



## **2010 Polk County Quick Reference Guide**

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Provider Representative**

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

CarePlus H1019-014

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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:**

Providers 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 claims 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). For 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). For 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 & 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 inquiries 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 Authorization**

##### **Guidelines for requests 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***

##### **Guidelines for requests 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>
1. All Diagnostic / Radiological Services	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	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

**Humana Gold Plus and CarePlus CareOne Prior Authorization Requirements**

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<b>CATEGORY</b>	<b>DETAILS</b>	<b>COMMENTS</b>
<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	
<b>Durable Medical Equipment (DME)</b>	Stimulator Devices	Includes Bone Growth, Neuromuscular and Spinal Cord
	Prosthetics	
<b>CATEGORY</b>	<b>DETAILS</b>	<b>COMMENTS</b>
	Any other DME item greater than \$750.00	
<b>Plastic Surgery/ Cosmetic</b>	Abdominoplasty	
	Blepharoplasty	
	Breast Procedures	
	Otoplasty	
	Penile Implant	
	Rhinoplasty	
	Septoplasty	
<b>Other Services</b>	Automatic Implantable Cardioverter Defibrillators (AICD)	
<b>Injectables</b>	Covered Part B Injectable Drugs	
	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/ <b>Home Infusion</b>	Home Infusion requires a Prior Auth
	Hyperbaric Therapy	

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	Infertility Testing and Treatment	
	Obesity Surgeries	
	Oral Surgeries	
	Radiation Therapy	
	Transplant Services	
	Uvulopalatopharyngoplasty (UPPP)	
	Varicose Vein: Surgical Treatment and Sclerotherapy	
	Ventricular Assist Devices	
<b>Radiology: Outpatient Imaging</b>	CT Scan	
	MRA	
	MRI	
	Nuclear Stress Test	
	PET Scan/National Oncology PET Registry (NOPR)	
	SPECT Scan	
<b>Outpatient Therapy Services</b>	PT, OT, ST, Wound,	After initial evaluation visit
	Cardiac Rehab, Pulmonary Rehab, Sleep Study	
	Hyperbaric Oxygen Therapy	

### Benefits Overview January 2010

Benefit Category for Polk County	Humana Gold Plus H5426-002 (HMO-POS)	Humana Gold Plus H5426-008 (HMO-POS)	Humana Gold Plus H5426-019 (HMO)	CarePlus CareOne H1019-014 (HMO)
<b>Member Premium</b>	\$16	\$ 0/reduction up to \$29.50	\$0	\$0
<b>PCP</b>				
In-network	\$0	\$0	\$10	\$0
Out-of-network	20%	30%	Not Available	Not Available
<b>Specialty</b>				
In-network	\$25	\$40	\$40	\$30
Chiropractic	\$25	\$40	\$40	\$30 (12) routine
Podiatry	\$25	\$40	\$40	\$30
Out-of-network	20%	30%	Not Available	Not Available
Chiropractic	Not Available	Not Available	Not Available	Not Available
Podiatry	20%	30%	Not Available	Not Available
<b>Medicare Part B Injectable drugs</b> (administered in-office setting)	20%	20%	20%	\$0
<b>Diagnostic Services (In-network only)</b>				

