



## **2010 Lake and Marion County Quick Reference Guide**

**Annette Griffith**

**352-229-6773**

**Provider Representative**

**Humana H5426-002, H5426-008, H5426-019, H1036-047**

**CarePlus H1019-027**

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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](http://www.availity.com)
3. Humana's Provider Self-Service Center on [www.Humana.com](http://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.

- **CarePlus**

**CarePlus Health Plans, Inc.**  
**PO Box 31286**  
**Tampa, FL 33631-3286**  
**Payor ID WEBMD: 65031**  
**AVAILITY: 95092**

CarePlus Health Plans, Inc. agrees to process all "clean" claims within thirty days for Medicare. If notice of payment or denial of a submitted claim is **not received** within forty days, please contact the **Provider Service Claim Representative at 1-866-305-7587 opt. 6 between 8am – 4pm.**

Providers may submit an informal complaint to CarePlus Health Plans, Inc. to express dissatisfaction with the plan and to request reconsiderations.

## II. Eligibility Information

- **Humana**

1. Humana Medicare Customer Service 1-800-457-4708
2. Humana's preferred online tool, [www.availity.com](http://www.availity.com)
3. Humana's Provider Self-Service Center on [www.Humana.com](http://www.Humana.com)

- **CarePlus**
  1. CarePlus Health Plan, Inc. Medicare Customer Service 1-866-220-5448
  2. CarePlus Health Plan, Inc. online tool, [www.careplus-hp.com/pws.htm](http://www.careplus-hp.com/pws.htm)

### 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](http://www.availity.com) or print and fax the applicable referral/authorization form located on [www.metcare.com](http://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](http://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.

- **CarePlus**
  - Referral requests to plan participating providers can be submitted via [www.careplus-hp.com/pws.htm](http://www.careplus-hp.com/pws.htm). You will receive a system generated referral number.
  - Referral forms can be printed from [www.metcare.com](http://www.metcare.com) and faxed to the number listed on the form. You will then be notified via fax of the referral number.
  - Referral and authorization requests can only be made for plan participating providers.

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](http://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) online prior authorization forms visit [www.Humana.com](http://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.
- **CarePlus**  
CarePlus Pharmacy Review 1-800-310-9071 (fax) online prior authorization forms visit [www.careplus-hp.com/forms](http://www.careplus-hp.com/forms) or for questions by phone (1-866-315-7587). Representatives available M – F 8 am to 5 pm

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

- **Humana and CarePlus**
- Specialist and Ancillary providers can print and fax the applicable referral/prior authorization forms located on [www.metcare.com](http://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](http://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.
    - For CarePlus referral and Prior Authorization requests a completed referral will be faxed to you. For inquires please call METCARE referral and Authorization department at 1-888-663-8227 or contact your Provider Services Rep listed on the cover.

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](http://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:**

- Doctor Office Visits
- Podiatry Services
- Outpatient Services / Surgery
- Colorectal Screening Exams
- Pap Smears and Pelvic Exams
- Prostate Cancer Screening Exams
- Physical Exams
- Inpatient Hospital Care

**Services Requiring Referral Notification – Humana Gold Plus and CarePlus CareOne**

<b>SERVICES REQUIRING NOTIFICATION ONLY</b>	<b>SPECIFIC SERVICES*</b>	
<b>1. All Diagnostic / Radiological Services</b>	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
<b>2. Procedures</b>	Cardiac Catheterization Dialysis	Allergy Injections (6 months) Outpatient Surgery (Sig, Colo)
<b>3. Provider Services</b>	Medicare Covered DME items Therapy PT, OT, Speech, Aquatic (Initial Visit Only) Par Specialist visits Orthotic & Prosthetic devices	

### Humana and CarePlus Prior Authorization Requirements

CATEGORY	DETAILS	COMMENTS
<b>Inpatient Admissions</b>	Acute Hospital	
	Acute Rehab Facilities	
	Long-term Acute Care	
	Skilled Nursing Facilities	
	Mental Health and Partial Hospital/Residential Treatment	
<b>Observation</b>	Observation Stays	
<b>Durable Medical Equipment (DME)</b>	*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	
<b>Plastic Surgery/Cosmetic</b>	Abdominoplasty	
	Blepharoplasty	
	Breast Procedures	
	Otoplasty	
	Penile Implant	
	Rhinoplasty	
	Septoplasty	

