



METCARESM

HUMANA.
Guidance when you need it most

2010 Quick Reference Guide

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Provider Representative

Collier County

Humana H5426-002, H5426-008, H5426-019

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I. Claims Information

- **Humana**

Humana
PO Box 14601
Lexington, KY 40512-4601
Payor ID 61101

Claim status inquiries can be performed using one of the following tools:

1. Humana Medicare Customer Service **1-800-457-4708 opt. 2**
2. Humana's preferred online tool, www.availity.com
3. Humana's Provider Self-Service Center on www.Humana.com

Corrected Claims:

Provider may submit a corrected claim by **indicating** it is a corrected claim and **including a copy of the explanation of Remittance (EOR)** along with a cover letter explaining the issue. Please mail to the Humana address listed above.

II. Eligibility Information

- **Humana**

1. Humana Medicare Customer Service 1-800-457-4708
2. Humana's preferred online tool, www.availity.com
3. Humana's Provider Self-Service Center on www.Humana.com

III. How to Request a Referral or Prior Authorization—Primary Care Providers

- **Humana**

- PCP's can submit referral and authorization requests via www.availity.com or print and fax the applicable referral/authorization form located on www.metcare.com .
 - Referral and authorization requests can only be made for plan participating providers
 - If additional medical notes are needed, the PCP will be contacted
 - Failure to request a referral and/or authorization in a timely fashion will result in claim denial

In the event there is a network deficit and an Out of Network (OON) referral is needed you must complete the OON authorization form located on www.metcare.com website – please fax it to the appropriate fax number on the form and ***include all supporting clinical documentation***. You will be notified via fax or phone call of the outcome of the request.

How to request prior authorization for Part D drugs:

- **Humana**

Humana Clinical Pharmacy Review 1-877-486-2621 (fax). For online prior authorization forms visit www.Humana.com, choose “providers” then “tool & Resources”, then “prescription tools & resources” and finally “Prior authorization”. Choose the form and fax it to the number listed on the form.

IV. **How to Request a Referral or Prior Authorization—Specialist and Ancillary Providers**

- **Humana**

- Specialist and Ancillary providers can print and fax the applicable referral/prior authorization forms located on www.metcare.com to the phone number on the form
 - Referral and authorization requests can only be made to plan participating providers
 - Please include ***clinical documentation for ALL Prior Authorization requests***
 - Failure to request a referral and/or authorization in a timely fashion will result in claim denial
 - For Humana referral and prior authorization requests ***status*** please access www.availity.com Auths and Referrals – Health Care Services Inquiry – input the tax ID of the provider or facility you are sending the member and view the current status on line, you can print the approved authorization.

In the event there is a network deficit and an Out of Network (OON) referral is needed you must complete the OON authorization form located on www.metcare.com website – please fax it to the appropriate fax number on the form and ***include all supporting clinical documentation***. You will be notified via fax or phone call of the outcome of the request.

V. **Helpful Information about Referrals and Prior Authorizations**

Please review the following guidelines

Request for a STAT or Urgent procedure

- ***Any condition where failure to provide immediate response may result in irreversible, significant, adverse outcome to the health and or function of the member***

Request for routine referrals and prior authorizations

- *Please make sure to complete the requests with the **DIAGNOSIS** and **CPT** codes – any request that does not have complete information will be returned to the provider*
- *Please make sure to fill out the requesting provider information in full to allow for timely processing of your requests*

**Humana Gold Plus Point – Of - Service
Out of Network coverage is available for the following benefits:**

- 20% of the cost for:
 Doctor Office Visits
 Podiatry Services
 Outpatient Services / Surgery
 Colorectal Screening Exams
 Pap Smears and Pelvic Exams
 Prostate Cancer Screening Exams
 Physical Exams
- 20% of the cost per hospital stay
 Inpatient Hospital Care

