

# 2022 Ancillary Provider Quick Reference Guide

## 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 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)

**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.<sup>†</sup>

<sup>†</sup>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.

## Authorization Is Required For These Services:

- All inpatient admissions
- All outpatient surgical procedures, including amputations
- Allergy testing
- Ambulance services, nonemergency
- Cosmetic and experimental procedures
- Diagnostic and exploratory procedures
- Durable medical equipment, including but not limited to lancets and test strips
- Enhanced external counterpulsation
- Fertility procedures
- Genetic testing
- Home health agency care
- Injections, including BOTOX, SYNVISIC and similar injections for osteoarthritis, spider vein, epidural steroid, and all injections related to chemotherapy and dialysis (e.g., PROCIT and LUPRON)
- Laser treatment to the eyes for elective procedures
- Mental health care and substance abuse services
- Myocardial perfusion test beyond coverage guidelines (once every 12 months)
- Outpatient therapies, including physical, occupational, speech, dialysis (all treatments), chemotherapy (all treatments), radiation, respiratory and hyperbaric
- PET scans and PET fusions
- Preventive services provided beyond coverage guidelines
- Select Medicare Part-B-covered drugs
- Skilled nursing facility care
- Sleep studies
- Transplant evaluations and all related treatment
- Vascular procedures
- Wound care treatment
- Unlisted codes, drugs and procedures

## Submit Claims To:

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

1-866-553-5705

## Websites:

- [www.peopleshealth.com](http://www.peopleshealth.com) for plan benefits, documents and more
- [www.peopleshealth.com/procauth](http://www.peopleshealth.com/procauth) for the Peoples Health Authorization Requirements Search tool

## 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 [www.peopleshealth.com/providerportal](http://www.peopleshealth.com/providerportal).

Select the Authorizations tab and click the services needed to start an authorization request.

For more information, contact your ancillary provider representative.

## After-Hours Authorizations

**1-877-346-5707**

You are required to notify us about admission and level-of-care changes by 6 p.m. on the next business day.

For nonurgent notifications, dial ext. 4411.

For urgent discharge notifications such as ambulance transport from the emergency department to another acute facility, psychiatric facility or home, or home health or DME requests for a same-day discharge, dial ext. 4410.

PROVIDER SERVICES	PHARMACY SERVICES	
<b>For answers to claims questions and for verification of patient benefits, eligibility and authorization status:</b>	<b>For answers to pharmacy questions:</b>	<b>To submit prior authorization requests for drugs on the OptumRx formulary:</b>
<b>Phone</b> 1-866-553-5705	<b>Phone</b> 1-800-711-4555	<b>Online</b> <a href="http://covermymeds.com">http://covermymeds.com</a>

## 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.

## 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. For the provider network or vendors patients must use for the following benefits, visit [www.peopleshealth.com/providers](http://www.peopleshealth.com/providers).

**Available to all Peoples Health patients:**

**Behavioral health | NurseLine | Virtual medical visits** (through providers offering telehealth or through the plan’s virtual provider network) | **Virtual mental health visits** (through Optum Behavioral Health) | **Meals after an inpatient stay**

**Available to most Peoples Health patients:**

**Dental** (through DINA Dental) | **Fitness | Over-the-counter products catalog** (benefit administered by FirstLine Benefits) | **Hearing aids and fitting exams** (through TruHearing) | **Respite care | Routine vision**

**Only available to patients in Peoples Health Secure Health and Peoples Health Secure Complete:**

**Over-the-counter items and healthy food card** (benefit administered by Solutran)

**Nonemergency routine transportation**

**Only available to patients in Peoples Health Secure Complete: Personal emergency response system** (through Philips Lifeline)

## Authorization Process

**Authorization is required for all services listed above.**

- Claims for nonauthorized services will be denied.
- It is the responsibility of the ordering physician to obtain authorization for the services; however, it is the responsibility of the ancillary provider to verify that authorization has been obtained.
- If there is no authorization on file, please contact the ordering physician and advise the physician to submit an authorization request and supporting documentation to Peoples Health.
- If there is no authorization on file and the original request for services came from a hospital representative, please advise the representative to submit the discharge papers and supporting documentation to Peoples Health.
- To confirm that there is an authorization on file, check the Provider Portal.
- Make changes to open authorization requests in the Notes & Attachments section of the case.
- Request an extension by clicking the green plus sign to the left of the case number. Do not start a new authorization request for an extension.

