

2021 Provider Quick Reference Guide

Provider Portal

The Provider Portal allows you to:

- Submit requests for services requiring prior authorization
- Verify authorization status and patient eligibility
- Check claims status and review payments
- Access the Provider Reference Guide

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

Select the Authorizations tab and click the **Create New & Pending Auths** button to submit authorization requests.

Peoples Health Authorization Requirements Search

This search offers an easy way for you and your staff to search authorization requirements via the Peoples Health website. Go to <http://www.peopleshealth.com/procauth>, enter the procedure code and select a location from the Place of Service drop-down menu.

FAX MEDICAL NECESSITY FORMS TO:

1-866-464-5709

1-866-799-5713 (Expedited*)

*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 provider representative at **1-800-631-8443**.

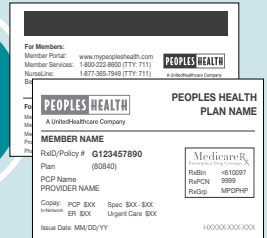
Submit Claims To:

Peoples Health
P.O. Box 7890
Metairie, LA 70010
1-866-553-5705

Cost-Sharing Information

Find additional benefit details on the Peoples Health website or Provider Portal.

Sample Plan ID Card



ID cards have been updated and are being distributed to all members. The 2021 sample above represents the card most members receive. Those in Peoples Health Patriot (PPO)—which **does not** offer Part D prescription drug coverage—receive a card without the MedicareRx logo and with a different RxBIN number (610494) for processing Part B drugs. Always verify benefits and coverage in Provider Portal.

Additional Benefits

Refer to a plan's *Evidence of Coverage* for more information and to verify benefits. Patients should call Peoples Health member services with questions. Visit <http://www.peopleshealth.com/providers> for the provider network or vendors patients must use for the following benefits.

Behavioral health | dental | fitness | health and wellness products | healthy food allowance | meals after an inpatient stay | NurseLine | respite care | nonemergency routine transportation | virtual medical visits | virtual mental health visits | routine vision

Billing – 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.

PROVIDER SERVICES

For answers to claims questions and for verification of patient benefits, eligibility and authorization status:

Phone
1-866-553-5705

PHARMACY SERVICES

For answers to pharmacy questions:

Phone
1-800-711-4555

To submit prior authorization requests for drugs on the OptumRx formulary:

Online
<http://covermymeds.com>

Authorizations To request authorization or for information about medical services:

INPATIENT OR OUTPATIENT FACILITY
1-877-346-5707

Select option 7

OUTPATIENT SERVICES (includes home health, DME, outpatient diagnostic procedures, outpatient therapy (PT, OT, ST), medical transportation and outpatient surgery)
1-877-346-5708

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

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. 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.

To determine if cost-sharing applies, check the Provider Portal (under the Eligibility & Benefits tab) or call member services. To verify Medicaid eligibility, and for information on cost-sharing levels, check the Provider Portal or call 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)

2021 IN-NETWORK BENEFIT	MEDICARE ADVANTAGE PRESCRIPTION DRUG HMO PLANS		MEDICARE ADVANTAGE PRESCRIPTION DRUG SPECIAL NEEDS PLANS*			MEDICARE ADVANTAGE PRESCRIPTION DRUG PPO PLAN†	MEDICARE ADVANTAGE PPO PLAN†	MEDICARE ADVANTAGE PRESCRIPTION DRUG GROUP PLANS†
	Peoples Health Choices Value (HMO)	Peoples Health Choices Gold (HMO)	Peoples Health Secure Complete (HMO D-SNP)	Peoples Health Secure Health (HMO D-SNP)	Peoples Health Secure Choice (HMO D-SNP)	Peoples Health Choices (PPO)	Peoples Health Patriot (PPO) <i>This plan does not have Part D prescription drug coverage</i>	Peoples Health Group Medicare (HMO-POS) Peoples Health Group Medicare (HMO-POS) Office of Group Benefits
PCP office visits	\$20	\$0	\$0	\$0	\$0	\$5	\$5	\$5
Specialist office visits‡	\$50	\$35	\$0	\$0 or \$20	\$0	\$35	\$35	\$10
Lab services	\$0 – PCP office, lab provider or outpatient hospital contracted to provide lab services \$50 – specialist office 30% – outpatient hospital not contracted to provide lab services	\$0 – lab provider or outpatient hospital contracted to provide lab services \$10 – PCP office \$40 – specialist office 30% – outpatient hospital not contracted to provide lab services	\$0	\$0	\$0 – lab provider or outpatient hospital contracted to provide lab services \$0 or 20% – other locations	\$0	\$0	\$0
Diagnostic procedures, echocardiography, X-rays	Diagnostic colonoscopies, mammograms: \$0 Other diagnostic tests, echocardiography: \$20 – radiology facility \$50 – physician office or outpatient facility X-rays: \$20 – outpatient facility \$50 – physician office	Diagnostic colonoscopies, mammograms: \$0 Other diagnostic tests, echocardiography: \$10 – outpatient facility \$40 – physician office X-rays: \$10 – physician office \$30 – outpatient facility	\$0	\$0	Diagnostic colonoscopies, mammograms: \$0 Other diagnostic tests, echocardiography, X-rays: \$0 or 20%	Diagnostic colonoscopies, mammograms: \$0 Other diagnostic tests, echocardiography: \$20 X-rays: \$15	Diagnostic colonoscopies, mammograms: \$0 Other diagnostic tests, echocardiography: \$20 X-rays: \$15	\$0
Advanced imaging (MRI, MRA, CT, CTA and PET scans), nuclear medicine	\$130	\$120	\$0	\$0 or \$75	\$0 or 20%	\$110	\$110	\$0

