


2012 BENEFITS OVERVIEW


Georgia and South Carolina

Care Improvement Plus Chronic Condition Special Needs Plan (RPPO) and (PPO)

Member ID Card	Patient Eligibility Requirements	Highlights of Benefit Design				
			Silver Rx (RPPO) Plan	Silver Rx (PPO) Plan†	Gold Rx (RPPO) Plan	Gold Rx (PPO) Plan†
	<ul style="list-style-type: none"> Entitled to Medicare Part A and enrolled in Part B (Members must continue to pay their Medicare Part B Premium if not otherwise paid for under Medicaid or another third party) Reside in Georgia or South Carolina LPPO products available in select Georgia and South Carolina counties only Diagnosed with diabetes and/or heart failure 	Monthly Premium	\$33.60*	\$31.20-GA \$36.20-SC	\$0.00	\$0.00-GA \$0.00-SC
		Retail Pharmacy (30 day supply – generic)	\$10.00*	\$10.00*	\$8.00	\$8.00
		Inpatient Hospital 90 days per benefit period 60 lifetime reserve days	\$1,132* deductible \$0* Days 1-60 \$283* Days 61-90	\$1,132* deductible \$0* Days 1-60 \$283* Days 61-90	\$165 Days 1-15 \$0 Days 16-90	\$175 Days 1-15 \$0 Days 16-90
		Outpatient Care PCP Specialist	20%* 20%*	20%* 20%*	\$30.00 \$50.00	\$30.00 \$50.00

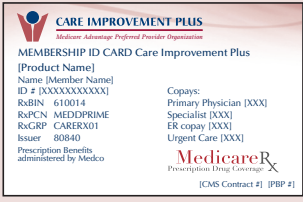
*The Silver Rx Plan has \$0 premium and \$0 cost sharing for Medicare-covered services for Medicare beneficiaries with full Medicaid — providers are responsible for collecting cost sharing from State Medicaid.

Care Improvement Plus Dual Advantage Special Needs Plan (PPO)

Member ID Card	Patient Eligibility Requirements	Highlights of Benefit Design	
			Dual Advantage Plan†
	<ul style="list-style-type: none"> Entitled to Medicare Part A and enrolled in Part B (Members must continue to pay their Medicare Part B Premium if not otherwise paid for under Medicaid or another third party) Reside in select Georgia or South Carolina counties Enrolled in state Medicaid and be a dual eligible beneficiary whom the State holds harmless for Part A and Part B cost sharing. 	Monthly Premium	\$0**
		Retail Pharmacy (30 day supply – generic)	\$0/\$1.10/\$2.60**
		Inpatient Hospital 90 days per benefit period 60 lifetime reserve days	\$1,132** deductible \$0** Days 1-60 \$283** Days 61-90
		Outpatient Care PCP Specialist	20%** 20%**

**The Dual Advantage Plan has \$0 premium and \$0 cost sharing for Medicare-covered services for Medicare beneficiaries with full Medicaid — providers are responsible for collecting cost sharing from State Medicaid.

Care Improvement Plus Medicare Advantage Plan (RPPO) and (PPO)

Member ID Card	Patient Eligibility Requirements	Highlights of Benefit Design		
		Medicare Advantage (RPPO) Plan	Medicare Advantage (PPO) Plan†	
	<ul style="list-style-type: none"> Entitled to Medicare Part A and enrolled in Part B (Members must continue to pay their Medicare Part B Premium if not otherwise paid for under Medicaid or another third party) Reside in Georgia or South Carolina LPPO products available and select Georgia and South Carolina counties only 	Monthly Premium	\$70.00	\$38 – GA \$42 – SC
		Retail Pharmacy (30 day supply – generic)	\$10.00	\$8.00
		Inpatient Hospital 90 days per benefit period 60 lifetime reserve days	\$175 Days 1-15 \$0 Days 16-90	\$175 Days 1-15 \$0 Days 16-90
		Outpatient Care PCP Specialist	\$35.00 \$50.00	\$35.00 \$50.00

†Available in Select Georgia and South Carolina Counties only.



HELPFUL TIPS FOR ALL CARE IMPROVEMENT PLUS PLANS

Care Improvement Plus is owned by XLHealth, an industry leader in improving the quality of care for chronically ill and underserved Medicare beneficiaries.

Provider Portal:

Need claims and member eligibility information? Visit our Provider Portal. With our online Provider Service Center, you can access critical information whenever you need it!

Just visit www.careimprovementplus.com

Click “Learn More” under “For Providers”, this will route you to the provider portal, and our online Provider Service Center.

Provider Portal Support: **1-800-690-1916**

Open Network of Physicians:

Members can go to any provider who participates with Medicare and is willing to bill Care Improvement Plus for services.^{††} Referrals are not required. Providers may refer to any provider who participates with Medicare and is willing to bill Care Improvement Plus.

Preauthorization (or Authorization) Required for the Following:

Call 1-888-625-2204 for Medical/Surgical Services

Call 1-888-751-1235 for Behavioral Health Services

- Hospital Admissions (Emergency, Direct and Elective admissions including Transplant and Bariatric Procedures whether inpt or outpt)
- Long Term Acute Care Facility
- Skilled Nursing Facility
- Inpatient Rehabilitation Facility
- Select Durable Medical Equipment - Power Wheelchair/POV Scooter (MAE), Lower Limb Prosthetics, Negative Pressure Wound Therapy (Wound Vac, etc), Bone Growth Stimulators (Ultrasonic Osteogenesis Stimulator), Spinal Cord Stimulators (Dorsal Column Stimulators), Low air loss & air fluidized beds such as Clinitron and Flexicair beds when used in the home setting), Lymphedema Pumps (Pneumatic Compression Devices)
- Elective Permanent Pacers and ICD's
- To obtain preauthorization for certain Part B office administered medications Call **1-866-904-6561**

^{††}Cost sharing is the same in-network or out-of-network except for Home Health, Durable Medical Equipment, Dental Care (dentures) benefit and Vision (routine eye exam).

Claims:

Care Improvement Plus accepts EDI Claims. Please use Emdeon to submit claims electronically using Payor ID # 77082 for submission.

Begin EDI Submission Today!

If you do not yet submit any claims electronically, and would like more information about Emdeon Business Services EDI solutions, please call **1-800-845-6592**.

Completed paper claims can be mailed to:

Care Improvement Plus
Attn: Claims Department
P.O. Box 488
Linthicum, MD 21090-0488

We partner with Optum Health to provide claims processing for our Mental Health/Substance abuse claims.

Behavioral Health Claims:

OptumHealth
PO Box 30760
Salt Lake City, UT 84130-0760
Payor ID# 87726
1-888-751-1235

Claims Processing:

Log onto www.careimprovementplus.com and in the Provider Portal click on the “Eligibility and Claims Status” section for important information.

How do I Appeal a Claim?

Mail a letter that contains a narrative description of why you are appealing along with the claim(s) and clinical documentation to:

Care Improvement Plus
Attn: Appeals Department
351 W. Camden Street, Suite 100
Baltimore, MD 21201

The toll-free number to call for additional Part C appeal information is: **1-800-213-0672**

Part D Appeals: **1-866-683-3275**

Other Important Information:

- MTM Transportation Services: **1-888-240-6435**
- Vision/Dental Services provided by Avesis: **1-800-828-9341** or www.avesis.com

For additional information about joining our network, billing questions, member eligibility inquiries, or any other issues that require assistance, call Provider Relations at: **1-866-679-3119** or email us at providerrelations@careimprovementplus.com
Claims questions can be e-mailed to Provider@careimprovementplus.com