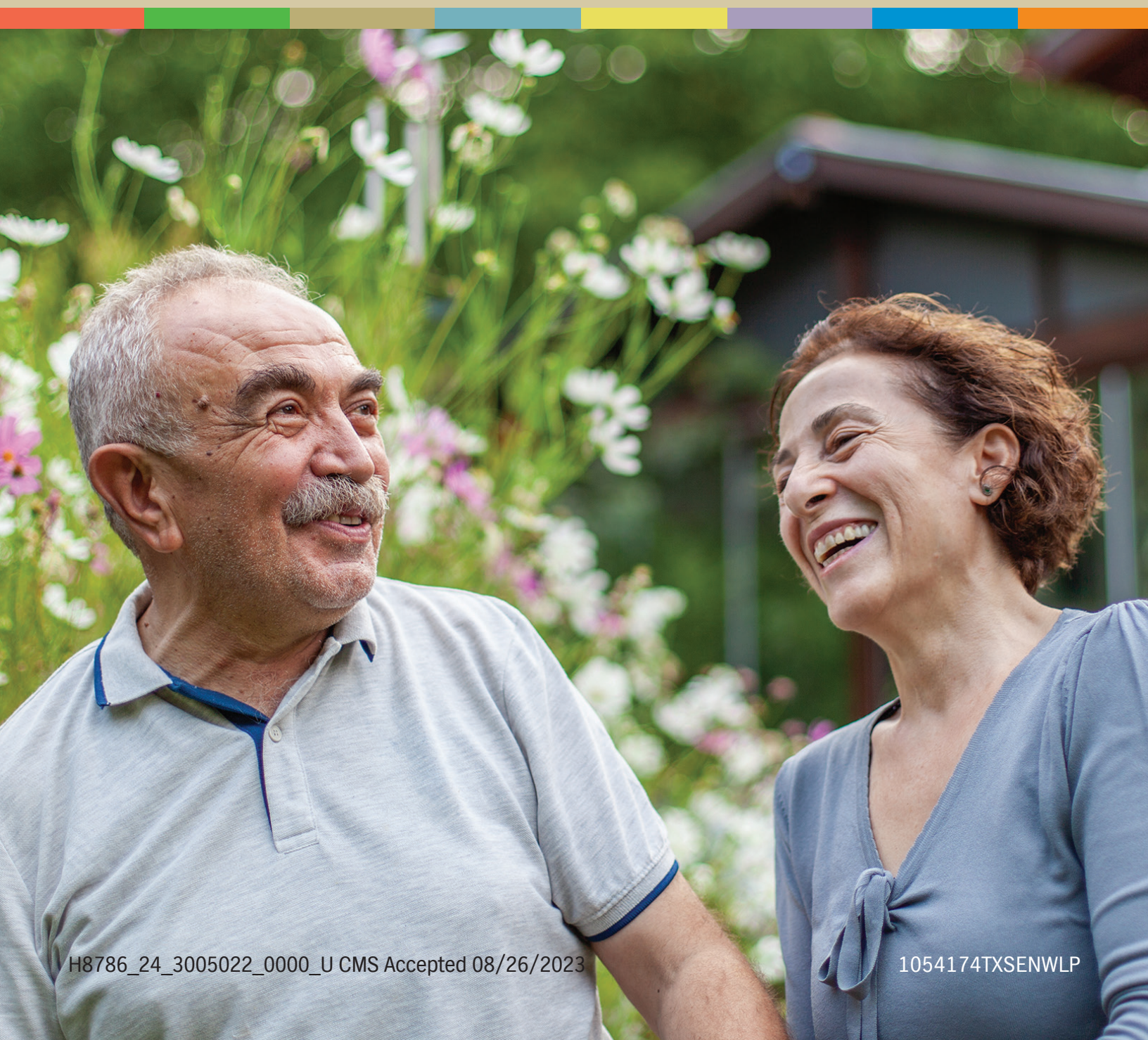


# Annual Notice of Changes for 2024

Member Services: **1-855-878-1784** (TTY: 711)

Monday through Friday from 8 a.m. to 8 p.m. local time

[www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp)





**Wellpoint STAR+PLUS MMP (Medicare-Medicaid Plan) offered by  
Wellpoint Texas, Inc.**

## ***Annual Notice of Changes for 2024***

### **Introduction**

You are currently enrolled as a member of Wellpoint STAR+PLUS MMP. Next year, there will be changes to the plan’s benefits, coverage, rules, and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at [www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp). Key terms and their definitions appear in alphabetical order in the last chapter of the *Member Handbook*.

