PEOPLES HEALTH

Peoples Health Secure Complete Cost-Sharing Reference Sheet for Employees and Providers

Overview

- Peoples Health Secure Complete is for people who have full Medicaid benefits, based on being in one of the following Medicare Savings Programs: FBDE, QMB, QMB+ or SLMB+.
- Cost-sharing may not be collected from members who are in one of these classifications on the date of service because they aren't responsible for Medicare cost-sharing under CMS regulations.
- However, cost-sharing will display on member Explanations of Benefits and provider Explanations of Payments, as well as on claims in the member portal and the provider portal.
- There is the possibility a Peoples Health Secure Complete member may lose full Medicaid benefits and be reclassified into one of the Medicare Savings Programs for people with partial Medicaid: SLMB Only, QI or QDWI. The member would still be allowed to remain enrolled in the plan for a grace period, but plan cost-sharing (as listed on the Explanation of Benefits or Explanation of Payment) would apply during the grace period and may be collected from the member on the date of service.

How do you determine a member's Medicaid status?

- **Employees** should use Member Viewer.
- **Providers** can use Provider Portal (under the **Eligibility & Benefits** tab) or call Medicaid's Recipient Eligibility Verification System at 1-800-776-6323, following the prompts to access eligibility information. Use either the member's 16-digit card control number and eight-digit birth date or Social Security number, or the member's 13-digit Medicaid ID number (valid during the last 12 months). **Calling Medicaid always provides the most up-to-date information.**

The Provider Portal will indicate, on a member's home screen, either "Copay" or "No copay" to guide providers on whether cost-sharing may be collected based on the member's current Medicaid status. Additionally, the "Reason Code Descriptions" on the Explanation of Payment (as below) will indicate "QM – member is dual eligible QMB and may not be billed for cost share," if the member had full Medicaid coverage on the date of service, and you may not bill the member for the listed cost-sharing, as below:

Claim Details

Claim Line	Service Date	CPT	Description	Charges	Allowable	Deductible	Copay	Coinsurance	Denied	Plan Paid	Reason Code
100	6/15/2020	A0427	AMB SERVICE ALS EMERGENCY TRANSPORT LEVEL 1	$1,107.00	$432.90	$0.00	$75.00	$0.00	$0.00	$357.90	AP CP 3p QM
200	6/15/2020	A0425	GROUND MILEAGE PER STATUTE MILE	$157.50	$48.01	$0.00	$0.00	$0.00	$0.00	$48.01	AP 3p
Total				**$1,264.50**	**$480.91**	**$0.00**	**$75.00**	**$0.00**	**$0.00**	**$405.91**	

Reason Code Descriptions

- AP - APPROVED
- CP - COPAYMENT AMOUNT
- 3p - PER COVID-19 EMERGENCY RULING SEQUESTRATION NOT APPLIED
- QM - MEMBER IS DUAL ELIGIBLE QMB AND MAY NOT BE BILLED FOR COST SHARE

Provider Payments for Services Provided to Peoples Health Secure Complete Members

- As the primary payer, we reimburse providers according to their existing contracted rates.
- These members are dually eligible for Medicare and Medicaid and have Louisiana Medicaid as their secondary payer.
- Members who had full Medicaid on the date of service are not responsible for cost-sharing for plan-covered services; you may bill Medicaid as secondary. You may not balance bill these members for Medicare cost-sharing, regardless of whether Medicaid reimburses for the full cost-sharing amount; billing the member for these charges is not allowed unless the benefit is clearly excluded in the member's *Evidence of Coverage*.
- Members who had partial Medicaid on the date of service may be billed for plan cost-sharing. See the section below, **Understanding Member Cost-Sharing for Those With Partial Medicaid**, for information on where to find appropriate values.

Billing Louisiana Medicaid

- As the primary insurer, Peoples Health is billed first. Once a provider receives remittance advice from us, the provider can bill Medicaid, the secondary insurer.
- You should collect the member's Medicaid information, such as a copy of the Medicaid card, at the time of service, so that you can bill Medicaid as the secondary payer.
- At a minimum, providers are required to enroll or register with Louisiana Medicaid for Medicare secondary cost-share billing purposes. If a provider decides not to enroll or re-enroll with the Louisiana Medicaid program, they'll give up the ability to seek the secondary payer reimbursement for a dual-eligible member.

