Enrollment Receipt* is a document found at the end of member enrollment kits that allows the agent or broker to fill in the plan, provider 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.