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**If you have questions**, please call Wellpoint STAR+PLUS MMP at **1-855-878-1784** (TTY: **711**), Monday through Friday from 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit [www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp).

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## A. Disclaimers

- ❖ Wellpoint STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.
- ❖ This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Wellpoint STAR+PLUS MMP Member Handbook.
- ❖ Using opioid medications to treat pain for more than seven days has serious risks like - addiction, overdose, or even death. If your pain continues, talk to your doctor about alternative treatments with less risk. Some choices to ask your doctor about are: Non opioid medications, acupuncture, or physical therapy to see if they are right for you. Find out how your plan covers these options by calling Member Services at **1-855-878-1784 (TTY: 711)**.

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## B. Reviewing your Medicare and Texas Medicaid coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it does not meet your needs, you may be able to leave the plan. Refer to section G2 for more information.

If you leave our plan, you will still be in the Medicare and Texas Medicaid programs as long as you are eligible.

- You will have a choice about how to get your Medicare benefits (refer to page 12).
- If you do not want to enroll in a different Medicare-Medicaid plan after you leave Wellpoint STAR+PLUS MMP, you will return to getting your Medicare and Texas Medicaid services separately.



**If you have questions**, please call Wellpoint STAR+PLUS MMP at **1-855-878-1784 (TTY: 711)**, Monday through Friday from 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit [www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp).

## B1. Additional resources

- **ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call **1-855-878-1784 (TTY: 711)**, Monday through Friday from 8 a.m. to 8 p.m. local time. The call is free.
- **ATENCIÓN:** Si habla español, le ofrecemos servicios de asistencia de idiomas sin cargo. Llame al **1-855-878-1784 (TTY: 711)**, de lunes a viernes, de 8 a.m. a 8 p.m., hora local. La llamada no tiene costo.
- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call **1-855-878-1784 (TTY: 711)**, Monday through Friday from 8 a.m. to 8 p.m. local time. The call is free.
- You can get this document for free in other languages and formats, such as large print, braille, or audio. Call Member Services at the number listed on the bottom of this page.
  - When calling, let us know if you want this to be a standing order. That means we will send the same documents in your requested format and language every year.
  - You can also call us to change or cancel a standing order. You can also find your documents online at [www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp).

## B2. Information about Wellpoint STAR+PLUS MMP

- Wellpoint STAR+PLUS MMP is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.
- Coverage under Wellpoint STAR+PLUS MMP is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at [www.irs.gov/affordable-care-act/individuals-and-families](http://www.irs.gov/affordable-care-act/individuals-and-families) for more information on the individual shared responsibility requirement.
- Wellpoint STAR+PLUS MMP is offered by Wellpoint Texas, Inc.. When this *Annual Notice of Changes* says “we,” “us,” or “our,” it means Wellpoint Texas, Inc. (Wellpoint). When it says “the plan” or “our plan,” it means Wellpoint STAR+PLUS MMP.



**If you have questions**, please call Wellpoint STAR+PLUS MMP at **1-855-878-1784 (TTY: 711)**, Monday through Friday from 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit [www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp).

### **B3. Important things to do:**

- **Check if there are any changes to our benefits and costs that may affect you.**
  - Are there any changes that affect the services you use?
  - It is important to review benefit and cost changes to make sure they will work for you next year.
  - Look in sections E and E1 for information about benefit changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
  - Will your drugs be covered? Are they in a different cost-sharing tier? Can you continue to use the same pharmacies?
  - It is important to review the changes to make sure our drug coverage will work for you next year.
  - Look in section E2 for information about changes to our drug coverage.
  - Your drug costs may have risen since last year.
    - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
    - To get additional information on drug prices, visit [www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage](http://www.medicare.gov/drug-coverage-part-d/costs-for-medicare-drug-coverage). (Click the “dashboards” link in the middle of the Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information.)
    - Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**



**If you have questions**, please call Wellpoint STAR+PLUS MMP at **1-855-878-1784** (TTY: **711**), Monday through Friday from 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit [www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp).

- Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
- Look in section D for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
  - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
  - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**

**If you decide to stay with Wellpoint STAR+PLUS MMP:**

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you will automatically stay enrolled in our plan.

**If you decide to change plans:**

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to section G2 for more information). If you enroll in a new plan, your new coverage will begin on the first day of the following month. Look in section G2, page 12 to learn more about your choices.

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## C. Changes to the plan name

On January 1, 2024, Our plan name will change from Amerigroup STAR+PLUS MMP to Wellpoint STAR+PLUS MMP.

We appreciate having you as a member. Our new name will not impact your Medicaid and/or Medicare coverage with us. We do, however, encourage you to continue to pay attention to any renewal actions you may have to take with the state to keep your Medicaid coverage. With the Public Health Emergency ending, Medicaid enrollees will have to renew their benefits with the state. Make sure the state has your most current address, so you are getting all of your notifications. If you would like to update your address with us we can make sure you get reminder notifications about renewing your Medicaid from us as well (and remember to also update with the state). We will begin mailing ID cards with the new brand in time for you to use them starting January 2024. You may continue using your current card to access all existing services.



**If you have questions**, please call Wellpoint STAR+PLUS MMP at **1-855-878-1784** (TTY: **711**), Monday through Friday from 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit [www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp).



## D. Changes to the network providers and pharmacies

Our provider and pharmacy network(s) have changed for 2024.

**Please review the 2024 *Provider and Pharmacy Directory*** to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at [www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp). You may also call Member Services at **1-855-878-1784 (TTY: 711)** for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It is important that you know that we may also make changes to our network during the year. If your provider does leave the plan, you have certain rights and protections. For more information, refer to Chapter 3 of your *Member Handbook*.

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## E. Changes to benefits and costs for next year

### E1. Changes to benefits for medical services

There are no changes to your benefits for medical services. Our benefits will be exactly the same in 2024 as they are in 2023.

### E2. Changes to prescription drug coverage

#### Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at [www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp). You may also call Member Services at **1-855-878-1784 (TTY: 711)** for updated drug information or to ask us to mail you a *List of Covered Drugs*.

The *List of Covered Drugs* is also called the “Drug List.”

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier.

Review the Drug List to **make sure your drugs will be covered next year** and to find out if there will be any restrictions or if your drug has been moved to a different cost-sharing tier.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.



**If you have questions**, please call Wellpoint STAR+PLUS MMP at **1-855-878-1784 (TTY: 711)**, Monday through Friday from 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit [www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp).

- You can call Member Services at **1-855-878-1784** (TTY: **711**) or contact your Service Coordinator to ask for a list of covered drugs that treat the same condition.
- This list can help your provider find a covered drug that might work for you.
- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug.
  - You can ask for an exception before next year and we will give you an answer within 72 hours after we get your request (or your prescriber's supporting statement).
  - To learn what you must do to ask for an exception, refer to Chapter 9 of the *2024 Member Handbook* or call Member Services at **1-855-878-1784** (TTY: **711**).
  - If you need help asking for an exception, you can contact Member Services or your Service Coordinator. Refer to Chapter 2 and Chapter 3 of the *Member Handbook* to learn more about how to contact your Service Coordinator.
- Ask the plan to cover a temporary supply of the drug.
  - In some situations, we will cover a **temporary** supply of the drug during the first 90 days of the calendar year.
  - This temporary supply will be for up to 31 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to Chapter 5 of the *Member Handbook*.)
  - When you get a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Formulary exceptions are granted for a duration of one year (365 days) from the approval date.

### Changes to prescription drug costs

There are two payment stages for your Medicare Part D prescription drug coverage under Wellpoint STAR+PLUS MMP. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:



**If you have questions**, please call Wellpoint STAR+PLUS MMP at **1-855-878-1784** (TTY: **711**), Monday through Friday from 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit [www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp).

<b>Stage 1 Initial Coverage Stage</b>	<b>Stage 2 Catastrophic Coverage Stage</b>
<p>During this stage, the plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.</p> <p>You begin this stage when you fill your first prescription of the year.</p>	<p>During this stage, the plan pays all of the costs of your drugs through December 31, 2024.</p> <p>You begin this stage when you have paid a certain amount of out-of-pocket costs.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches \$8,000. At that point, the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. Refer to Chapter 6 of your *Member Handbook* for more information on how much you will pay for prescription drugs.

