

Washington 2019 Medicare Advantage plan changes

Annual benefit changes for Medicare Advantage plan members will be effective January 1, 2019. The following is a summary of these changes. Plans may include changes to medical and Part D benefits, copayments and/or coinsurance, deductibles, formulary coverage, pharmacy network, premiums, and out-of-pocket maximums.

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.

2019 highlights (vary by plan)

- **Medicare community resource support:** This telephone-based service staffed by a community resource outreach team will offer:
 - Community resource research and education
 - Condition/disease-state education and how to access community support and services
 - Outreach to programs to connect members to information and services
- Tiered skilled nursing facility (SNF) network (excluding Dual Special Needs Plans) with lower copayments for preferred SNFs. Members will have access to higher-quality care and lower costs with preferred SNF providers. Preferred SNF providers will be identified in provider directories.
- \$0 labs for A1C, urine protein, fecal occult blood test and diabetic eye exam.

Medicare Advantage HMO:

- **Amerivantage Classic (HMO) and Amerivantage Dual Coordination (HMO SNP)** will expand into Kitsap, Pierce, Spokane and Thurston counties and will continue to be offered in King and Snohomish counties.

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
- Over-the-counter allowances for OTC medications and health-related items at Walmart's 4,700 stores or other retailers and online
- 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
- Acupuncture and 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

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 2019 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.

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, Giant Eagle, Kroger, Target, Sam's Club and Walmart. Additional independent pharmacies have been added to the cost-sharing network for 2019.**

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

Please refer to the formulary or evidence of coverage for more details.

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.

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

Prior authorization updates for Medicare Advantage plans

Detailed prior authorization requirements are available to contracted providers by accessing the Provider Self-Service Tool at **www.availity.com**. Contracted and noncontracted providers who are unable to access Availity may call Provider Services at the phone number on the back of the member's ID card for prior authorization requirements.

New provider service number for individual Medicare Advantage

Effective January 1, 2019, providers should call 844-421-5663 for individual Medicare Advantage provider service.

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Coverage provided by Amerigroup Inc.