**For home health:** Please direct any physician or hospital representative who sends you home health orders to the Peoples Health authorization division. Remember, services and dates of service for an existing authorization can be extended by completing the Home Health Agency Update/Recertification Form and faxing it to the authorization division. Download the form from [www.peopleshealth.com](http://www.peopleshealth.com), under **Providers**, and the **Provider Plan Documents and Forms** link.

## Authorizations

**To request authorization or for information about medical services:**

### INPATIENT OR OUTPATIENT FACILITY 1-877-346-5707

Eastbank Region .....	Option 1
Westbank Region .....	Option 2
Northlake Region .....	Option 3
New Orleans Region .....	Option 4
Baton Rouge Region .....	Option 5
Southland Region .....	Option 6
All other regions .....	Option 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

## Vendor Contacts – Additional Benefits

24-Hour NurseLine	NurseLine	1-877-365-7949
Dental	DINA Dental	1-866-803-1672 <a href="http://www.fcdental.com/provider-search">www.fcdental.com/provider-search</a>
Hearing aids and fitting exams	TruHearing	1-866-581-9462 <a href="http://www.truhearing.com">www.truhearing.com</a>
Virtual mental health visits	Optum Behavioral Health	1-877-566-7913 <a href="http://virtualvisitsmentalhealth.uhc.com">http://virtualvisitsmentalhealth.uhc.com</a>

## Lab Provider

All lab work drawn from Peoples Health patients may be sent to Quest Diagnostics at 1-866-697-8378 or another network lab provider. Find a network lab location at [www.peopleshealth.com/providers](http://www.peopleshealth.com/providers).

## Questions?

Contact your ancillary provider representative at **1-800-631-8443**.

