

Sample Plan ID Card



ID cards have been updated and are being distributed on an as-needed basis. Some members may have a card with an older design. Always verify benefits and coverage in Provider Portal.

Billing for Noncovered Services

Per CMS guidelines, providers who deliver noncovered services to Peoples Health patients are not allowed to require the patients to sign an Advanced Beneficiary Notice of Non-Coverage (ABN) for the noncovered services. Because these patients are enrolled in a Medicare Advantage plan, they have the right to an organization determination (OD) from us.

To request an OD, submit a Medical Necessity Form.

You may not bill for noncovered services unless we have issued a Notice of Denial of Medical Coverage to the patient.

Medicare-Required Notices

Visit <http://www.peopleshealth.com/medicarenotices> to download instructions and forms.

Quest Diagnostics – Lab Provider

If a hospital receives a request from a physician's office to perform lab work, the hospital should direct the physician to send the lab work to Quest Diagnostics. Quest can be reached at 1-866-697-8378. Pre-operative lab work may be performed by the hospital.

Transportation Services

Peoples Health Secure Health plan members have a transportation benefit. Transportation to a health care appointment within 40 miles of the patient's home must be scheduled at least three business days in advance. Call 1-800-659-5910, Monday through Friday, from 8 a.m. to 5 p.m., to schedule a pickup time. Patient must be ambulatory.

Refer to the Secure Health *Evidence of Coverage* for more information.

Peoples Health Patient Follow-Up

Upon completion of care, Peoples Health patients must be directed back to their primary care physician, who is listed on the patient's ID card, or a treating specialist in the Peoples Health provider network.

Refer to <http://www.peopleshealth.com/physicians>. Choose the treating specialist type from the appropriate drop-down menus, then click Search for a list of available providers. Refer the patient for care, as appropriate, within 5-7 days of discharge.

After-Hours Authorizations and Notifications

1-800-631-8443, ext. 4410

Behavioral Health Benefit

Visit <http://www.peopleshealth.com/providers> or call member services.

Updated 11/2018.
For the most up-to-date information, contact your hospital representative.

PEOPLES HEALTH

2019 Hospital Quick Reference Guide

Submit Claims To:

Peoples Health
P.O. Box 7890
Metairie, LA 70010

1-866-553-5705

Websites:

- <http://www.peopleshealth.com> for plan benefits, documents and more
- <http://www.peopleshealth.com/procauth> for the Peoples Health Authorization Requirements Search tool

For services that require authorization, it is the responsibility of the ordering physician to obtain authorization; however, it is the responsibility of the servicing provider to verify that authorization has been obtained.

Provider Portal

The Provider Portal allows you to:

- Check claims status and review payments
- Verify authorization status and patient eligibility
- Download and reference plan documents, forms and more

Log on at <http://www.peopleshealth.com/providerportal>.

Select the Resource Central & Member Viewer tab to submit authorization requests and to view the Provider Reference Guide.

For more information, contact your hospital representative.

PROVIDER SERVICES	MEMBER SERVICES	PHARMACY SERVICES
For answers to claims questions:	For verification of patient benefits, eligibility and authorization status:	For answers to pharmacy questions:
Phone 1-877-346-5703	Phone 1-866-553-5705	Phone 1-888-346-5701 Fax 1-877-346-4790

Authorizations

To request authorization or for information about medical services:

INPATIENT OR OUTPATIENT FACILITY 1-877-346-5707

East Jefferson General Hospital, Ochsner Medical Center—Kenner, St. Charles Parish Hospital, St. James Parish HospitalOption 1

Ochsner Medical Center—West Bank, West Jefferson Medical CenterOption 2

Cypress Pointe Surgical Hospital, Fairway Medical Surgical Hospital, Lakeview Regional Medical Center, Lallie Kemp Regional Medical Center, North Oaks Medical Center, Ochsner Medical Center—North Shore, Our Lady of the Angels Hospital, Slidell Memorial Hospital, Southern Surgical Hospital, St. Helena Parish Hospital, St. Tammany Parish HospitalOption 3