Understanding Member Cost-Sharing for Those With Partial Medicaid

- For Peoples Health Secure Complete members who have been confirmed as having partial Medicaid coverage instead of full Medicaid coverage as of the date of service:
  - If a provider is collecting cost-sharing owed after the member has already received services, the member's share of the cost will be listed on the Explanation of Payment for the associated claim.
  - If the provider is collecting cost-sharing prior to the member receiving services, the provider can reference applicable cost-sharing by visiting www.peopleshealth.com/providerportal, then locating the member under the **Eligibility & Benefits** tab. When the link for the member's plan name is clicked, a copay reference sheet will open as a PDF. This document will list in the right-hand column the cost-sharing that is appropriate for Peoples Health Secure Complete members with **partial** Medicaid coverage.
  - As a reminder, you may not collect cost-sharing from Peoples Health Secure Complete members with full Medicaid coverage, that is, members with a status of FBDE, QMB, QMB+ or SLMB+.

2021 Peoples Health Secure Complete
EOB/EOP-Related Cost-Sharing Quick Guide for Employees

Plan documents for these members indicate all services are $0, and that is the cost-sharing that members with full Medicaid pay*; however, most services are filed in the bid with cost-sharing, and this cost-sharing will appear on Explanations of Benefits, Explanations of Payment, and individual claims in the member portal or the provider portal. This cost-sharing will apply and can be billed to a member of this plan who does not have full Medicaid* ***on the date of service****.*

There is a $198 plan-level deductible that applies to the following services:

- Cardiac Rehabilitation Services
- Intensive Cardiac Rehabilitation Services
- Pulmonary Rehabilitation Services
- SET for PAD Services
- Partial Hospitalization
- Primary Care Physician Services
- Chiropractic Services
- Occupational Therapy Services
- Physician Specialist Services
- Mental Health Specialty Services
- Podiatry Services
- Other Health Care Professional Services
- Psychiatric Services
- Physical Therapy and Speech-Language Pathology Services
- Opioid Treatment Program Services
- Diagnostic Procedures/Tests/Lab Services
- Diagnostic Radiological Services
- Therapeutic Radiological Services
- Outpatient X-Ray Services
- Outpatient Hospital Services
- Observation Services
- Ambulatory Surgical Center (ASC) Services
- Outpatient Substance Abuse
- Outpatient Blood Services
- Ambulance Services
- Durable Medical Equipment (DME)
- Prosthetics/Medical Supplies
- Diabetic Supplies and Services
- Dialysis Services
- Medicare Part B Rx Drugs
- Comprehensive Dental
- Eye Exams
- Eyewear
- Hearing Exams

	In-Network Providers
Monthly Plan Premium	Paid for by the Extra Help Program
Part B Premium Give Back (amount of your Medicare Part B premium paid by Peoples Health)	N/A
Out-of-Network Coverage	N/A
Maximum Out of Pocket	**$7,550**
Doctor Visits	
Primary Care Physician Visit	**20%** coinsurance
Specialist Visit	**20%** coinsurance
Medicare-Covered Chiropractic Visit	**20%** coinsurance
Virtual Medical Visit	**$0**
Medicare-Covered Podiatry Visit	**20%** coinsurance
Preventive Care	
Medicare-covered EKG Following Welcome Visit and Digital Rectal Exam	**20%** coinsurance
All other Medicare-covered Preventive Care, Including Pap Smears, Pelvic Exams, Mammograms, Prostate and Colorectal Cancer Screenings, Bone Mass Measurement and Vaccinations (flu, pneumonia, Hepatitis B)	**$0**

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	In-Network Providers
Labs and Tests – office visit copay may apply	
Lab Services	**$0**
Diagnostic Tests, X-rays	**20%** coinsurance
Advanced Imaging (MRI, MRA, CT, CTA, PET scans, etc.)	**20%** coinsurance
Therapeutic Radiology	**20%** coinsurance
Diagnostic Mammogram	**$0**
Outpatient Diagnostic Colonoscopy	**$0**
Hearing Services	
Routine Hearing Exam	**$0**
Medicare-Covered Diagnostic Hearing Exam	**20%** coinsurance
Outpatient Observation and Surgery	
Surgery (outpatient hospital or ambulatory surgical center)	**20%** coinsurance
Observation Services	**20%** coinsurance
Inpatient Hospital Care per admission	
Hospital Stay (per day)	The lesser of **$1,400** or the **2021 Part A deductible amount ($1,484)**
Worldwide Emergency and Urgent Care – emergency care copay waived if admitted to inpatient hospital care within 24 hours for the same condition.	
Emergency Care	**$90 ($0 worldwide)**
Urgently Needed Care	**$65 ($0 worldwide)**
Emergency Transportation (per one-way trip)	
Emergency Ambulance Services (ground or air)	**20%** coinsurance
Home Health	
Home Health Care	**$0**
Skilled Nursing Facility Care	
Semiprivate Room and Board	**2021 Original Medicare cost-sharing amounts (per benefit period, $0 for days 1-20 and $185.80 per days for days 21-100)**
Outpatient Services and Supplies	
Occupational, Physical or Speech Therapy Visit	**20%** coinsurance
Durable Medical Equipment (DME) (wheelchairs, oxygen, etc.)	**20%** coinsurance
Prosthetics and Medical Supplies	**20%** coinsurance
Opioid Treatment Program	**$0**
Cardiac and Pulmonary Rehab Services and Supervised Exercise Therapy for Symptomatic Peripheral Artery Disease	**20%** coinsurance
Dialysis	**20%** coinsurance
Diabetes Monitoring Supplies (test strips, monitor, etc., from a DME provider)	**$0**
Diabetic Therapeutic Shoes or Inserts	**20%** coinsurance
Blood	**20%** coinsurance