Services Requiring Referral Notification – Humana Gold Plus

SERVICES REQUIRING NOTIFICATION ONLY	SPECIFIC SERVICES*
1. All Diagnostic / Radiological Services – No Out of Network Benefit	Plain Radiology Films EEG / EMG/ Nerve Conduction studies Carotid Doppler studies Diagnostic Colonoscopy Bone Density scan Other Diagnostic testing not requiring a Prior Authorization Ultrasound Echo / EKG / Holter Monitor Diagnostic Mammogram Exercise Stress Tests PFT <u>with no</u> ABG studies
2. Procedures – No Out of Network Benefit	Cardiac Catheterization Dialysis Allergy Injections (6 months) Outpatient Surgery (Sig, Colo)
3. Provider Services	Medicare Covered DME items Therapy PT, OT, Speech, Aquatic (Initial Visit Only) Par Specialist visits Orthotic & Prosthetic devices

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Humana Prior Authorization Requirements

CATEGORY	DETAILS	COMMENTS
Inpatient Admissions	Acute Hospital	
	Acute Rehab Facilities	
	Long-term Acute Care	
	Skilled Nursing Facilities	
	Mental Health and Partial Hospital/Residential Treatment	
Observation	Observation Stays	
Durable Medical Equipment (DME)	*Cochlear and Auditory Brainstem Implants	
	CPAP/BiPAP	
	CPM Machines	
	Cranial Orthotics	
	Electric Beds	
	Electric Wheelchairs/Scooters	
	High Frequency Chest Compression Vests	
	*Pain Infusion Pump	
	Stimulator Devices	Includes Bone Growth, Neuromuscular and Spinal Cord
	Prosthetics	
Any other DME item greater than \$750.00		
Plastic Surgery/Cosmetic	Abdominoplasty	
	Blepharoplasty	
	Breast Procedures	
	Otoplasty	
	Penile Implant	
	Rhinoplasty	
Septoplasty		
Other Services	Automatic Implantable Cardioverter Defibrillators (AICD)	

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CATEGORY	DETAILS	COMMENTS
	Pain Management Procedures	**Spinal Fusion, *Other Decompression Surgeries, **Facet Injections, *Epidural Injections (outpatient only), *Kyphoplasty, *Vertebroplasty, Pain Infusion Pump (back and neck pain only) and Spinal Cord Stimulator
	Home Health Care/Home Infusion	
	Hyperbaric Therapy	
	Infertility Testing and Treatment	
	Obesity Surgeries	
	Oral Surgeries	
	Radiation Therapy	
	Transplant Services	
	Uvulopalatopharyngoplasty (UPPP)	
	Varicose Vein: Surgical Treatment and Sclerotherapy	
	Ventricular Assist Devices	
Radiology: Outpatient Imaging	CT Scan	
	MRA	
	MRI	
	Nuclear Stress Test	
	PET Scan/National Oncology PET Registry (NOPR)	
	SPECT Scan	
Outpatient Therapy Services	Physical Therapy	
	Occupational Therapy	
	Speech Therapy	

V. Benefits Overview January 2010

Benefit Category for Collier Market	Humana Gold Plus H5426-008 (HMO-POS)	Humana Gold Plus H5426-019 (HMO)	Humana Gold Plus H5426-002 (HMO-POS)
Member Premium	\$0/reduction up to \$29.50	\$0	\$16
PCP			
In-network	\$0	\$10	\$0