New Orleans East Hospital, Ochsner Baptist—A Campus of Ochsner Medical Center, Ochsner Medical Center, St. Bernard Parish Hospital, Touro Infirmary, Tulane Medical Center, Tulane-Lakeside Hospital, University Medical CenterOption 4

Baton Rouge General, Lane Regional Medical Center, The NeuroMedical Center, Ochsner Medical Center—Baton Rouge, Our Lady of the Lake Regional Medical Center, St. Elizabeth Hospital, Surgical Specialty Center of Baton Rouge, Woman's HospitalOption 5

Franklin Foundation Hospital, Lady of the Sea General Hospital, Leonard J. Chabert Medical Center, Ochsner St. Anne General Hospital, Our Lady of the Lake Assumption Community Hospital, Teche Regional Medical Center, Terrebonne General Medical Center, Thibodaux Regional Medical CenterOption 6

All other facilitiesOption 7

OUTPATIENT SERVICES 1-877-346-5708

Services include home health, DME, outpatient diagnostic procedures, outpatient therapy (PT, OT, ST) and medical transportation.

DME (durable medical equipment)Option 1

Home health (home health, home infusion, home injections and wound care)Option 2

Surgical procedures (surgical procedures, chemotherapy and hyperbaric oxygen therapy)Option 3

Outpatient procedures (outpatient procedures, including diagnostic testing, therapy, radiation treatment, pain management and non-emergent ambulance transportation)Option 4

Other (all other services)Option 5

Fax Medical Necessity Forms To:

1-866-464-5709

Fax Expedited* Medical Necessity Forms To:

1-866-799-5713

*Remember: Only check "expedited" if, per CMS, "the physician believes that waiting for a decision under the standard time frame could place the enrollee's life, health or ability to regain maximum function in serious jeopardy." Writing ASAP, Urgent, STAT, etc., anywhere on the request automatically upgrades the request to expedited.

Questions?

Contact your hospital representative at
1-800-631-8443.

2019 BENEFIT	MEDICARE ADVANTAGE PRESCRIPTION DRUG PLANS				MEDICARE ADVANTAGE PRESCRIPTION DRUG SPECIAL NEEDS PLANS*		MEDICARE ADVANTAGE PRESCRIPTION DRUG GROUP PLANS			
	Peoples Health Choices 65 #14 (HMO)	Peoples Health Choices 65 #14 (HMO) for Northshore	Peoples Health Choices Gold (HMO-POS)		Peoples Health Secure Choice #011 (HMO SNP)	Peoples Health Secure Health (HMO SNP)	Peoples Health Group Medicare (HMO-POS)		Peoples Health Group Medicare (HMO-POS) for Office of Group Benefits	
	In Network	In Network	In Network	Out of Network	In Network	In Network	In Network	Out of Network	In Network	Out of Network
Advanced imaging (MRI, MRA, CT, CTA and PET scans) and nuclear medicine	\$75	\$175	\$120	30% coinsurance	\$0 or 20% coinsurance	\$0 or \$75	\$0	20% coinsurance	\$0	20% coinsurance
Inpatient hospital care	\$50 per day for days 1-10	\$180 per day for days 1-10	\$195 per day for days 1-7	30% coinsurance per admission	\$0 or Medicare-defined amounts	\$0 or \$60 per day for days 1-8	\$50 per day for days 1-10	Medicare-defined amounts	\$50 per day for days 1-10	Medicare-defined amounts
Medicare Part B drugs (including chemotherapy and infusion therapy, other than home infusion)	20% coinsurance	20% coinsurance	20% coinsurance	30% coinsurance	\$0 or 20% coinsurance	\$0 or 20% coinsurance	5% coinsurance	20% coinsurance	5% coinsurance	20% coinsurance
Diagnostic procedures (including colonoscopies), X-rays and echocardiography	For a diagnostic colonoscopy: \$0; for other diagnostic tests and echocardiography: \$20; for X-rays: \$20	For a diagnostic colonoscopy: \$0; for other diagnostic tests and echocardiography: \$0; for X-rays: \$40	For a diagnostic colonoscopy: \$0; for other diagnostic tests and echocardiography: \$40; for X-rays: \$30	30% coinsurance	\$0 or 20% coinsurance	\$0	\$0	20% coinsurance	\$0	20% coinsurance
Outpatient surgery	\$75	\$195	\$200 at an ambulatory surgical center; \$250 at an outpatient hospital	30% coinsurance	\$0 or 15% coinsurance	\$0	\$0	20% coinsurance	\$0	20% coinsurance
Emergency care	\$80 [†]	\$80 [†]	\$80 [†]	\$80 [†]	\$0 or 20% coinsurance (up to \$75) [‡]	\$0 or \$50 [†]	\$50 [†]	\$50 [†]	\$50 [†]	\$50 [†]

