

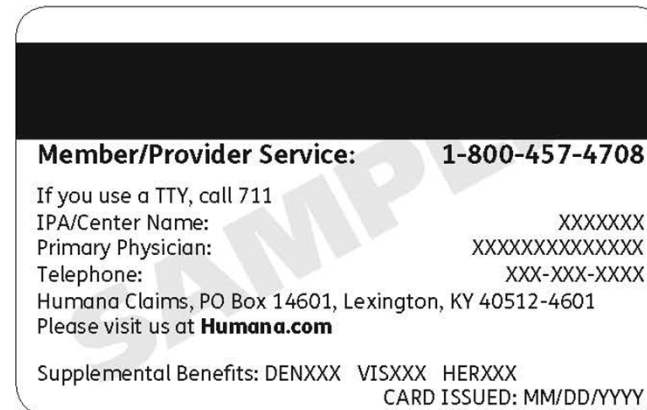
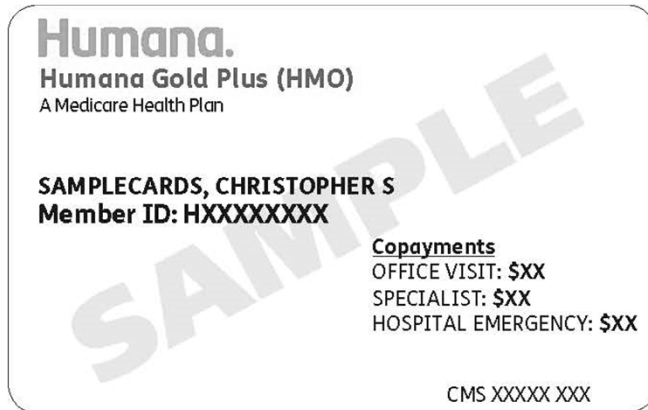
Introduction for Health Care Providers and Administrators to Humana Medicare Advantage Plans

Humana

Humana's Suite of Medicare Products

	Medicare Supplement	Network None Private Fee-for-Service (PFFS)	Network Full Private Fee-for-Service (PFFS)	Preferred Provider Organization (PPO)	Health Maintenance Organization (HMO) (HMO SNP) (HMO POS)
Gatekeeper	No	No	No	No	Yes
Referral	No	No	No	No	Yes
Admission Notification	No	Requested	Requested	Required	Required
Provider Choice	Open access	Providers who agree to terms and conditions	National Network	National network	Local network
Out-of-network Benefits	N/A	N/A	Yes	Yes	Emergency
Rx Benefits	Discount	Yes	Yes	Yes	Yes
Other Health and Wellness Services	No	Yes	Yes	Yes	Yes

Humana Gold Plus (HMO)



- This is a traditional gatekeeper HMO
- Plan requires primary care physician (PCP) selection
- Plan requires referrals
- Plan covers only in-network providers (no out-of-network benefits)
- Plan offers greatest benefits at lowest premiums
- NOTE: PPO ID CARDS ALSO LIST PCP; NO REFERRALS REQUIRED FOR PPO/PFFS

Humana Gold Plus (HMO) - Referrals

Services that do not require a referral include:	Services that require a referral prior to providing services include:
<ul style="list-style-type: none"> • Emergency ambulance transport • Physician services in custodial care or a skilled nursing facility setting • Inpatient services setting (precertification/authorization is required) • Emergency care in a hospital setting • Annual routine physicals and well-woman exams • Preventive screenings, such as: <ul style="list-style-type: none"> • Mammography <ul style="list-style-type: none"> ○ Prostate screening ○ Colorectal screening (when billed with screening diagnosis and CPT® codes) ○ Bone mass measurements 	<ul style="list-style-type: none"> • Specialty care • Services performed on an outpatient basis in a hospital setting, including: <ul style="list-style-type: none"> ○ Outpatient surgery ○ Diagnostic tests • Diagnostic colonoscopies and flexible sigmoidoscopies • Behavioral health care services provided by LifeSynchSM • Out-of-network services must be reviewed and approved by Humana • Durable medical equipment (under \$750)
Services that require a prior authorization include (not limited to):	
<ul style="list-style-type: none"> • Advanced imaging (MRI/MRA, PET scan, SPECT scan, CT scan) • Clinical trials • Durable medical equipment (DME), if over \$750 (for details, go to Humana.com/providers/referral/pre_authorization.aspx) • Home health care and infusion • Inpatient admissions • Interventional radiology • Medications (provided in a medical office, clinic, outpatient or home setting; for details, refer to the medication preauthorization list at Humana.com/providers/referral/pre_authorization.aspx) • Nuclear stress tests • Obesity surgeries • Observation stays 	<ul style="list-style-type: none"> • Oral surgeries • Pain management procedures (for details, go to Humana.com/providers/referral/pre_authorization.aspx) • Physical, occupational and speech therapy • Plastic and cosmetic surgery (for details, go to Humana.com/providers/referral/pre_authorization.aspx) • Radiation therapy services • Sclerotherapy and vein revision services • Transplant services <p>Refer to the Medicare Advantage Preauthorization and Notification List (PAL) for the full detailed listing of services that require preauthorization and notification at Humana.com/providers/referral/pre_authorization.aspx</p>

