



METCARESM

HUMANA.
Guidance when you need it most

CarePlus
HEALTH PLANS, INC.

**2010 Plan Reference Guide for
Humana Gold Plus
& CarePlus CareOne**

Martin, Glades, St Lucie & Okeechobee Counties
Humana H5426-001, H5426-013, CarePlus H1019-043

Metcare of Florida, Inc.

Provider Representatives

Glades, Martin, Okeechobee and St Lucie Counties

www.metcare.com

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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:

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
3. Humana's Provider Self-Service Center on www.Humana.com

- **CarePlus**

1. CarePlus Health Plan, Inc. Medicare Customer Service 1-866-220-5448
2. CarePlus's Health Plan, Inc. online tool, 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 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.

- **CarePlus**

- Referral requests to plan participating providers can be submitted via www.careplus-hp.com/pws.htm. You will receive a system generated referral number.
- Referral forms can be printed from 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 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.

- **CarePlus**

CarePlus Pharmacy Review 1-800-310-9071 (fax). For online prior authorization forms visit 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 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.availability.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 Representative.

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 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 (H5426-001)

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

Please note, when your patient wants to use their **Point of Service (POS)** benefit for one of the above listing you **are not required to submit a referral request.**

Services Requiring Referral Notification – Humana Gold Plus and CarePlus CareOne

SERVICES REQUIRING NOTIFICATION ONLY	SPECIFIC SERVICES*
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

* Not all inclusive listing

Humana Gold Plus and CarePlus CareOne 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	

CATEGORY	DETAILS	COMMENTS	
	Electric Beds		
	Electric Wheelchairs/Scooters		
Durable Medical Equipment (DME)	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 Injectables	Automatic Implantable Cardioverter Defibrillators (AICD)		
	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/ Home Infusion	Home Infusion requires a Prior Auth	
	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	PT, OT, ST, Wound,	After initial evaluation visit	
	Cardiac Rehab, Pulmonary Rehab, Sleep Study		
	Hyperbaric Oxygen Therapy		

Treasure Coast Benefits Overview

Effective January 2010

Benefit Category - Treasure Coast	Humana Gold Plus H5426-001 HMO/POS	Humana Gold Plus SNP - H5426-013	CarePlus CareOne H1019-043
Member Premium	\$ 0	\$0 / \$22.60	\$0
PCP			
In-network	\$ 0	\$0	\$0
Out-of-network	20 % coinsurance	Not Available	Not Available
Specialty			
In-network	\$25	\$0	\$25
Chiropractic	\$25	\$0	\$25 (12 routine)
Podiatry	\$25	\$0 (2 routine)	\$25
Out of Network	20% coinsurance	Not Available	Not Available
Chiropractic	Not Available	Not Available	Not Available
Podiatry	20% coinsurance	Not Available	Not Available
Diagnostic Services (In-network only) MRI,MRA, PET, CT			
PCP office	\$150	\$0	\$100
Specialty office	\$150 + o.v. co-pay	\$0	\$100
Free Standing facility	\$100	\$0	\$100
Hospital Facility - Outpatient	\$150	\$0	\$150
Lab Services (In-network-only)			
PCP office	\$0	\$0	\$0
Specialty office	\$25	\$0	\$0
Free Standing lab	\$0	\$0	\$0
Hospital Facility - Outpatient	\$75	\$0	\$0
Immediate Care facility	\$25	\$0	\$0
Diagnostic Procedures and Tests (In-Network only) Stress /EKG/Echo/Ultrasound/Doppler			
PCP office	\$0	\$0	\$0
Specialty office	\$25	\$0	\$25
Hospital Facility – Outpatient	\$150	\$0	\$150
Basic X-Ray (In-network only) (plain films including but not limited to: face, chest, ribs, cervical, pelvis, upper and lower extremities, abdomen, GI tract)			
PCP office	\$0	\$0	\$0
Specialty office	\$25	\$0	\$0
Free Standing facility	\$25	\$0	\$0
Hospital Facility - Outpatient	\$75	\$0	\$150
Screening Mammography (In-network only) 1 visit per year			
Specialist office	\$25	\$0	\$0
Free Standing facility	\$0	\$0	\$0
Hospital Outpatient	\$75	\$0	\$75
Diagnostic Mammography			
Specialist office	\$25	\$0	\$0
Free Standing facility	\$25	\$0	\$0
Hospital Outpatient	\$75	\$0	\$75
Nuclear Medicine Service			
Free Standing facility	\$100	\$0	\$100