*Per CMS guidelines, Medicare providers may not collect coinsurance or copayments from Qualified Medicare Beneficiaries and may not refuse to serve dual-eligible enrollees who receive assistance from a state Medicaid program. Cost-sharing may vary depending on the patient’s level of coverage from Louisiana Medicaid. If the patient has cost-sharing coverage, you may not charge or bill the patient for the service. For more information, see the Medicaid Eligibility and Dual-Eligible Cost-Sharing section of this guide.

[†]Copay is waived if the patient is admitted to inpatient hospital care within 24 hours for the same condition.

[‡]Copay is waived if the patient is admitted to inpatient hospital care within three days for the same condition.

Medicaid Eligibility and Dual-Eligible Cost-Sharing

For dual-eligibles—people with Medicare and Medicaid—cost-sharing for covered services may vary depending on the patient’s level of Louisiana Medicaid coverage.

Verify Medicaid eligibility prior to each visit to ensure appropriate billing and collection of patient cost-sharing. Check Medicaid status in the Provider Portal (under the Eligibility & Benefits tab) or by calling Medicaid’s Recipient Eligibility Verification System at 1-800-776-6323. Follow the prompts to access eligibility information using one of the following:

- Patient’s 16-digit card control number and eight-digit birth date or Social Security number
- Patient’s 13-digit Medicaid ID number (valid during the last 12 months)

Know when to collect cost-sharing. You can do so only from patients in certain programs, as noted in the chart below. Use the chart or the Provider Portal to determine if cost-sharing applies. Determine cost-sharing levels by calling member services or by calling Medicaid’s Recipient Eligibility Verification System.

Medicare Savings Program	Collect Cost-Sharing?	
	Yes	No
Full Medicaid		✓
Qualified Medicare Beneficiary (QMB) Plus		✓
Qualified Medicare Beneficiary (QMB) Only		✓
Specified Low-Income Medicare Beneficiary (SLMB) Plus	✓	
Specified Low-Income Medicare Beneficiary (SLMB) Only	✓	
Qualifying Individual (QI)	✓	
Qualified Disabled and Working Individual (QDWI)	✓	

As the primary insurer, Peoples Health is billed first. Once you’ve received remittance advice from us, you can then bill Medicaid, the secondary insurer. Per your provider contract, you may not balance bill Peoples Health patients for Medicare cost-sharing, regardless of whether the state reimburses for the full cost-sharing amounts. All Original Medicare and Medicare Advantage providers must abide by balance billing prohibitions.[§]

[§]For more information, reference CMS’ MLN Matters bulletin “Prohibition on Balance Billing Dually Eligible Individuals Enrolled in the Qualified Medicare Beneficiary (QMB) Program” or the MLN presentation “Dual Eligible Beneficiaries Under the Medicare and Medicaid Programs.”

Contact your market representative with any clinical questions or concerns.

Region	Team Representative	Title	Phone
Baton Rouge	Cindy Crain	Market clinical director	225-346-5744
Eastbank Northern Southwest	Lela Blanco	Market clinical director	504-681-2606
New Orleans	Mary Genovese	Market clinical director	504-681-8749
Northshore	Mimi Reinbold	Market clinical director	985-727-8007
Southland Westbank	Michelle Fabre	Market clinical director	504-849-1478
All Regions	Melissa Pohlmann	SNP clinical director	504-849-1442