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MRI, CT, MRA, PET				
At PCP office	\$150	\$150	\$75 + ov copay	\$75
At Specialty office	\$150 + ov copay	\$150 + copay	\$75 + ov copay	\$75
Non-Hospital Setting	\$100	\$100	\$100	\$50
Hospital Setting	\$150	\$150	\$150	\$100
<b>Lab Services (In-network-only)</b>				
At PCP office	\$0	\$0	\$10	\$0
At Specialty office	\$25	\$40	\$40	\$0
Non-hospital Setting	\$0	\$0	\$0	\$0
Hospital Setting	\$75	\$75	\$75	\$0
<b>Basic X-Ray (In-network-only)</b>				
At PCP office	\$0	\$0	\$10	\$0
At Specialty office	\$25	\$40	\$40	\$0
Non-Hospital Setting	\$25	\$25	\$25	\$0
Hospital Setting-outpatient	\$75	\$75	\$75	\$100
<b>Diagnostic Procedures and Tests</b> (In-network-only) Stress / EKG /Echo/Ultrasound				
At PCP office	\$0	\$0	\$10	\$0
At Specialty office	\$25	\$40	\$40	\$30
<b>Benefit Category for Polk County</b>	<b>Humana Gold Plus H5426-002 (HMO-POS)</b>	<b>Humana Gold Plus H5426- 008 HMO-POS</b>	<b>Humana Gold Plus H5426-019 (HMO)</b>	<b>CarePlus CareOne H1019-014 (HMO)</b>
Hospital Setting-outpatient	\$75	\$75	\$75	\$100
<b>Nuclear Medicine (in-network-only)</b>				
Non-Hospital setting	\$100	\$100	\$100	\$50
Hospital setting-outpatient	\$150	\$150	\$150	\$100
<b>Therapeutic Radiology Services</b> (Radiation Therapy)				
At Specialty office	\$25	\$40	\$40	\$100
Non-Hospital setting	\$25	\$25	\$25	\$100
Hospital setting-outpatient	\$75	\$75	\$75	\$100
<b>Renal Dialysis Services</b>				
Dialysis Center in-network	\$25	\$25	\$25	\$0
Hospital outpatient in-network	20%	20%	20%	20%
<b>Nutrition Therapy</b>				
At PCP office	\$0	\$0	\$10	\$0
At Specialty office	\$25	\$40	\$40	\$0

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Hospital setting out-patient	\$75	\$75	\$75	\$0
<b>Inpatient Hospital Care</b>				
In-network	Days 1-10 \$175 Days 11-90 \$0	Days 1-7 \$250 Days 8-90 \$0	Days 1-7 \$225 Days 8-90 \$0	Days 1-10 \$150 Days 11-90 \$0
Out of network	20% of the cost per Hospital stay	30% of the cost per Hospital stay	Not Available	Not Available
<b>Outpatient Rehabilitation Services (OT,PT,ST)</b>				
At Specialty office	\$25	\$40	\$40	\$30
Non-Hospital Setting (CORF)	\$25	\$40	\$40	\$30
Hospital Setting- out patient	\$75	\$75	\$75	\$30
<b>Outpatient Services and Surgery</b>				
Ambulatory Surgical Center	\$75	\$100	\$75	\$50
<b>Hospital Setting out-patient</b>				
Cardiac rehabilitation	\$75	\$75	\$75	\$100
Observation	\$100	\$150	\$100	\$95
Surgical services	\$150	\$150	\$150	\$100
Other services	\$75	\$75	\$75	\$100
Out-of-network	20%	30%	Not Available	Not Available
<b>Urgent Care</b> (within the United States only)	\$25 In-network 20% OON	\$40 In-network 30% OON	\$40 In-network only	\$30 In-network only
<b>Benefit Category for Polk County</b>	<b>Humana Gold Plus H5426-002 (HMO-POS)</b>	<b>Humana Gold Plus H5426- 008 HMO-POS</b>	<b>Humana Gold Plus H5426-019 (HMO)</b>	<b>CarePlus CareOne H1019-014 (HMO)</b>
<b>Emergency Care (Worldwide)</b>	\$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
<b>Home Health Services</b> (In-network only)	\$0	\$0	\$0	\$0
<b>Durable Medical Equipment &amp; Prosthetic Devices</b>	20%	20%	20%	20%
<b>Mammograms</b> (Annual Screening 1 per year)				
At Specialty office	\$25	\$40	\$40	\$0
Hospital setting outpatient	\$75	\$75	\$75	\$100
Non-hospital setting	\$0	\$0	\$0	\$0
<b>Mammograms (Diagnostic)</b>				
At Specialty office	\$25	\$40	\$40	\$0
Hospital setting	\$75	\$75	\$75	\$100
Non-hospital setting	\$25	\$25	\$25	\$0