This quick ref guide is for training purposes only and is not to be used as a substitute for the specific plan EOC. For specific plan benefits and/or copay amounts, please refer to Humana/CarePlus specific plan EOCs. Metcare shall not be responsible for any errors or omissions in this document.

Hospital Facility - Outpatient	\$150	\$0	\$150
Benefit Category - Treasure Coast	Humana Gold Plus H5426-001 HMO/POS	Humana Gold Plus SNP - H5426-013	CarePlus CareOne H1019-043
Therapeutic Radiology Service (Radiation Therapy)			
Specialist office	\$25	\$0	\$75
Free Standing facility	\$25	\$0	\$75
Hospital –Outpatient	\$75	\$0	\$75
Renal Dialysis Services			
Dialysis Center – In-network	\$25	\$0	\$0
Outpatient Hospital – In-network	20% of the cost	\$0	20% coinsurance
Nutrition Therapy for Renal Dialysis			
PCP office	\$0	\$0	\$0
Specialist office	\$25	\$0	\$0
Hospital Facility - Outpatient	\$75	\$0	\$0
Outpatient Rehabilitation Services (OT,PT,ST, Cardiac, wound)			
Free Standing facility/Specialist office	\$25	\$0	\$25
Hospital Facility - Outpatient	\$75	\$0	\$25
Outpatient Services and Surgery			
Observation In-network	\$100	\$0	\$100
Surgery Services			
Ambulatory Surgical Center	\$75	\$0	\$75
Cardiac Rehab – Hospital Setting	\$75	\$0	\$25
Hospital Outpatient- Surgical	\$150	\$0	\$150
Hospital Outpatient – other services	\$75	\$0	\$75
<i>Or 20% of the cost of each Hospital Outpatient visit</i>	X		
Urgent Care Center (coverage within United States only)			
Immediate Care Facility	\$25	\$0	\$25
Out of Area	20% coinsurance	\$0	Not Available
Emergency Care			
Worldwide coverage	\$50	\$25	\$50
Inpatient Hospital Care			
In-Network	\$150 per day (1-10)	\$0	\$150 per day (1-10)
Out of network	20% coinsurance	Not Available	
Skilled Nursing Facility			
In-network Only	\$0 per day (1-13) \$100 per day (14 -100)	\$0	\$0 per day (1-13) \$50 days (14-100)
Home Health Services (In-network only)	\$0	\$0	\$0
Member Maximum Out of Pocket Medicare-covered services only Combined In/Out of Network	\$7,500	Not Applicable	\$7,500
Durable Medical Equipment & Prosthetic Devices	20% coinsurance	\$0	20% coinsurance
Diabetes Self Monitoring Training Nutrition Therapy			
PCP office	\$0	\$0	\$0

