



ID cards have been updated and are being distributed to all members. The above is a sample and may not represent the card exactly, but it is indicative of 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 the 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. We work with other vendors and provider networks for the following benefits. For more information, visit [www.peopleshealth.com/providers](http://www.peopleshealth.com/providers).

- Available to all Peoples Health patients:**
- Behavioral health** (Optum Behavioral Health)
  - Dental** (UnitedHealthcare Dental)
  - Fitness** (One Pass<sup>1</sup>)
  - Meals after an inpatient stay**
  - NurseLine**
  - Personal emergency response system** (Philips Lifeline)
  - Routine hearing and hearing aids** (UnitedHealthcare Hearing)
  - Routine vision** (UnitedHealthcare Vision)
  - Virtual medical visits** (providers offering telehealth or through the plan's virtual provider network)
  - Virtual mental health visits** (Optum Behavioral Health)

- Available to most Peoples Health patients:**
- Over-the-counter credit benefit**
  - Respite care**

- Only available to patients in Peoples Health Secure Complete and Peoples Health Secure Health:**
- Food, over-the-counter items and utility bill credit**
  - Nonemergency routine transportation**

<sup>1</sup>One Pass is a trademark of Optum, Inc. and/or its affiliates. © 2022 Optum, Inc.

### 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 to a treating specialist in the Peoples Health provider network.

Refer to [www.peopleshealth.com/physicians](http://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 five to seven days of discharge.

### Medicare-Required Notices

Visit [www.peopleshealth.com/medicarenotices](http://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](http://www.peopleshealth.com/providers). Pre-operative lab work may be performed by the hospital.

Updated 11/2022.  
For the most up-to-date information, contact your Peoples Health representative.

# 2023 Hospital Quick Reference Guide

### Submit Claims To:

Peoples Health  
P.O. Box 981645  
El Paso, TX 79998-1645

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

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

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

For more information, contact your Peoples Health 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 <a href="http://covermymeds.com">http://covermymeds.com</a>

### 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, a psychiatric facility or the patient's home—or for 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 Peoples Health representative at 1-800-631-8443.

2023 BENEFIT	MEDICARE ADVANTAGE PRESCRIPTION DRUG HMO-POS PLANS*		MEDICARE ADVANTAGE PRESCRIPTION DRUG HMO-POS SPECIAL NEEDS PLANS*†		MEDICARE ADVANTAGE PRESCRIPTION DRUG PPO PLAN‡	MEDICARE ADVANTAGE PPO PLAN‡	MEDICARE ADVANTAGE PRESCRIPTION DRUG HMO-POS GROUP PLANS‡
	Peoples Health Choices 65 (HMO-POS) Greater New Orleans and Baton Rouge Area Peoples Health Choices 65 (HMO-POS) Northshore Peoples Health Choices 65 (HMO-POS) Rural Southeast Peoples Health Choices 65 (HMO-POS) Southland	Peoples Health Choices Gold (HMO-POS)	Peoples Health Secure Complete (HMO-POS D-SNP)	Peoples Health Secure Health (HMO-POS 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>Advanced imaging (MRI, MRA, CT, CTA and PET scans), nuclear medicine</b>	Greater New Orleans and Baton Rouge Area: \$55 Northshore: \$140 Rural Southeast: \$55 Southland: \$50	\$80	\$0	\$0 or \$75	\$125	\$110	\$0
<b>Inpatient hospital care</b>	Greater New Orleans and Baton Rouge Area: \$60 per day, days 1-10 Northshore: \$175 per day, days 1-10 Rural Southeast: \$85 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	\$225 per day, days 1-7	\$195 per day, days 1-6	\$50 per day, days 1-10
<b>Medicare Part B drugs (including chemotherapy and infusion therapy)</b>	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: 20% coinsurance	Allergy antigens: \$0 All other drugs: 20% coinsurance	5% coinsurance
<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: \$40 X-rays: \$12	Diagnostic colonoscopies, mammograms: \$0 Other diagnostic tests, echocardiography: \$20 X-rays: \$15	\$0
<b>Outpatient surgery</b>	Greater New Orleans and Baton Rouge Area: \$100 Northshore: \$175 Rural Southeast and Southland: \$125	\$250	\$0	\$0	\$225	\$195	\$0
<b>Emergency care§</b>	\$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	\$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

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

†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.

‡PPO and group plans have an out-of-network benefit for most services. 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)

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)	√	

**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.

**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.\*\*

\*\*For more information, reference the 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	Non-SNP clinical director	504-681-2606
All Regions	Kelly Pepperman Willoz	SNP clinical director	504-681-8287
Capital Southland Northern Southwest Westbank	Michelle Fabre	Clinical program director	504-849-1478