Humana Gold Plus (HMO) PCP Referral Process

- The PCP initiates a referral by submitting a request to Humana using any one of the following processes:
 - **Humana.com/providers**
 - 1-800-523-0023 [Interactive Voice Response (IVR)]
- The PCP receives a referral number from Humana if the request is:
 - Complete and the service is covered
 - The referred provider is an in-network provider
 - The service is medically necessary

Please Note: The referral status can be verified by accessing the sources listed above

Prescription Home-Delivery Service

***RightSourceRx* is safe, accurate and convenient**

- Developed for Humana members who:
 - Are concerned about their prescription drug costs
 - Have physical difficulty getting prescriptions filled
 - Are interested in a new pharmacy solution



How to Prescribe with *RightSourceRx*

To submit new *RightSourceRx* prescriptions

- Transmit directly to *RightSourceRx* via electronic prescribing capabilities
- Call 1-800-379-0092, or
- Fax a physician prescription fax form to 1-800-379-7617
(Fax forms are available online at RightSourceRx.com)

Utilization Management Vendors

- **HealthHelp**

- radiation therapy
- diagnostic imaging
- specific cardiac services



- **OrthoNet**

- pain management
- outpatient therapy



Radiology Exclusions and Pre Authorization

- Requirements apply to CT scans, MRAs, MRIs, nuclear stress tests, PET and SPECT scans and radiation therapy
- Requests are handled through the RadConsult call center
 - Online, visit www.availity.com or www.humana.com
 - By phone
 - Call the call center at 1-866-825-1550
 - Representatives are available from 8 a.m. to 8 p.m. Eastern time, Monday through Friday, and from 10 a.m. to 5 p.m. Eastern time, on Saturday

Pain Management

- Select pain management services are administered by OrthoNet, a utilization management company
- Services for which preauthorization is required include:
 - Pain infusion pumps (back and neck pain only)
 - Spinal cord stimulator devices
 - Spinal fusion
 - Other decompression surgeries
 - Facet injection
 - Epidural injections (outpatient only)
 - Kyphoplasty
 - Vertebroplasty



Pain Management Exclusions and Preauthorization

- Request prior authorization by one of the methods below:
 - Online
 - Log into the Provider Self-Service Center or the secure provider area at www.availity.com or www.humana.com
 - By phone
 - Call OrthoNet at 1-888-605-5344
 - Representatives are available from 8:30 a.m. to 8:30 p.m. Eastern time, Monday through Friday.
 - By Fax
 - Fax OrthoNet at 1-888-605-5345

Outpatient Therapy

- OrthoNet also administers outpatient therapy services
- Covered services include:
 - Physical therapy
 - Occupational therapy
 - Speech therapy



Contacting OrthoNet about Therapy Services

- Fax preauthorization requests to OrthoNet at 1-800-863-4061
- Call 1-800-862-4006 for other inquiries

Helpful Phone Numbers

- Medicare customer service: See back of member's ID card
- Authorization/IVR 1-800-523-0023
- Provider relations
 - fee schedule requests, demographic changes, credentialing status 1-800-626-2741
- Financial Recovery 1-800-438-7885
- Medicare general case management 1-800-322-2758
- Concurrent review 1-800-322-2758
- Disease management program Information: 1-800-620-9529
- *RightSourceRx* pharmacy: 1-800-379-0092
- Availity customer service/tech support: 1-800-282-4548
- Financial Recovery 1-800-438-7885

For follow-up questions

Questions?