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	In-Network Providers
Kidney Disease Education Services	**$0**
Mental Health and Substance Abuse Treatment	
Inpatient Mental Health Care	The lesser of **$1,400** or the **2021 Part A deductible amount ($1,484)**
Outpatient Mental Health Visit	**20%** coinsurance
Substance Abuse Treatment Visit	**20%** coinsurance
Partial Hospitalization	**$55**
Chemotherapy and Part B Drugs	
Chemotherapy Drugs	**20%** coinsurance
Part B Drugs	**20%** coinsurance

Additional Benefits Not Covered by Original Medicare	**In-Network Providers**
Over-the-Counter (OTC) Health-Related Items and Food Benefit	
OTC Allowance (by mail order or through participating network retail locations with $0 copay)	**$300** allowance (every quarter)
Food (Grocery) Allowance (through participating network retail locations with $0 copay)	**$55** allowance (every month)
Meals	
Meals After Inpatient Hospital Stays (two meals per day for 28 days)	**$0**
Vision Services	
Routine Eye Exam	**$0**
Eyeglasses or Contact Lenses (one pair per year)	**$0**
Note: Medicare-covered eye exams are 20% coinsurance and Medicare-covered eyeglasses or contact lenses are $0.	
Hearing Aid Services – hearing aid services provided through the TruHearing network	
Hearing Aids (up to $500 per ear)	**$0**
Hearing Exam for Evaluation and Fitting of Hearing Aids	**$0**
Dental	
Oral Exams and Cleanings (every six months)	**$0**
X-rays (one set per year)	**$0**
Comprehensive Dental (such as fillings and dentures)	Copays vary
Dental Max	**$3,000**

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Additional Benefits Not Covered by Original Medicare	In-Network Providers
Note: Medicare-covered comprehensive dental services are $0.	
Respite Care for members with Alzheimer's or dementia	
Up to 12 respite care sitter sessions per year (each session can be up to four hours)	**$0**
Fitness	
Health Club Membership	**$0**
Nonemergency Transportation (such as trips to and from your doctor's office)	
Routine Transportation (per one-way trip within 40 miles of your home, unlimited trips)	**$0**
Other	
Routine Foot Care Visit (6 per year)	**$0**
Annual Physical Exam	**$0**
Personal Emergency Response System	**$0**
NurseLine	**$0**

Part D Prescription Drug Coverage – 30-Day or 90-Day Supply at Network Pharmacy

$0 for covered brand drugs

$0 for covered generic drugs

90-day supplies of maintenance drugs available at retail pharmacies and by mail order.
Specialty drugs limited to a 30-day supply.

Peoples Health Secure Complete Cost-Sharing Provider Frequently Asked Questions

Q: I received an Explanation of Payment for a Peoples Health Secure Complete patient that has my payment reduced by an amount indicated as a member deductible, copay or coinsurance responsibility. Coverage documents show member cost-sharing for this plan is $0. Can you confirm this is accurate? OR Can I bill the member for this amount? OR Why is this amount being excluded?

A: Peoples Health Secure Complete is for people who have full Medicaid benefits, based on being in one of the following Medicare Savings Programs on the date of service: FBDE, QMB, QMB+ or SLMB+. Cost-sharing may not be collected from patients in these classifications because they aren't responsible for Medicare cost-sharing under CMS regulations. If the "Reason Code Descriptions" section on your Explanation of Payment indicates "QM – member is dual eligible QMB and may not be billed for cost share," the member had full Medicaid on the date of service, and you may not bill the member for the listed cost-sharing. You may bill Medicaid as secondary.