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<b>CATEGORY</b>	<b>DETAILS</b>	<b>COMMENTS</b>
<b>Other Services</b>	Automatic Implantable Cardioverter Defibrillators (AICD)	
	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	
<b>Radiology: Outpatient Imaging</b>	Ventricular Assist Devices	
	CT Scan	
	MRA	
	MRI	
	Nuclear Stress Test	
	PET Scan/National Oncology PET Registry (NOPR)	
<b>Outpatient Therapy Services</b>	SPECT Scan	
	Physical Therapy	
	Occupational Therapy	
	Speech Therapy	

## Benefits overview January 2010

<b>Benefit Category for Lake and Marion Counties</b>	<b>Humana Gold Plus H1036-047 (HMO)</b>	<b>Humana Gold Plus H5426-008 (HMO-POS)</b>	<b>Humana Gold Plus H5426-019 (HMO)</b>	<b>Humana Gold Plus H5426-002 (HMO-POS)</b>	<b>CarePlus CareOne H1019-027 (HMO)</b>
<b>Member Premium</b>	\$ 0	\$ 0/reduction up to \$29.50	\$0	\$16	\$0
<b>PCP</b>					
In-network	\$ 0	\$0	\$10	\$0	\$0
Out-of-network	Not Available	30%	Not Available	20%	Not Available
<b>Specialty</b>					
In-network	\$30	\$40	\$40	\$25	\$30
Chiropractic	\$30	\$40	\$40	\$25	\$30 (12) routine
Podiatry	\$30	\$40	\$40	\$25	\$30
Out-of-network	Not Available	30%	Not Available	20%	Not Available
Chiropractic	Not Available	Not Available	Not Available	Not Available	Not Available
Podiatry	Non Available	30%	Not Available	20%	Not Available
<b>Medicare Part B Injectable drugs</b> (administered in-office setting)	20% + copay/\$0 renal drugs	20%	20%	20%	\$0
<b>Diagnostic Services (In-network only)</b> MRI, CT, MRA, PET					
At PCP office	\$150	\$150	\$75 + ov copay	\$150	\$150
At Specialty office	\$150	\$150 + copay	\$75 + ov copay	\$150 + ov copay	\$150
Non-Hospital Setting	\$100	\$100	\$100	\$100	\$100
Hospital Setting	\$150	\$150	\$150	\$150	\$150
<b>Lab Services (In-network-only)</b>					
At PCP office	\$0	\$0	\$10	\$0	\$0
At Specialty office	\$30	\$40	\$40	\$25	\$0
Non-hospital Setting	\$0	\$0	\$0	\$0	\$0
Hospital Setting	\$100	\$75	\$75	\$75	\$0
<b>Basic X-Ray (In-network-only)</b>					
At PCP office	\$0	\$0	\$10	\$0	\$0
At Specialty office	\$30	\$40	\$40	\$25	\$30
Non-Hospital Setting	\$25	\$25	\$25	\$25	\$0
Hospital Setting-outpatient	\$100	\$75	\$75	\$75	\$100
<b>Diagnostic Procedures and Tests</b> (In-network-only) Stress / EKG /Echo/Ultrasound					
At PCP office	\$0	\$0	\$10	\$0	\$0