Specialist office	\$25	\$0	\$0
Hospital Facility - Outpatient	\$75	\$0	\$0
Benefit Category - Treasure Coast	Humana Gold Plus H5426-001 HMO/POS	Humana Gold Plus SNP - H5426-013	CarePlus CareOne H1019-043
Diabetic Supplies (In-Network Only)	\$0	\$0	\$0
Bone Mass Measurement			
Specialist office	\$25	\$0	\$0
Free Standing Facility	\$10	\$0	\$0
Hospital Facility - Outpatient	\$75	\$0	\$0
Dental Services (Medicare-covered ONLY)	\$25	\$0	\$25
Hearing Services (Medicare-covered Diagnostic Hearing Exams Only)	\$25	\$0	\$25
Vision Services			
Post cataract surgery eyeglasses / contact lenses (1 pair)	\$0	\$0	\$0
Diagnostic eye exams	\$25	\$0	\$25
Medicare Part B Injectable drugs Administered in-office setting			
In-network			
PCP office	20 % coinsurance	\$0	20% coinsurance
Specialist office	20% coinsurance + copay	\$0	20% coinsurance
Out of Network			
PCP office	20% of the cost + copay	Not Available	Not Available
Specialist office	20% of the cost + copay	Not Available	Not Available
Prescription Drugs – PART D			
Deductible	\$0	\$0	\$0
Initial Coverage <i>Member pays the following co-pay amounts until total drug cost reach \$2,830.00</i>			
Coverage Gap <i>The plan covers some generics and some brand drugs – The member pays the following co-pays</i>			
Mail Order		<i>Depending on income status member would pay</i>	
Preferred Generic	\$0 - 30 day	\$0	\$0 - 30 day
	\$0 - 90 day	\$1.10 \$2.50	\$0 - 90 day
Non-Preferred Generic Preferred Brand	\$45 – 30 day	\$0	\$45 – 30 day
	\$112.50 – 90 day	\$3.30 \$6.30	\$112.50 – 90 day
Non-Preferred Brand	\$80 – 30 day	\$0	\$80 – 30 day
	\$200 – 90 day	\$3.30 \$6.30	\$200 – 90 day
Specialty	33% coinsurance 30 day	\$0	33% coinsurance
		\$3.30 \$6.30	
Retail Pharmacy			
Preferred Generic	\$4 - 30 day	\$0	\$4 – 30 day
	\$12 - 90 day	\$1.10 \$2.50	12 – 90 day
Non-Preferred Generic Preferred Brand	\$45 – 30 day	\$0	\$45 – 30 day
	\$135 – 90 day	\$3.30 \$6.30	\$135 – 90 day
Non-Preferred Brand	\$80 – 30 day	\$0	\$80 – 30 day
	\$240 – 90 day	\$3.30 \$6.30	\$240 – 90 day

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Benefit Category - Treasure Coast	Humana Gold Plus H5426-001 HMO/POS	Humana Gold Plus SNP - H5426-013	CarePlus CareOne H1019-043
Specialty	33% coinsurance 30 day	\$0 \$3.30 \$6.30	33% coinsurance
Catastrophic Coverage <i>After your yearly Out of Pocket drug costs reach \$4,550 you pay the following co-pays</i>			
Preferred Generic	\$2.50	\$0	\$2.50
Non-Preferred Generic Preferred Brand	\$6.30	\$0	\$6.30
Non-Preferred Brand	\$6.30	\$0	\$6.30
Specialty	5% coinsurance	\$0	5%

* Not an all inclusive listing

Contact Information

SERVICES	Humana	CarePlus
Referrals and Authorization (Metcare)	For any question about Referrals and Authorizations call METCARE of Florida at 888.663.8227	
Plan website	www.humana.com	www.careplushealthplans.com
DME / Home Infusion / Home Health	Advocare Health Alliance, LLC Phone: 866.374.4326 Fax: 800.831.4264	All-Med Services Phone: 800-369-1416 Fax: 800-831-4264
Diabetic Supplies	PrescriBIT RX Phone: 800.526.1490 Fax: 800.526.1491	PrescriBIT RX Phone: 800.526.1490 Fax: 800.526.1491
Mental Health Provider	Psychcare 800.221.5487	Psychcare 800.221.5487
Mail Order Pharmacy	RightSource RX 800.379.0092 (phone) 800.379.7617 (fax)	PrescriBIT RX 800.526.1490 (phone) 800.526.1491 (fax)
Member Services	800.457.4708	800.794.5907
Lab Services / Path	LabCorp / Quest	LabCorp
Pharmacy Help Desk	800.865.8715	866.315.7587 opt.1
Vision Network	Premier Eye Care 800-738-1889	South Florida Vision 877.393.2272
Eligibility and Benefits	800.457.4708	866.220.5448