<b>Colorectal Screening Exam</b>				
At Specialty office	\$25	\$40	\$40	\$0
Non-hospital setting	\$75	\$100	\$75	\$0
Hospital setting	\$150	\$150	\$150	\$0
<b>Bone Mass Measurement</b>				
At Specialty office	\$25	\$40	\$40	\$0
Free standing facility	\$10	\$10	\$10	\$0
Hospital setting out-patient	\$75	\$75	\$75	\$0
<b>Diabetes Self Monitoring Training and Nutrition Therapy</b>				
At Primary Care office	\$0	\$0	\$10	\$0
At Specialty office	\$25	\$40	\$40	\$0
Hospital setting - outpatient	\$75	\$75	\$75	\$0
Diabetic Supplies – in-network only	\$0	\$0	\$0	\$0
<b>Dental Services (Medicare Covered ONLY)</b>	\$25	\$40	\$40	\$30
<b>Hearing Services (Medicare Covered ONLY)</b>	\$25	\$40	\$40	\$30
<b>Vision Services (Medicare Covered ONLY)</b>				
Eyeglasses / contact lenses post cataract surgery (1 pair)	\$0	\$0	\$0	\$0
Exam to diagnose and treat diseases/conditions of the eye	\$25	\$40	\$40	\$30
<b>Member Maximum Out of Pocket</b>	\$7,500	\$7,500	\$7,500	\$7,500
<b>Benefit Category Polk County</b>	<b>Humana Gold Plus H5426-002 (HMO-POS)</b>	<b>Humana Gold Plus H5426- 008 HMO-POS</b>	<b>Humana Gold Plus H5426-019 (HMO)</b>	<b>CarePlus CareOne H1019-014 (HMO)</b>
<b>Prescription Drugs – Part D</b>				
<b>Deductible</b>	\$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
Non-Preferred Generic / Preferred Brand	\$40 – 30 day \$100 – 90 day	\$40 – 30 day \$100 – 90 day	\$40 – 30 day \$100 – 90 day	\$10 – 30 day \$25 – 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
Specialty	33% coinsurance 30 day	33% coinsurance	33% coinsurance 30 day	33% coinsurance 30 day

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	supply	30 day supply	supply	supply
<b>Retail Pharmacy</b>				
Preferred Generic	\$5 – 30 day \$15 – 90 day	\$5 – 30 day \$15 – 90 day	\$6 – 30 day \$18 – 90 day	\$0 – 30 day \$0 – 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	\$10 – 30 day \$30 – 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
Specialty	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</b> <b>\$4,550 you pay the following co-pays</b>				
<b>Mail Order / Retail</b>				
Preferred Generic	\$2.50	\$2.50	\$2.50	\$2.50
Non-Preferred Generic / Preferred Brand	\$6.30	\$6.30	\$6.30	\$6.30
Non-Preferred Brand	\$6.30	\$6.30	\$6.30	\$6.30
Specialty	5%	5%	5%	5%

\* Not all inclusive listing

### Contact Information

SERVICES	Humana	Care Plus
<b>Referrals and Authorization (Metcare)</b>	<b>For any question about Referrals and Authorization call METCARE of Florida at 1-888-663-8227</b>	
Lab Services/Pathology	LabCorp and Quest	LabCorp
Pharmacy Mail Order	(RightSourceRx) Phone:1-800-379-0092 Fax: 1-800-379-7617	PrescriBIT Rx Phone: 1-800-526-1490 Fax: 1-800-526-1491
Diabetic Supplies	PrescriBIT Rx Phone: 1-800-526-1490 Fax: 1-800-526-1491 For Plans H5426-002 H5426-008 H5426-019	PrescriBIT Rx Phone: 1-800-526-1490 Fax: 1-800-526-1491

DME	Rotech Phone: 1-800-576-1031 Fax: 1-727-579-0174	AllMed Phone: 1-800-369-1416 Fax: 1-800-831-4264
Health and Wellness	Silver Sneakers 1-888-423-4632	Silver Sneakers 1-888-423-4632
Vision Services	Premier Eye Care 1-800-738-1889	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