*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. Bill Medicaid as the secondary insurer. See the Medicaid Eligibility and Dual-Eligible Cost-Sharing section for more information.

†These plans have an out-of-network benefit. For complete benefit cost-sharing, refer to the plan's *Evidence of Coverage*.

‡Cost-sharing applies for most specialist visits but may differ from the amount shown for some services, depending on the benefit category.

2021 IN-NETWORK BENEFIT	PHARMACY COST-SHARING – MEDICARE ADVANTAGE PRESCRIPTION DRUG PLANS					
	Peoples Health Choices Value (HMO) Peoples Health Choices Gold (HMO) Peoples Health Choices (PPO)		Peoples Health Group Medicare (HMO-POS)		Peoples Health Group Medicare (HMO-POS) Office of Group Benefits	
	30-day supply	90-day supply	30-day supply	90-day supply (preferred cost-sharing)§	30-day supply	90-day supply (preferred cost-sharing)§
Tier 1 (preferred generic tier); Tier 2 (generic tier); Tier 3 (preferred brand tier); Tier 4 (nonpreferred drug tier); Tier 5 (specialty tier)	\$0; \$10; \$45; \$100 Tier 5: Choices Value: 27% Choices Gold: 33% Choices (PPO): 31%	\$0; \$0 (preferred mail-order cost- sharing)§; \$135; \$300 Tier 5: N/A; limited to a 30-day supply	\$3; \$10; \$25; \$50 Tier 5: 20%	\$0; \$0; \$50; \$100 Tier 5: N/A; limited to a 30-day supply	\$0; \$0; \$20; \$40 Tier 5: 20%	\$0; \$0; \$40; \$80 Tier 5: N/A; limited to a 30-day supply

§Cost-sharing varies at pharmacies that offer standard cost-sharing.

2021 IN-NETWORK BENEFIT	PHARMACY COST-SHARING SPECIAL NEEDS PLANS	
	Peoples Health Secure Complete (HMO D-SNP) Peoples Health Secure Health (HMO D-SNP)** Peoples Health Secure Choice (HMO D-SNP) **	
	30-day or 90-day supply <i>Some drugs limited to a 30-day supply</i>	
Generic drugs	Secure Complete: \$0 Other D-SNPs: \$0, \$1.30, \$3.70 or 15%	
Brand drugs	Secure Complete: \$0 Other D-SNPs: \$0, \$4, \$9.20 or 15%	

**Pharmacy cost-sharing based on patient's level of Extra Help (low-income subsidy, or LIS).

Lab Work

All lab work except the following must be drawn and processed at the nearest network provider or Quest Diagnostics location. To contact Quest, call 1-866-697-8378.

- A1c 83036
- Albumin, urine, microalbumin, semiquantitative 82044
- Assay of blood/uric acid 84550
- Assay of thyroxine 84439
- Assay of thyroxine total 84436
- Basic panel 80048
- CBC 85025 or 85027
- Comprehensive panel 80053
- Electrolyte panel 80051
- Glucose finger stick
- 82947QW, 82947 or 82948
- Hepatic panel 80076
- Hepatitis B vaccine G0010
- Influenza 87804
- Influenza virus vaccine G0008
- Lipid panel 80061
- Prothrombin time 85610
- PSA 84153
- Strep 87880 or 87880QW
- TSH 84443
- Tuberculosis stick 86580
- Thyroid hormone
- UPTK/BIN 84479
- Urinalysis 81000-81099
- Venipuncture 36415

Updated 12/2020. For the most up-to-date information, contact your provider representative.

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