At Specialty office	\$30	\$40	\$40	\$25	\$30
Hospital Setting-outpatient	\$100	\$75	\$75	\$75	\$100
<b>Benefit Category for Lake and Marion Counties</b>	<b>Humana Gold Plus H1036-047(HMO)</b>	<b>Humana Gold Plus H5426-008 (HMO-POS)</b>	<b>Humana Gold Plus H5426-019 (HMO)</b>	<b>Humana Gold Plus H5426-002(HMOPOS)</b>	<b>CarePlus CareOne H1019-027(HMO)</b>
<b>Nuclear Medicine (in-network-only)</b>					
Non-Hospital setting	\$25	\$100	\$100	\$100	\$100
Hospital setting-outpatient	\$150	\$150	\$150	\$150	\$150
<b>Therapeutic Radiology Services (Radiation Therapy)</b>					
At Specialty office	\$30	\$40	\$40	\$25	\$25
Non-Hospital setting	\$25	\$25	\$25	\$25	\$25
Hospital setting-outpatient	\$100	\$75	\$75	\$75	\$25
<b>Renal Dialysis Services</b>					
Dialysis Center in-network	\$0	\$25	\$25	\$25	\$0
Hospital outpatient in-network	20%	20%	20%	20%	\$0
<b>Nutrition Therapy</b>					
At PCP office	\$0	\$0	\$10	\$0	\$0
At Specialty office	\$30	\$40	\$40	\$25	\$0
Hospital setting outpatient	\$100	\$75	\$75	\$75	\$0
<b>Inpatient Hospital Care</b>					
In-network	Days 1-10 \$150 Days 11-90 \$0	Days 1-7 \$250 Days 8-90 \$0	Days 1-7 \$225 Days 8-90 \$0	Days 1-10 \$175 Days 11-90 \$0	Days 1-10 \$150 Days 11-90 \$0
Out of network	Not Available	30% of the cost per Hospital stay	Not Available	20% of the cost per Hospital stay	Not Available
<b>Outpatient Rehabilitation Services (OT,PT,ST)</b>					
At Specialty office	\$30	\$40	\$40	\$25	\$30
Non-Hospital Setting (CORF)	\$30	\$40	\$40	\$25	\$30
Hospital Setting-outpatient	\$100	\$75	\$75	\$75	\$30
<b>Outpatient Services and Surgery</b>					
Ambulatory Surgical Center	\$150	\$100	\$75	\$75	\$100
<b>Hospital Setting out-patient</b>					
Cardiac rehabilitation	\$100	\$75	\$75	\$75	\$150
Observation	\$150	\$150	\$100	\$100	\$95
Surgical services	\$150	\$150	\$150	\$150	\$150
Other services	\$100	\$75	\$75	\$75	\$150
Out-of-network	Not Available	30%	Not Available	20%	Not Available
<b>Urgent Care (within the United States only)</b>	\$30- In-network only	\$40 In-Network 30% OON	\$40 In-network only	\$25 In-Network 20% OON	\$30 In-network only

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<b>Emergency Care (Worldwide)</b>	\$50	\$50	\$50	\$50	\$50
<b>Skilled Nursing Home Care</b>	Days 1-13 \$0 Days 14-100 \$100	Days 1-13 \$0 Days 14-100 \$100	Days 1-13 \$0 Days 14-100 \$100	Days 1-13 \$0 Days 14-100 \$100	Days 1-13 \$0 Days 14-100 \$100
<b>Home Health Services</b> (In-network only)	\$0	\$0	\$0	\$0	\$0
<b>Durable Medical Equipment &amp; Prosthetic Devices</b>	0% - 20%	20%	20%	20%	20%
<b>Mammograms</b> (Annual Screening 1 per year)					
At Specialty office	\$30	\$40	\$40	\$25	\$0
Hospital setting outpatient	\$100	\$75	\$75	\$75	\$100
Non-hospital setting	\$0	\$0	\$0	\$0	\$0
<b>Mammograms (Diagnostic)</b>					
At Specialty office	\$30	\$40	\$40	\$25	\$0
Hospital setting	\$100	\$75	\$75	\$75	\$100
Non-hospital setting	\$25	\$25	\$25	\$25	\$0
<b>Colorectal Screening Exam</b>					
At Specialty office	\$30	\$40	\$40	\$25	\$0
Non-hospital setting	\$150	\$100	\$75	\$75	\$0
Hospital setting	\$150	\$150	\$150	\$150	\$0
<b>Bone Mass Measurement</b>					
At Specialty office	\$30	\$40	\$40	\$25	\$0
Free standing facility	\$0	\$10	\$10	\$10	\$0
Hospital setting out-patient	\$100	\$75	\$75	\$75	\$0
<b>Diabetes Self Monitoring Training and Nutrition Therapy</b>					
At Primary Care office	\$0	\$0	\$10	\$0	\$0
At Specialty office	\$30	\$40	\$40	\$25	\$0
Hospital setting - outpatient	\$100	\$75	\$75	\$75	\$0
Diabetic Supplies – in-network only	\$0	\$0	\$0	\$0	\$0
<b>Dental Services (Medicare Covered ONLY)</b>	\$30	\$40	\$40	\$25	\$30
<b>Hearing Services (Medicare Covered ONLY)</b>	\$30	\$40	\$40	\$25	\$30
<b>Vision Services (Medicare Covered ONLY)</b>					
Eyeglasses / contact lenses post cataract surgery (1 pair)	\$0	\$0	\$0	\$0	\$0