- **Important Message About What You Pay for Vaccines** – Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

### **E3. Stage 1: “Initial Coverage Stage”**

During the Initial Coverage Stage, the plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You will pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you will pay the lower price.

**We moved some of the drugs on the Drug List to a lower or higher drug tier.** If your drugs move from tier to tier, this could affect your copay. To find out if your drugs will be in a different tier, look them up in the Drug List.



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The table below shows your costs for drugs in each of our 4 drug tiers. These amounts apply **only** during the time when you are in the Initial Coverage Stage.

	2023 (this year)	2024 (next year)
<p><b>Drugs in Tier 1</b></p> <p>(Medicare Part D preferred generic and brand-name drugs)</p> <p>Cost for a one-month supply of a drug in Tier 1 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is <b>\$0.00 per prescription.</b></p>	<p>Your copay for a one-month (31-day) supply is <b>\$0.00 per prescription.</b></p>
<p><b>Drugs in Tier 2</b></p> <p>(Medicare Part D preferred and nonpreferred generic and brand-name drugs)</p> <p>Cost for a one-month supply of a drug in Tier 2 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is <b>\$0-\$10.35 per prescription.</b></p>	<p>Your copay for a one-month (31-day) supply is <b>\$0-\$11.20 per prescription.</b></p>
<p><b>Drugs in Tier 3</b></p> <p>(Texas Medicaid State approved prescription generic and brand-name drugs)</p> <p>Cost for a one-month supply of a drug in Tier 3 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is <b>\$0.00 per prescription.</b></p>	<p>Your copay for a one-month (31-day) supply is <b>\$0.00 per prescription.</b></p>



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	2023 (this year)	2024 (next year)
<p><b>Drugs in Tier 4</b> (Texas Medicaid State approved over-the-counter (OTC) drugs that require a prescription from your provider)</p> <p>Cost for a one-month supply of a drug in Tier 4 that is filled at a network pharmacy</p>	<p>Your copay for a one-month (31-day) supply is <b>\$0.00 per prescription.</b></p>	<p>Your copay for a one-month (31-day) supply is <b>\$0.00 per prescription.</b></p>

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$8,000**. At that point the Catastrophic Coverage Stage begins. The plan covers all your drug costs from then until the end of the year. Refer to Chapter 6 of your *Member Handbook* for more information about how much you will pay for prescription drugs.

**E4. Stage 2: “Catastrophic Coverage Stage”**

When you reach the out-of-pocket limit **\$8,000** for your prescription drugs, the Catastrophic Coverage Stage begins. You will stay in the Catastrophic Coverage Stage until the end of the calendar year.

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**F. Administrative changes**

	2023 (this year)	2024 (next year)
<p><b>Continuous Glucose Monitors</b></p>	<p>Prior Authorization is not required.</p>	<p>Prior Authorization is required. Continuous Glucose Monitors are available as a covered benefit for diabetics who require the use of insulin and have difficulty controlling their blood sugar levels.</p>



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## G. How to choose a plan

### G1. How to stay in our plan

We hope to keep you as a member next year.

You do not have to do anything to stay in your health plan. If you do not sign up for a different Medicare-Medicaid Plan, change to a Medicare Advantage Plan, or change to Original Medicare, you will automatically stay enrolled as a member of our plan for 2024.

### G2. How to change plans

You can end your membership at any time during the year by enrolling in another Medicare Advantage Plan, enrolling in another Medicare-Medicaid Plan, or moving to Original Medicare.

These are the four ways people usually end membership in our plan:

<p><b>1. You can change to:</b></p> <p><b>A different Medicare-Medicaid Plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call the STAR+PLUS help line at 1-877-782-6440, Monday through Friday from 8 a.m. to 6 p.m. Central time. TTY users should call 711 or 1-800-735-2989. Tell them you want to leave Wellpoint STAR+PLUS MMP and join a different Medicare-Medicaid plan. If you are not sure what plan you want to join, they can tell you about other plans in your area; OR</p> <p>Send Maximus an Enrollment Change Form. You can get the form by calling the STAR+PLUS help line at 1-877-782-6440 if you need them to mail you one.</p> <p>Your coverage with Wellpoint STAR+PLUS MMP will end on the last day of the month that we get your request.</p>
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**If you have questions**, please call Wellpoint STAR+PLUS MMP at **1-855-878-1784** (TTY: **711**), Monday through Friday from 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit [www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp).