2022 BENEFIT	MEDICARE ADVANTAGE PRESCRIPTION DRUG 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 65 (HMO) Greater New Orleans and Baton Rouge Area Peoples Health Choices 65 (HMO) Northshore Peoples Health Choices 65 (HMO) Rural Southeast Peoples Health Choices 65 (HMO) Southland	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
<b>SNF care</b> <i>100-day maximum per benefit period for all plans, except group Medicare plans, which don't have a maximum</i>	\$0 per day, days 1-20 \$188 per day, days 21-100	\$0 per day, days 1-20 \$188 per day, days 21-100	\$0	\$0 per day, days 1-20 \$0 or \$100 per day, days 21-100	\$0 or Medicare-defined amounts	\$0 per day, days 1-20 \$188 per day, days 21-56 \$0 copay per day, days 57-100	\$0 per day, days 1-20 \$188 per day, days 21-56 \$0 copay per day, days 57-100	\$0 per day, days 1-20 \$25 per day, days 21 and beyond
<b>Long-term acute care</b>	Greater New Orleans and Baton Rouge Area and Rural Southeast: \$85 per day, days 1-10 Northshore: \$195 per day, days 1-10 Southland: \$125 per day, days 1-10	\$195 per day, days 1-10	\$0	\$0 or \$75 per day, days 1-10	\$0 or \$1,480 per stay (or Medicare-defined amounts, whichever is less)	\$225 per day, days 1-7	\$195 per day, days 1-6	\$50 per day, days 1-10
<b>Inpatient rehabilitation care at an inpatient rehabilitation facility</b>	Greater New Orleans and Baton Rouge Area and Rural Southeast: \$85 per day, days 1-10 Northshore: \$195 per day, days 1-10 Southland: \$125 per day, days 1-10	\$195 per day, days 1-10	\$0	\$0 or \$75 per day, days 1-10	\$0 or \$1,480 per stay (or Medicare-defined amounts, whichever is less)	\$225 per day, days 1-7	\$195 per day, days 1-6	\$50 per day, days 1-10
<b>Diagnostic procedures, X-rays, echocardiography</b>	Diagnostic colonoscopies, mammograms: \$0 Other diagnostic tests, echocardiography: \$0 X-rays: \$0 – radiology facility \$15 – all other locations	Diagnostic colonoscopies, mammograms: \$0 Other diagnostic tests, echocardiography: \$10 X-rays: \$0 – radiology facility \$15 – all other locations	\$0	\$0	Diagnostic colonoscopies, mammograms: \$0 Other diagnostic tests, echocardiography, X-rays: \$0 or 20% coinsurance	Diagnostic colonoscopies, mammograms: \$0 Other diagnostic tests, echocardiography: \$40 X-rays: \$12	Diagnostic colonoscopies, mammograms: \$0 Other diagnostic tests, echocardiography: \$20 X-rays: \$15	\$0
<b>Advanced imaging (MRI, MRA, CT, CTA and PET scans), nuclear medicine</b>	Greater New Orleans and Baton Rouge Area: \$90 Northshore: \$175 Rural Southeast and Southland: \$85	\$120	\$0	\$0 or \$75	\$0 or 20% coinsurance	\$175	\$110	\$0
<b>Home health care</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Home infusion therapy<sup>†</sup></b>	20% coinsurance	20% coinsurance	\$0	\$0 or 20% coinsurance	\$0 or 20% coinsurance	20% coinsurance	20% coinsurance	5% coinsurance
<b>Outpatient rehabilitation (physical therapy, occupational therapy and speech therapy)</b>	Greater New Orleans and Baton Rouge Area, Rural Southeast and Southland: \$10 Northshore: \$20	\$20	\$0	\$0	\$0	\$20	\$30	\$0
<b>Outpatient surgery</b>	Greater New Orleans and Baton Rouge Area, Rural Southeast and Southland: \$125 Northshore: \$200	\$250	\$0	\$0	\$0 or 15% coinsurance	\$225	\$195	\$0
<b>Urgent care</b>	Greater New Orleans and Baton Rouge Area, Rural Southeast and Southland: \$20 within the U.S. and its territories Northshore: \$50 within the U.S. and its territories All Choices 65 plans: \$0 outside the U.S. and its territories	\$40 within the U.S. and its territories \$0 outside the U.S. and its territories	\$0 within or outside the U.S. and its territories	\$0 within or outside the U.S. and its territories	\$0 or \$65 within the U.S. and its territories \$0 outside the U.S. and its territories	\$40 within the U.S. and its territories \$0 outside the U.S. and its territories	\$40 within the U.S. and its territories \$0 outside the U.S. and its territories	\$10 within the U.S. and its territories Office of Group Benefits: \$5 within the U.S. and its territories Both Medicare Group plans: \$50 outside the U.S. and its territories

## Notice of Medicare Non-Coverage (NOMNC)

- The NOMNC is a termination notice for skilled nursing, home health (including psychiatric home health) or comprehensive outpatient rehabilitation facility services.
- The provider rendering services **must** deliver it to the Medicare patient at least two days prior to service termination, while the patient is still in the facility or is still receiving services.
- The NOMNC and detailed instructions on how to complete it can be found at <https://www.cms.gov/Medicare/Medicare-General-Information/BNI/FFS-Expedited-Determination-Notices>.
- It must provide correct information for the Louisiana Quality Improvement Organization:
 

**KEPRO**  
**1-888-315-0636**  
**711 (TTY)**
- It must include the service end date.
- It must be signed and dated by the patient or the patient's representative.
- It must meet valid notice delivery requirements. This means the patient must be able to understand the purpose and contents of the notice and must be able to sign for receipt of it; if the patient is unable to do so, his or her representative can be educated and can sign the form on the patient's behalf.

## 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 provider network. Refer to [www.peopleshealth.com/physicians](http://www.peopleshealth.com/physicians) to find information on available providers. Refer the patient for care, as appropriate, within 5-7 days of discharge.

\*Per CMS guidelines, Medicare providers may not collect cost-sharing from Qualified Medicare Beneficiaries and may not refuse to serve dual-eligible patients 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. For more information, see the Medicaid Eligibility and Dual-Eligible Cost-Sharing section of this guide.

<sup>†</sup>Cost-sharing shown is for infused Part B drugs; cost-sharing for administration or monitoring services depends on the location where services are received (PCP office, specialist office or home health).