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Benefit Category for Collier Market	Humana Gold Plus H5426-008 (HMO-POS)	Humana Gold Plus H5426-019 (HMO)	Humana Gold Plus H5426-002 (HMO-POS)
Out-of-network	30%	Not Available	20%
Specialty			
In-network	\$40	\$40	\$25
Chiropractic	\$40	\$40	\$25
Podiatry	\$40	\$40	\$25
Out-of-network	30%	Not Available	20%
Chiropractic	Not Available	Not Available	Not Available
Podiatry	30%	Not Available	20%
Medicare Part B Injectable drugs (administered in-office setting)	20%	20%	20%
Diagnostic Services (In-network only) MRI, CT, MRA, PET			
At PCP office	\$150	\$75 + ov copay	\$150
At Specialty office	\$150 + copay	\$75 + ov copay	\$150 + ov copay
Non-Hospital Setting	\$100	\$100	\$100
Hospital Setting	\$150	\$150	\$150
Lab Services (In-network-only)			
At PCP office	\$0	\$10	\$0
At Specialty office	\$40	\$40	\$25
Non-hospital Setting	\$0	\$0	\$0
Hospital Setting	\$75	\$75	\$75
Basic X-Ray (In-network-only)			
At PCP office	\$0	\$10	\$0
At Specialty office	\$40	\$40	\$25
Non-Hospital Setting	\$25	\$25	\$25
Hospital Setting-outpatient	\$75	\$75	\$75
Diagnostic Procedures and Tests (In-network-only) Stress / EKG /Echo/Ultrasound			
At PCP office	\$0	\$10	\$0
At Specialty office	\$40	\$40	\$25
Hospital Setting-outpatient	\$75	\$75	\$75
Nuclear Medicine (in-network-only)			
Non-Hospital setting	\$100	\$100	\$100
Hospital setting-outpatient	\$150	\$150	\$150

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Benefit Category for Collier Market	Humana Gold Plus H5426-008 (HMO-POS)	Humana Gold Plus H5426-019 (HMO)	Humana Gold Plus H5426-002 (HMO-POS)
Therapeutic Radiology Services (Radiation Therapy)			
At Specialty office	\$40	\$40	\$25
Non-Hospital setting	\$25	\$25	\$25
Hospital setting-outpatient	\$75	\$75	\$75
Renal Dialysis Services			
Dialysis Center in-network	\$25	\$25	\$25
Hospital outpatient in-network	20%	20%	20%
Nutrition Therapy			
At PCP office	\$0	\$10	\$0
At Specialty office	\$40	\$40	\$25
Hospital setting outpatient	\$75	\$75	\$75
Inpatient Hospital Care			
In-network	Days 1-7 \$250 Days 8-90 \$0	Days 1-7 \$225 Days 8-90 \$0	Days 1-10 \$175 Days 11-90 \$0
Out of network	30% of the cost per Hospital stay	Not Available	20% of the cost per Hospital stay
Outpatient Rehabilitation Services (OT,PT,ST)			
At Specialty office	\$40	\$40	\$25
Non-Hospital Setting (CORF)	\$40	\$40	\$25
Hospital Setting- out patient	\$75	\$75	\$75
Outpatient Services and Surgery			
Ambulatory Surgical Center	\$100	\$75	\$75
Hospital Setting out-patient			
Cardiac rehabilitation	\$75	\$75	\$75
Observation	\$150	\$100	\$100
Surgical services	\$150	\$150	\$150
Other services	\$75	\$75	\$75
Out-of-network	30%	Not Available	20%
Urgent Care (within the United States only)	30%	\$40	20%
Emergency Care (Worldwide)	\$50	\$50	\$50

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Benefit Category for Collier Market	Humana Gold Plus H5426-008 HMO-POS	Humana Gold Plus H5426-019 (HMO)	Humana Gold Plus H5426-002 (HMO-POS)
Skilled Nursing Home Care	Days 1-13 \$0 Days 14-100 \$100	Days 1-13 \$0 Days 14-100 \$100	Days 1-13 \$0 Days 14-100 \$100
Home Health Services (In-network only)	\$0	\$0	\$0
Durable Medical Equipment & Prosthetic Devices	20%	20%	20%
Mammograms (Annual Screening 1 per year)			
At Specialty office	\$40	\$40	\$25
Hospital setting outpatient	\$75	\$75	\$75
Non-hospital setting	\$0	\$0	\$0
Mammograms (Diagnostic)			
At Specialty office	\$40	\$40	\$25
Hospital setting	\$75	\$75	\$75
Non-hospital setting	\$25	\$25	\$25
Colorectal Screening Exam			
At Specialty office	\$40	\$40	\$25
Non-hospital setting	\$100	\$75	\$75
Hospital setting	\$150	\$150	\$150
Bone Mass Measurement			
At Specialty office	\$40	\$40	\$25
Free standing facility	\$10	\$10	\$10
Hospital setting out-patient	\$75	\$75	\$75
Diabetes Self Monitoring Training and Nutrition Therapy			
At Primary Care office	\$0	\$10	\$0
At Specialty office	\$40	\$40	\$25
Hospital setting - outpatient	\$75	\$75	\$75
Diabetic Supplies – in-network only	\$0	\$0	\$0
Dental Services (Medicare Covered ONLY)	\$40	\$40	\$25
Hearing Services (Medicare Covered ONLY)	\$40	\$40	\$25
Vision Services (Medicare Covered ONLY)			
Eyeglasses / contact lenses post cataract surgery (1 pair)	\$0	\$0	\$0
Exam to diagnose and treat diseases/conditions of the eye	\$40	\$40	\$25