<p><b>2. You can change to:</b></p> <p><b>A Medicare health plan, such as a Medicare Advantage plan or a Program of All-inclusive Care for the Elderly (PACE)</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-3439. In Texas, the SHIP is called the Health Information Counseling &amp; Advocacy Program of Texas (HICAP).</li></ul> <p>You will automatically be disenrolled from Wellpoint STAR+PLUS MMP when your new plan's coverage begins.</p>
<p><b>3. You can change to:</b></p> <p><b>Original Medicare with a separate Medicare prescription drug plan</b></p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"><li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-3439. In Texas, the SHIP is called the Health Information Counseling &amp; Advocacy Program of Texas (HICAP).</li></ul> <p>You will automatically be disenrolled from Wellpoint STAR+PLUS MMP when your Original Medicare coverage begins.</p>



**If you have questions**, please call Wellpoint STAR+PLUS MMP at **1-855-878-1784** (TTY: **711**), Monday through Friday from 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit [www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp).

<p><b>4. You can change to:</b></p> <p><b>Original Medicare without a separate Medicare prescription drug plan</b></p> <p><b>NOTE:</b> If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the Health Information Counseling &amp; Advocacy Program of Texas (HICAP) at 1-800-252-3439.</p>	<p><b>Here is what to do:</b></p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> <li>• Call the State Health Insurance Assistance Program (SHIP) at 1-800-252-3439. In Texas, the SHIP is called the Health Information Counseling &amp; Advocacy Program of Texas (HICAP).</li> </ul> <p>You will automatically be disenrolled from Wellpoint STAR+PLUS MMP when your Original Medicare coverage begins.</p>
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## H. How to get help

### H1. Getting help from Wellpoint STAR+PLUS MMP

Questions? We're here to help. Please call Member Services at **1-855-878-1784** (TTY only, call **711**). We are available for phone calls Monday through Friday from 8 a.m. to 8 p.m. local time. Calls to these numbers are free.

#### **Your 2024 Member Handbook**

The *2024 Member Handbook* is the legal, detailed description of your plan benefits. It has details about next year's benefits and costs. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

The *2024 Member Handbook* will be available by October 15. An up-to-date copy of the *2024 Member Handbook* is always available on our website at [www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp). You may also call Member Services at **1-855-878-1784** (TTY: **711**) to ask us to mail you a *2024 Member Handbook*.




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**If you have questions**, please call Wellpoint STAR+PLUS MMP at **1-855-878-1784** (TTY: **711**), Monday through Friday from 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit [www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp).



## **Our website**

You can also visit our website at [www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp). As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our Drug List (*List of Covered Drugs*).

## **H2. Getting help from the STAR+PLUS help line**

The STAR+PLUS help line can help if you want to leave Wellpoint STAR+PLUS MMP and join a different Medicare-Medicaid Plan. If you are not sure what plan you want to join, they can tell you about other plans in your area. You can call the STAR+PLUS help line at 1-877-782-6440, Monday through Friday from 8 a.m. to 6 p.m. Central time. TTY users should call 711 or 1-800-735-2989.

## **H3. Getting help from the HHSC Office of the Ombudsman**

The HHSC Office of the Ombudsman helps people enrolled in Texas Medicaid with service or billing problems. The ombudsman's services are free.

- The HHSC Office of the Ombudsman is an ombudsman program that works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- The HHSC Office of the Ombudsman can help you file a complaint or an appeal with our plan. They can help you if you are having a problem with Wellpoint STAR+PLUS MMP.
- The HHSC Office of the Ombudsman makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- The HHSC Office of the Ombudsman is not connected with us or with any insurance company or health plan. The phone number for the HHSC Office of the Ombudsman is 1-866-566-8989.

## **H4. Getting help from the State Health Insurance Assistance Program (SHIP)**

You can also call the State Health Insurance Assistance Program (SHIP). The SHIP counselors can help you understand your Medicare-Medicaid Plan choices and answer questions about switching plans. In Texas, the SHIP is called the Health Information Counseling & Advocacy Program of Texas (HICAP). HICAP is not connected with any insurance company or health plan, and HICAP's services are free.

The HICAP phone number is 1-800-252-3439.



**If you have questions**, please call Wellpoint STAR+PLUS MMP at **1-855-878-1784** (TTY: **711**), Monday through Friday from 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit [www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp).