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Exam to diagnose and treat diseases/conditions of the eye	\$30	\$40	\$40	\$25	\$30
<b>Member Maximum Out of Pocket</b>	\$5,000	\$7,500	\$7,500	\$7,500	\$5,000
<b>Prescription Drugs – Part D</b>					
<b>Deductible</b>	\$0	\$0	\$0	\$0	\$0
<b>Initial Coverage</b> Member pays the following co-pay amounts until total drug cost reach <b>\$2,830</b>					
<b>Coverage Gap</b> The plan covers some generics and some brands – the member pays the following co-pay amounts					
<b>Mail Order</b>					
Preferred Generic	\$0 – 30 day \$0 – 90 day	\$0 – 30 day \$0 – 90 day	\$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	\$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	\$80 – 30 day \$200 – 90 day	\$80 – 30 day \$200 – 90 day
Specialty	33% coinsurance 30 day supply	33% coinsurance 30 day supply	33% coinsurance 30 day supply	33% coinsurance 30 day supply	33% coinsurance 30 day supply
<b>Retail Pharmacy</b>					
Preferred Generic	\$4 – 30 day \$12 – 90 day	\$5 – 30 day \$15 – 90 day	\$6 – 30 day \$18 – 90 day	\$5 – 30 day \$15 – 90 day	\$4 – 30 day \$12 – 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	\$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	\$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	33% coinsurance 30 day supply	33% coinsurance 30 day supply
<b>Catastrophic Coverage</b> <b>After your yearly Out of Pocket drug costs reach \$4,550 you pay the following co-pays</b>					
<b>Mail Order / Retail</b>					
Preferred Generic	\$2.50	\$2.50	\$2.50	\$2.50	\$2.50
Non-Preferred Generic / Preferred Brand	\$6.30	\$6.30	\$6.30	\$6.30	\$6.30

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Non-Preferred Brand	\$6.30	\$6.30	\$6.30	\$6.30	\$6.30
Specialty	5%	5%	5%	5%	5%

\*Not all inclusive listing

### Contact Information

<b>SERVICES</b>	<b>Humana</b>		<b>CarePlus</b>
<b>Referrals and Authorizations (MetCare)</b>	<b>For any question about Referrals and Authorizations call METCARE of Florida at 1-888-663-8227</b>		
Lab Services/Pathology	Labcorp and Quest (RightSourceRx)		LabCorp
Pharmacy Mail Order	Phone:1-800-379-0092 Fax: 1-800-379-7617		PrescriBIT Rx Phone:1-800-526-1490 Fax: 1-800-526-1491
Diabetic Supplies	<b>Plan H5426</b> PrescriBIT Rx Phone: 1-800-526-1490 Fax: 1-800-526-1491 For Plans H5426-002, H5426-008 & H5426-019	<b>Plan H1036</b> Advanced Care Solutions Phone: 1-877-748-1977 Fax: 1-877-748-1985 For Plans H1036-047	PrescriBIT Rx Phone: 1-800-526-1490 Fax: 1-800-526-1491
DME/Infusion Therapy/Home Health	ADVOCARE Health Alliance, LLC Phone: 1-866-374-4326 Fax : 1-800-831-4264		All-Med Services Phone: 800-369-1416 Fax: 800-831-4264
Health and Wellness	Silver Sneakers 1-888-423-4632		Silver Sneakers 1-888-423-4632
Vision Services	<b>Plan H5426-Premier Eye Care</b> 1-800-738-1889	<b>Plan H1036-Contact your provider representative</b>	South Florida Vision 1-877-393-2272
Mental Health	Psychcare 1-800-221-5487		Psychcare 1-800-221-5487
Wound Care Supplies	Advanced Care Solutions Phone – 1-877-748-1977 Fax 1-877-748-1985		Advanced Care Solutions Phone – 1-877-748-1977 Fax 1-877-748-1985