



# Amerivantage Dual Coordination (HMO SNP) Plan

NAME OF BENEFICIARY _____	
MEDICARE CLAIM NUMBER _____	SEX _____
IS ENTITLED TO _____	EFFECTIVE DATE _____
SIGN HERE _____	

## 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 TennCare 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 TennCare 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!**

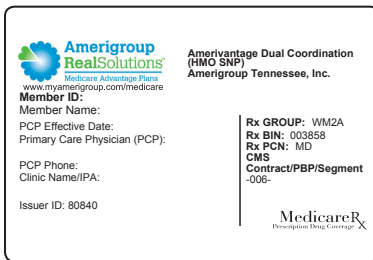
**Did you know?** Dual-Eligible Special Needs Plans (D-SNPs) are one of the largest – and fastest growing – kinds of special needs plans.\*

\*CPSC Feb-16 Membership File from CMS

## Tips for a Simple Billing Process

### 1. Always ask members for just this card!

- Amerivantage Dual Coordination (HMO SNP) member identification 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 TennCare.

### 3. Include the patient’s TennCare ID number.

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

### Other key billing considerations:

- TennCare is the payer of last resort for D-SNP plans, meaning if a service is covered under both Medicare and TennCare, the D-SNP plan must pay first.
- TennCare would then process any amount owed up to the TennCare allowable limit.
- If your patient’s Medicare benefit is exhausted, or the service is not covered, TennCare will pay if it is a TennCare-covered service.
- If the D-SNP plan paid more than the TennCare 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.

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