## **H5. Getting help from Medicare**

To get information directly from Medicare:

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Medicare's Website**

You can visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). If you choose to disenroll from your Medicare-Medicaid Plan and enroll in a Medicare Advantage plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare Medicare Advantage plans.

You can find information about Medicare Advantage plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to [www.medicare.gov](http://www.medicare.gov) and click on "Find plans.")

### **Medicare & You 2024**

You can read the *Medicare & You 2024* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare.

If you don't have a copy of this booklet, you can get it at the Medicare website ([www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf](http://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf)) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

## **H6. Getting help from Texas Medicaid**

The phone number for Texas Medicaid is 1-800-252-8263. This call is free. TTY users should call 1-800-753-8583 or 711.

## **H7. Getting help from the Quality Improvement Organization (QIO)**

The QIO is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare. In Texas, the QIO is an organization called KEPRO. KEPRO is not connected with our plan. You can call KEPRO at 1-888-315-0636 (TTY: 711).



**If you have questions**, please call Wellpoint STAR+PLUS MMP at **1-855-878-1784** (TTY: **711**), Monday through Friday from 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit [www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp).

# Now you can find your Member Handbook, Formulary, and Provider/Pharmacy Directory online

**Starting October 15, 2023 you can view or download a complete copy**

When you need to make a doctor appointment or fill a prescription, you don't always have time to read through pages of documents. That's why we have online tools that let you search for this information easily. Log in or register an account at [www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp) to get started.

## Need to find a doctor or pharmacy?

Just use our Find a Doctor search tool to find a pharmacy, doctor, or medical center in your plan. Go to [www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp).

You can search by:

- Name
- Distance from you
- The exact type of doctor, specialist, or facility you need

We will even show you where they are on a map!

## Want to see which drugs are covered?

Our online Formulary (List of Covered Drugs) is the fastest way to make sure your medications are covered. Go to [www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp) and search by name or type of drug.

## Looking for more information about your plan?

Your Member Handbook (200 pages or more) has full plan details about what your plan covers, how much you pay, and the limits and exceptions to your coverage. At [www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp), you can search your handbook by keyword or download a complete copy.



## Contact us for help or to request printed plan documents

Sometimes it's easiest to pick up the phone and talk to us.

For help finding a network provider or information about covered drugs or to get a printed Member Handbook, Formulary, or Provider/Pharmacy Directory, please call Member Services at **1-855-878-1784** (TTY: **711**) Monday through Friday from 8 a.m. to 8 p.m. local time. This call is free.

### Internet Options

You can also visit us at **[www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp)** to access our online searchable Provider/Pharmacy Directory, Member Handbook, and Formulary. As an **Amerigroup STAR+PLUS MMP** member, you can also order a Member Handbook from the website. To order a Provider/Pharmacy Directory or Formulary, email the following information to **[DirectoryRequest\\_MMP@anthem.com](mailto:DirectoryRequest_MMP@anthem.com)**:

- The name of the material you want to order (Provider/Pharmacy Directory or Formulary)
- Member name
- Member ID
- Member mailing address
- Member phone number

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION WITH REGARD TO YOUR HEALTH BENEFITS. PLEASE REVIEW IT CAREFULLY.**



## **Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) HIPAA Notice of Privacy Practices**

The original effective date of this notice was April 14, 2003. This notice was most recently revised in May 2023.

**Please read this notice carefully. This tells you who can see your protected health information (PHI). It tells you when we have to ask for your OK before we share it. It tells you when we can share it without your OK. It also tells you what rights you have to see and change your information.**

Information about your health and health benefits is private. The law says we must keep this kind of information, called PHI, safe for our members. That means if you're a member right now or if you used to be, your information is safe.

We get information about you from state agencies for Medicaid and the Children's Health Insurance Program after you become eligible and sign up for our health plan. We also get it from your doctors, clinics, labs and hospitals so we can OK and pay for your healthcare.

