



ID cards have been updated and are being distributed to all members. The 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. For the provider network or vendors patients must use for the following benefits, visit 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 OptumHealth Behavioral)

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)

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 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.

Medicare-Required Notices

Visit www.peopleshealth.com/medicarenotices to download instructions and forms.

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.

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 a network lab provider. Find a network lab location at www.peopleshealth.com/providers. Pre-operative lab work may be performed by the hospital.

Updated 1/2022.
For the most up-to-date information, contact your hospital representative.

2022 Hospital Quick Reference Guide

Submit Claims To:

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

1-866-553-5705

Websites:

- www.peopleshealth.com for plan benefits, documents and more
- 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:

- 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.

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

For more information, contact your hospital representative.

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

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

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.

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 hospital 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 PLAN†
	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
Advanced imaging (MRI, MRA, CT, CTA and PET scans), nuclear medicine	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
Inpatient hospital care	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
Medicare Part B drugs (including chemotherapy and infusion therapy)	Allergy antigens: \$0 All other drugs: 20% coinsurance	Allergy antigens: \$0 All other drugs: 20% coinsurance	\$0	Allergy antigens: \$0 All other drugs: \$0 or 20% coinsurance	Allergy antigens: \$0 All other drugs: \$0 or 20% coinsurance	Allergy antigens: \$0 All other drugs: 20% coinsurance	Allergy antigens: \$0 All other drugs: 20% coinsurance	5% coinsurance
Diagnostic procedures, X-rays, echocardiography – outpatient hospital setting	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
Outpatient surgery	Greater New Orleans and Baton Rouge Area, Rural Southeast and Southland: \$125 Northshore: \$200	\$250	\$0	\$0	\$0 or 15% coinsurance	\$225	\$195	\$0
Emergency care‡	\$90 within the U.S. and its territories \$0 outside the U.S. and its territories	\$90 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 or \$50 within the U.S. and its territories \$0 outside the U.S. and its territories	\$0 or \$90 within the U.S. and its territories \$0 outside the U.S. and its territories	\$90 within the U.S. and its territories \$0 outside the U.S. and its territories	\$90 within the U.S. and its territories \$0 outside the U.S. and its territories	\$50 within or outside the U.S. and its territories

*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. For more information, see the Medicaid Eligibility and Dual-Eligible Cost-Sharing section of this guide.

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

‡Copay is waived if the patient is admitted to inpatient hospital care within 24 hours for the same condition. Emergency transportation is covered at \$0 outside of the U.S. and its territories to the nearest facility in the foreign country.

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.⁵

⁵For 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
Eastbank New Orleans Northlake	Lela Blanco	Market clinical director	504-681-2606
Capital Southland Northern Southwest Westbank	Michelle Fabre	Market clinical director	504-849-1478
All Regions	Melissa Pohlmann	SNP clinical director	504-849-1442