



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

Personal emergency response system (through Philips Lifeline)

In-Office Lab Services

Lab work drawn for Peoples Health patients must be sent to Quest Diagnostics at 1-866-697-8378 or the nearest network lab provider.

Find a network lab location at www.peopleshealth.com/providers. Contact your provider representative for more information about labs that can be drawn and processed in your office.

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 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.[†]

¹For 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.



-2022 Physician Quick Reference Guide-

Submit Claims To:

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

1-866-553-5705

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 provider relations representative.

PHARMACY SERVICES

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

PROVIDER SERVICES

Phone

1-866-553-5705

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

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 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.

Option 4

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.

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

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.

Questions?

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

2022	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†
IN-NETWORK BENEFIT	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) This plan does not have Part D prescription drug coverage	Peoples Health Group Medicare (HMO-POS) Peoples Health Group Medicare (HMO-POS) Office of Group Benefits
PCP office visits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5 Office of Group Benefits: \$0
Specialist office visits [‡]	Greater New Orleans and Baton Rouge Area: \$25 Northshore: \$45 Rural Southeast and Southland: \$30	\$30	\$0	\$0 or \$10	\$0	\$35	\$30	\$10
Lab services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$ 0
Diagnostic procedures, X-rays, echocardiography	Diagnostic colonoscopies, mammograms: \$0 [§] Other diagnostic tests, echocardiography: \$0 [§] X-rays: \$0 — radiology facility [§] \$15 — all other locations [§]	Diagnostic colonoscopies, mammograms: \$0 ⁵ Other diagnostic tests, echocardiography: \$10 ⁵ X-rays: \$0 — radiology facility ⁵ \$15 — all other locations ⁵	\$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
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

*Per CMS guidelines, Medicare providers may not collect cost-sharing from Qualified Medicaid as the secondary insurer. For more information, see the Medicaid program. 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 program. Cost-sharing may vary depending on the patient for the service. Bill Medicaid as the secondary insurer. For more information, see the Medicaid program. Eligibility and Dual-Eligible Cost-Sharing section of this guide.

	PHARMACY COST-SHARING					
	MEDICARE ADVANTAGE PF	MEDICARE ADVANTAGE PRESCRIPTION DRUG GROUP PLANS				
2022 IN-NETWORK BENEFIT	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 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)	\$0	\$0	\$3	\$0	\$0	\$0
Tier 2 (generic)	\$10	\$30 — retail pharmacy or standard mail-order pharmacy \$0 — preferred mail-order pharmacy	\$10	\$0	\$0	\$0
Tier 3 (preferred brand)	\$45	\$135	\$25	\$50	\$20	\$40
Tier 4 (nonpreferred drug)	\$100	\$300	\$50	\$100	\$40	\$80
Tier 5 (specialty tier)	33% coinsurance	Not available; limited to a 30-day supply	20% coinsurance	Not available; limited to a 30-day supply	20% coinsurance	Not available; limited to a 30-day supply

2022 IN-NETWORK BENEFIT	PHARMACY COST-SHARING			
	MEDICARE ADVANTAGE PRESCRIPTION DRUG 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 Some drugs limited to a 30-day supply			
ll drugs	\$0			

[†]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.

[§]In addition to any office visit copay.

 $[\]ensuremath{^{**}\text{Cost-sharing}}$ varies at pharmacies that offer standard cost-sharing.