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Benefit Category for Collier Market	Humana Gold Plus H5426-008 HMO-POS	Humana Gold Plus H5426-019 (HMO)	Humana Gold Plus H5426-002 (HMO-POS)
Member Maximum Out of Pocket	\$7,500	\$7,500	\$7,500
Prescription Drugs – Part D			
Deductible	\$0	\$0	\$0
Initial Coverage Member pays the following co-pay amounts until total drug cost reach \$2,830			
Coverage Gap The plan covers some generics and some brands – the member pays the following co-pay amounts			
Mail Order			
Preferred Generic	\$0 – 30 day \$0 – 90 day	\$0 – 30 day \$0 – 90 day	\$0 – 30 day \$0 – 90 day
Non-Preferred Generic / Preferred Brand	\$40 – 30 day \$100 – 90 day	\$40 – 30 day \$100 – 90 day	\$40 – 30 day \$100 – 90 day
Non-Preferred Brand	\$80 – 30 day \$200 – 90 day	\$80 – 30 day \$200 – 90 day	\$80 – 30 day \$200 – 90 day
Specialty	33% coinsurance 30 day supply		33% coinsurance 30 day supply
Retail Pharmacy			
Preferred Generic	\$5 – 30 day \$15 – 90 day	\$6 – 30 day \$18 – 90 day	\$5 – 30 day \$15 – 90 day
Non-Preferred Generic / Preferred Brand	\$40 – 30 day \$120 – 90 day	\$40 – 30 day \$120 – 90 day	\$40 – 30 day \$120 – 90 day
Non-Preferred Brand	\$80 – 30 day \$240 – 90 day	\$80 – 30 day \$240 – 90 day	\$80 – 30 day \$240 – 90 day
Specialty	33% coinsurance 30 day supply	33% coinsurance 30 day supply	33% coinsurance 30 day supply
Catastrophic Coverage After your yearly Out of Pocket drug costs reach \$4,550 you pay the following co-pays			
Mail Order / Retail			
Preferred Generic	\$2.50	\$2.50	\$2.50
Non-Preferred Generic / Preferred Brand	\$6.30	\$6.30	\$6.30
Non-Preferred Brand	\$6.30	\$6.30	\$6.30
Specialty	5%	5%	5%

*Not all inclusive listing

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Contact Information

SERVICES	Humana
Referrals and Authorization (Metcare)	For any question about Referrals and Authorization call METCARE of Florida at 888-663-8227
Lab Services/Pathology	Labcorp and Quest
Pharmacy Mail Order	<i>(RightSourceRx)</i> Phone:1-800-379-0092 Fax: 1-800-379-7617
Diabetic Supplies	PrescriBIT Rx 1-800-526-1490(phone)1-800-526-1491(fax)
DME/Infusion Therapy/Home Health	ADVOCARE Health Alliance, LLC Phone: 1-866-374-4326 Fax: 1-800-831-4264
Health and Wellness	Silver Sneakers 1-888-423-4632
Vision Services	Premier Eye Care 1-800-738-1889
Mental Health	Psychcare 1-800-221-5487
Wound Care Supplies	Advanced Care Solutions Phone: 1-877-748-1977 Fax 1-877-748-1985