Federal law says we must tell you what we have to do to protect PHI that's told to us on the phone, written on paper, or saved on a computer. We also have to tell you how we keep it safe. To protect PHI that is:

- On paper, we:
  - Lock our offices and files
  - Destroy paper with health information so others can't get it
- Saved on a computer, we:
  - Use passwords so only the right people can get in
  - Use special programs to watch our systems
- Used or shared by people who work for us, doctors, or the state, we:
  - Make rules for keeping information safe (called policies and procedures)
  - Teach people who work for us to follow the rules

### **When is it OK for us to use and share your PHI?**

We can share your PHI with your family or a person you choose who helps with or pays for your healthcare if you tell us it's OK. Sometimes, we can use and share it **without** your OK:

- **For your medical care (treatment)**
  - To help doctors, hospitals and others get you the care you need
- **For payment reasons**
  - To share information with the doctors, clinics and others who bill us for your care
  - When we say we'll pay for healthcare or services before you get them
  - To support you and help you get available benefits

- **For healthcare business reasons (operations)**

- To help with audits, fraud and abuse prevention programs, planning and everyday work
- To find ways to make our programs better

We may get your PHI from different sources, and we may give your PHI to health information exchanges for payment, healthcare operations and treatment. If you don't want this, please visit [www.amerigroup.com/privacy-policy](http://www.amerigroup.com/privacy-policy) for more information.

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- **For public health reasons**

- To help public health officials keep people from getting sick or hurt

- **With others who help with or pay for your care**

- With your family or a person you choose who helps with or pays for your healthcare, if you tell us it's OK
- With someone who helps with or pays for your healthcare, if you can't speak for yourself and it's best for you

We must get your OK in writing before we use or share your PHI for all but your care, payment, everyday business, research or other things listed below. We have to get your written OK before we share psychotherapy notes from your doctor about you. We also would need your written OK if we were going to sell your PHI or to use or share it for marketing.

You may tell us in writing that you want to take back your written OK. We can't take back what we used or shared when we had your OK. But, we will stop using or sharing your PHI in the future.

**Other ways we can — or the law says we have to — use your PHI:**

- To help the police and other people who make sure others follow laws
- To report abuse and neglect
- To answer legal documents, like court orders
- To give information to health oversight agencies for things like audits or exams
- To help coroners, medical examiners or funeral directors find out your name and cause of death
- To help when you've asked to give your body parts to science
- For research
- To keep you or others from getting sick or badly hurt
- To help people who work for the government with certain jobs, such as helping veterans with benefits
- To give information to workers' compensation if you get sick or hurt at work

**What are your rights?**

- You can ask to look at your PHI and get a copy of it. We will have 30 days to send it to you. If we need more time, we have to let you know. We don't have your whole medical record, though. **If you want a copy of your whole medical record, ask your doctor or health clinic.**
- You can ask us to change the medical record we have for you if you think something is wrong or missing. We will have 60 days to send it to you. If we need more time, we have to let you know.

- Sometimes, you can ask us not to share your PHI. But we don't have to agree to your request.
- You can ask us to send PHI to a different address than the one we have for you or in some other way. We can do this if sending it to the address we have for you may put you in danger.
- You can ask us to tell you all the times over the past six years we've shared your PHI with someone else. This won't list the times we've shared it because of healthcare, payment, everyday healthcare business or some other reasons we didn't list here. We will have 60 days to send it to you. If we need more time, we have to let you know.
- You can ask for a paper copy of this notice at any time, even if you asked for this one by email.
- If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us.

### **What do we have to do?**

- The law says we must keep your PHI private except as we've said in this notice.
- We must tell you what the law says we have to do about privacy.
- We must do what we say we'll do in this notice.
- We must send your PHI to some other address or in a way other than regular mail if you ask for reasons that make sense, like if you're in danger.
- We must tell you if we have to share your PHI after you've asked us not to.
- If state laws say we have to do more than what we've said here, we'll follow those laws.
- We have to let you know if we think your PHI has been breached.

### **Contacting you**

We, along with our affiliates and/or vendors, may call or text you using an automatic telephone dialing system and/or an artificial voice. We only do this in line with the Telephone Consumer Protection Act (TCPA). The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be reached by phone, just let the caller know, and we won't contact you in this way anymore. Or you may call 1-844-203-3796 to add your phone number to our Do Not Call list.

### **What if you have questions?**

If you have questions about our privacy rules or want to use your rights, please call Member Services at **1-855-878-1784**. If you're deaf or hard of hearing, call TTY: **711**.

### **To see more information**

To read more information about how we collect and use your information, your privacy rights, and details about other state and federal privacy laws, please visit our Privacy web page at <https://www.anthem.com/privacy/>.