RightSource[®]

A Humana-owned prescription mail-order pharmacy, offering patients savings, safety and convenience

RightSource ships a three-month supply of maintenance medications to patients by mail. Humana recognizes your patients must determine which pharmacy will best meet their prescription needs and that you play a role in their decision; so, we'd like to share with you some of the features RightSource offers.

Potential cost savings

With 90-day pricing and low-cost alternatives, RightSource may help reduce your Humana-insured patients' prescription drug costs. Some Medicare patients may receive Tier 1 generic medications for a \$0 copayment. Ask your patients to check their health plan materials to find out if this pricing is offered in their plan.

Making adherence easier

- RightSource notifies patients by email, phone or text message when their prescriptions need to be refilled and when their refills are about to run out.
- Patients avoid trips to the pharmacy, making it easier to adhere to their therapy.

Accuracy and safety

- Two RightSource pharmacists review each new prescription for accuracy and possible drug-to-drug or drug-to-disease interactions.
- Advanced technology helps ensure accurate medication dispensing.
- RightSource uses foil-sealed containers to prevent tampering.

Three ways to prescribe with RightSource:

- **Electronically:** Choose "RightSource Rx" from the list of available pharmacies in your eprescribing tool.
- **Fax:** Fax a RightSource physician fax form to 1-800-379-7617. Forms are available at RightSourceRx.com.
- **Phone:** Call RightSource at 1-800-379-0092.

Humana recognizes that members have the sole discretion to choose their pharmacy. You must use your independent medical judgment when advising patients regarding pharmacy choices. Other pharmacies are available in our network. Prescription drug plan members should refer to their plan benefit information to verify their pharmacy mail-order benefit.

Medicare members

Please ask Medicare members to call us at 1-800-379-0092 to consent to the shipment of new prescriptions submitted by your office, per federal requirements.

Questions?

Call RightSource at 1-800-379-0092. Representatives are available Monday through Friday, 8 a.m. to 11 p.m., and Saturday, 8 a.m. to 6:30 p.m. EST. Health care providers who use a TTY should call 711.

Humana[®]

Humana.com



Submit your prior authorization requests *electronically*

Available now

Humana has teamed up with CoverMyMeds to help prescribers and pharmacies quickly find and submit prior authorization (PA) requests electronically.



Major benefits of CoverMyMeds

- Free for prescribers and pharmacies
- Available for all Humana plans
- Allows you to check PA status online

Live demo available

CoverMyMeds (CMM) offers live demonstrations of its system each Wednesday at 2 p.m. EST at webinars.covermymeds.com. You may also call CMM at 1-866-452-5017 to schedule a demonstration.

Get started in three easy steps

1 Register

Sign up	
Your Full Name	<input type="text"/>
Email	<input type="text"/>
Username	<input type="text"/>
Password	<input type="password"/>
Confirm password	<input type="password"/>

Sign up at www.covermymeds.com and click “**CREATE AN ACCOUNT**” or call us at 1-866-452-5017 for personal assistance.

2 Start a PA

Find the form you need ?	
State and Drug	
Patient State	▾ Ohio
Medication	▾ Begin typing the medication name and select from list
Search terms	<input type="text"/> Plan name, BIN, Contract ID
<input type="button" value="Start Request"/>	

Enter the state, drug and search term (e.g., prescription drug plan) and click “Start Request.” The appropriate PA request will display.

3 Complete and submit

<input type="button" value="Send To Plan"/>	<table border="1"> <tr> <th colspan="2">Prior Authorization Request</th> </tr> <tr> <td colspan="2"><small>Use this form to document the information needed to request drug authorizations.</small></td> </tr> <tr> <td colspan="2">HEALTH PLAN INFORMATION</td> </tr> <tr> <td>Name</td> <td></td> </tr> <tr> <td colspan="2">PATIENT INFORMATION</td> </tr> <tr> <td>ID Number</td> <td>Medicare? Yes No</td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>Home Phone</td> <td>Cell Phone</td> </tr> <tr> <td>ICD-9 Code</td> <td>Diagnosis</td> </tr> <tr> <td colspan="2">PRESCRIBER INFORMATION</td> </tr> </table>	Prior Authorization Request		<small>Use this form to document the information needed to request drug authorizations.</small>		HEALTH PLAN INFORMATION		Name		PATIENT INFORMATION		ID Number	Medicare? Yes No	Address		Home Phone	Cell Phone	ICD-9 Code	Diagnosis	PRESCRIBER INFORMATION	
Prior Authorization Request																					
<small>Use this form to document the information needed to request drug authorizations.</small>																					
HEALTH PLAN INFORMATION																					
Name																					
PATIENT INFORMATION																					
ID Number	Medicare? Yes No																				
Address																					
Home Phone	Cell Phone																				
ICD-9 Code	Diagnosis																				
PRESCRIBER INFORMATION																					
<input type="button" value="Send To Prescriber"/>																					
<input type="button" value="Save"/>																					
<input type="button" value="Archive"/>																					
<input type="button" value="Other Actions"/> ▾																					

