



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.

- Available to all Peoples Health patients:**
 - Behavioral health** (Optum Behavioral Health)
 - Dental** (UnitedHealthcare Dental)
 - Fitness** (One Pass¹)
 - 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**

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

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.[†]

[†]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.

2023 Physician Quick Reference Guide

Submit Claims To:

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

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 Peoples Health representative.

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.

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

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 Peoples Health representative at **1-800-631-8443**.

2023 IN-NETWORK 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
PCP office visits	\$0	\$0	\$0	\$0	\$0	\$0	Standard group plan: \$5 Office of Group Benefits: \$0
Specialist office visits§	Greater New Orleans and Baton Rouge Area: \$20 Northshore: \$40 Rural Southeast and Southland: \$30	\$30	\$0	\$0 or \$10	\$35	\$30	\$10
Lab services	\$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 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
Advanced imaging (MRI, MRA, CT, CTA and PET scans), nuclear medicine	Greater New Orleans and Baton Rouge Area: \$55 Northshore: \$140 Rural Southeast: \$55 Southland: \$50	\$80	\$0	\$0 or \$75	\$125	\$110	\$0

*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 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.

‡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.

§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.

2023 IN-NETWORK BENEFIT	PHARMACY COST-SHARING						
	MEDICARE ADVANTAGE PRESCRIPTION DRUG PLANS			MEDICARE ADVANTAGE PRESCRIPTION DRUG 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 Choices (PPO)			Peoples Health Group Medicare (HMO-POS)		Peoples Health Group Medicare (HMO-POS) Office of Group Benefits	
	30-day supply	100-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

††Patients won't pay more than \$35 for a 1-month supply of select Part D insulin products.

**Cost-sharing varies at pharmacies that offer standard cost-sharing.

§§Patient pays no more than their plan cost-sharing amount for a 1-month supply of covered Part D insulin products.

2023 IN-NETWORK BENEFIT	PHARMACY COST-SHARING	
	MEDICARE ADVANTAGE PRESCRIPTION DRUG SPECIAL NEEDS PLANS	
	Peoples Health Secure Complete (HMO-POS D-SNP) Peoples Health Secure Health (HMO-POS D-SNP)	
	30-day or 100-day supply <i>Some drugs limited to a 30-day supply</i>	
All drugs	\$0	