If a Peoples Health Secure Complete member loses full Medicaid benefits and is reclassified into one of the Medicare Savings Programs for people with partial Medicaid—that is, SLMB Only, QI or QDWI—the member would still be allowed to remain enrolled in the plan for a grace period; however, plan cost-sharing, including deductibles, would apply during the grace period and may be collected. The plan cost-sharing listed on your Explanation of Payment may be billed to these members only if their status was SLMB Only, QI, or QDWI on the date of service. If the member's status was FBDE, QMB, QMB+ or SLMB+ on the date of service, they had full Medicaid on the date of service, and you may bill Medicaid as secondary.

*If provider would like assistance confirming Medicaid status on the date of service, use Member Viewer. Members with a category of **QMB Only**, **QMB Plus**, **SLMB Plus** or **Full Medicaid (Non QMB, SLMB, QDWI or QI)** as of the date of service had full Medicaid status on the date of service, and all other categories had partial Medicaid status on the date of service. For cost-sharing, refer to Peoples Health Secure Complete EOB/EOP-Related Cost-Sharing Quick Guide.*

Q: How do I get paid for services for these members?

A: We will reimburse you according to your existing contracted rates. As the primary payer, we're responsible for the management and payment of Medicare-covered and supplemental services. Since these members are dually eligible for Medicare and Medicaid, they'll have Louisiana Medicaid as their secondary payer.

Members who had full Medicaid on the date of service are not responsible for cost-sharing for plan-covered services; you may bill Medicaid as secondary. You may not balance bill these members for Medicare cost-sharing, regardless of whether Medicaid reimburses for the full cost-sharing amounts; billing the member for these charges is not allowed unless the benefit is clearly excluded in the member's *Evidence of Coverage*.

Members who had partial Medicaid on the date of service may be billed for plan cost-sharing. You can find appropriate values for this cost-sharing by visiting www.peopleshealth.com/providerportal, then locating the member under the **Eligibility & Benefits** tab. Click the link for the member's plan name, and a copay reference sheet will open as a PDF. This document will list in the right-hand column the cost-sharing that is appropriate for Peoples Health Secure Complete members with **partial** Medicaid coverage. All Original Medicare and Medicare Advantage providers must abide by balance billing prohibitions.

Q: I want to know before I provide services whether the Peoples Health Secure Complete member is classified as having full or partial Medicaid status. How do I do that?

A: You can check Medicaid status in the Provider Portal under the **Eligibility & Benefits** tab or call Medicaid's Recipient Eligibility Verification System at 1-800-776-6323. Follow the prompts to access eligibility information; you can use either the member's 16-digit card control number and eight-digit birth date or Social Security number, or the member's 13-digit Medicaid ID number valid during the last 12 months. Please note that calling Medicaid will always provide you with the most up-to-date information.

Q: How do I bill Louisiana Medicaid?

A: 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. You should collect the member's Medicaid information, such as a copy of the Medicaid card, at the time of service, so that you can bill Medicaid as the secondary payer.

Q: Do I need to be enrolled in Medicaid to receive the remaining reimbursement?

A: At a minimum, you are required to enroll or register with Louisiana Medicaid for Medicare secondary cost-share billing purposes. If you decide not to enroll or re-enroll with the Louisiana Medicaid program, you'll give up your ability to seek the secondary payer reimbursement for a dual-eligible member. As a reminder, you may not bill or balance bill cost-sharing to members who have full Medicaid on the date of service.

Q: If the Peoples Health Secure Complete member has partial Medicaid coverage instead of full Medicaid coverage, how do I know the appropriate cost-sharing to collect from the member?

A: If you have confirmed the member had partial Medicaid coverage on the date of service and you are collecting cost-sharing owed after the patient has already received services, the patient's share of the cost will be listed on your Explanation of Payment for the associated claim. If you have confirmed the member has partial Medicaid coverage and you are collecting cost-sharing prior to the patient receiving services, log in to the provider portal by visiting www.peopleshealth.com/providerportal, then locate the member under the **Eligibility & Benefits** tab. Click the link for the member's plan name, and a copay reference sheet will open as a PDF. This document will list the cost-sharing that is appropriate for Peoples Health Secure Complete members with **partial** Medicaid coverage in the right-hand column; as a reminder, you may not collect cost-sharing from Peoples Health Secure Complete members with **full** Medicaid coverage, that is, members with a status of FBDE, QMB, QMB+ or SLMB+.