We're here to help. If you feel your PHI hasn't been kept safe, you may call Member Services or contact the Department of Health and Human Services. Nothing bad will happen to you if you complain.

**Write to or call the Department of Health and Human Services:**

Office for Civil Rights  
U.S. Department of Health and Human Services  
1301 Young St., Suite 106  
Dallas, TX 75202  
Phone: 1-800-368-1019  
TDD: 1-800-537-7697  
Fax: 202-619-3818

We reserve the right to change this Health Insurance Portability and Accountability Act (HIPAA) notice and the ways we keep your PHI safe. If that happens, we'll tell you about the changes in a newsletter. We'll also post them on the Web at [www.amerigroup.com/privacy-policy](http://www.amerigroup.com/privacy-policy).

**Race, ethnicity, language, sexual orientation and gender identity**

We may infer, receive, and/or maintain race, ethnicity, language, sexual orientation and gender identity information about you. We protect this information as described in this notice.

We use this information to:

- Make sure you get the care you need
- Create programs to improve health outcomes
- Create and send health education information
- Let doctors know about your language needs
- Provide interpretation and translation services

We do **not** use this information to:

- Issue health insurance
- Decide how much to charge for services
- Determine benefits
- Share with unapproved users

**Your personal information**

We may ask for, use and share personal information (PI) as we talked about in this notice. Your PI is not public and tells us who you are. It's often taken for insurance reasons. PI can include different things like website usernames and passwords that you use, bank account numbers, and your job history. Your PI may be the same as PHI if it relates to your healthcare or your health plan. We protect your PI and your PHI as we talked about in this notice.

- We may use your PI to make decisions about your:
  - Health
  - Habits
  - Hobbies
- We may get PI about you from other people or groups like:
  - Doctors
  - Hospitals
  - Other insurance companies
- We may share PI with people or groups outside of our company without your OK in some cases.



- We'll let you know before we do anything where we have to give you a chance to say no.
- We'll tell you how to let us know if you don't want us to use or share your PI.
- You have the right to see and change your PI.
- We make sure your PI is kept safe.

This information is available for free in other languages. Please contact our Member Services number at **1-855-878-1784**. (TTY: **711**) Monday through Friday from 8 a.m. to 8 p.m. local time, except for holidays.

Revised May 2023.

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.



Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age, or disability in its health programs and activities. Amerigroup STAR+PLUS MMP provides free aids and services to people with disabilities to communicate effectively with us and provides free language services to people whose primary language is not English such as qualified interpreters and information written in other languages. These services can be obtained by calling the customer service number on the back of your member ID card. If you believe that Amerigroup STAR+PLUS MMP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Enrollee Advocate:

Amerigroup STAR+PLUS MMP - Complaints, Appeals, and Grievances  
Mailstop: OH0205-A537  
4361 Irwin Simpson Road  
Mason, OH 45040  
1-855-878-1784 (TTY: 711)  
Fax: 1-888-458-1406

If you need help filing a grievance, the Enrollee Advocate is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services; 200 Independence Ave., SW; Room 509F, HHH Building; Washington, D.C. 20201; 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-855-878-1784 (TTY: 711)**. Monday through Friday from 8 a.m to 8 p.m. Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-855-878-1784 (TTY: 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-855-878-1784 (TTY: 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-855-878-1784 (TTY: 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa **1-855-878-1784** (TTY: **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-855-878-1784** (TTY : **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-855-878-1784** (TTY: **711**). Sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-855-878-1784** (TTY: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-855-878-1784** (TTY: **711**) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-855-878-1784** (TTY: **711**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:**

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري سيقوم شخص ما يتحدث العربية بمساعدتك ليس عليك سوى الاتصال بنا على **1-855-878-1784** (TTY: **711**). هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-855-878-1784** (TTY: **711**) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-855-878-1784** (TTY : **711**). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-855-878-1784** (TTY: **711**). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-855-878-1784** (TTY: **711**). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-855-878-1784** (TTY: **711**). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-855-878-1784** (TTY: **711**) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。







Have questions?

Call us toll free at **1-855-878-1784** (TTY: **711**)

Monday through Friday from 8 a.m. to 8 p.m. local time.

Or visit **[www.myamerigroup.com/TXmmp](http://www.myamerigroup.com/TXmmp)**.

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