Complete important medical details. When finished, the PA request can be submitted electronically.

Annual Wellness Visit

Humana
Active Outlook®



Manage Your Health – with Help

Many people visit their doctor only for an annual checkup or when they feel sick. If that's true for you, you're missing out on an important chance to partner with your doctor to learn how to live a healthier, happier life. It's called an "Annual Wellness Visit," and if you're a Medicare member, it's available at no extra cost to you.



A Wellness Visit Isn't a Checkup

While both are very important, a checkup and a wellness visit aren't the same. When you go for a checkup, also called an annual physical, your doctor looks for signs of major problems and does important routine tests.

A wellness visit is different. It's more like a planning session where you and your doctor can spend time talking about your health and your life.

The goal is to create a plan just for you – to help you avoid or reduce the effects of conditions like diabetes, heart disease, and obesity. It may also help you avoid dangerous falls and visits to the emergency room.

For information on what you and your doctor should talk about at your Annual Wellness Visit, see the list on the back of this flier.

For good health, it's very important that you have both a checkup and a wellness visit each year.

The Annual Wellness Visit is a Fairly New Benefit

Your doctor may not even be aware of it yet. Help him or her by taking this flier with you when you go. The note on the back side has important information that your doctor needs to know. Be sure to point it out.

Can I Get an Annual Wellness Visit?

When you first join Medicare, you get a "welcome visit," which is also your first wellness visit. After that, you can have one wellness visit per calendar year. There's no cost to you for these visits.

It's a good idea to schedule your wellness visit early in the year so you can get started right away on the plan you and your doctor create.

Humana®

Humana.com



Help Your Doctor Help You

Annual Wellness Visit Checklist:

- ✓ Assess brain health, memory, and depression
- ✓ Assess overall physical, joint, and emotional health
- ✓ Blood pressure check
- ✓ Body mass index (BMI) calculation
- ✓ Keep track of your doctors
- ✓ Keep track of your medicines
- ✓ Manage chronic conditions like diabetes, breathing problems, or heart conditions
- ✓ Plan for screenings and shots
- ✓ Review your medical history

Get the most out of your visit by bringing these items:

- 1 Medical records, including screenings and shots you've had in the past year
- 2 Family health history
- 3 List of all medicines and supplements you take
- 4 List of all doctors and pharmacists you use

For help organizing these items, use MyHealth Planner provided by **Humana Active Outlook**. Use it to keep track of your screenings, tests, medicines, appointments, and other health information. If you need another copy, you can download and print one at **HumanaActiveOutlook.com**.

provided by **Humana Active Outlook**[®]

Was this information helpful? Do you have suggestions? Let us know. Write to us at **HumanaActiveOutlookProgram@Humana.com**.

A health plan with a Medicare contract.

Medicare supplement plans are not connected with or endorsed by the U.S. government or the federal Medicare program. **The program(s) described is/are not insurance and is/are neither contractually offered nor guaranteed under Humana Medicare Supplement insurance policies.** Policy Form Series MES, MESM10, MESRD or state equivalent.

Not all plans are available in all markets.



NOTE TO DOCTORS

In January 2011, the Centers for Medicare & Medicaid Services (CMS) mandated benefits to help lower healthcare costs, prevent catastrophic events, and help members stay as healthy as possible.

These benefits are the **“Annual Wellness Visit, Initial” and “Annual Wellness Visit, Subsequent” (medical codes G0438 and G0439)** If the individual is brand-new to Medicare, you can provide a **“Welcome to Medicare Visit” (medical code G0402)**, which existed before 2011 and includes the same services.

The welcome or wellness visit can be performed during the regular annual physical or as a separate appointment.